Administration for Community Living

*Advancing independence and inclusion of older adults and people with disabilities*

September 26, 2025

The Honorable Laura Kelly
Governor of the State of Kansas
Kansas Statehouse
300 SW 10th Ave., Ste. 241S
Topeka, KS 66612-1590

Dear Governor Kelly:

I am pleased to inform you that the Kansas State Plan on Aging under the Older Americans Act for October 1, 2025 through September 30, 2029 has been approved.

The State Plan outlines strategic goals that will serve as a guide to Kansas' aging service network during the next four years. Of particular note is your commitment to streamline access to community-based services for older Kansans and supporting caregivers.

I appreciate your dedication to ensure the continuity of quality services for older adults and family caregivers in Kansas and am delighted to see that the Kansas Department for Aging and Disability Services (KDADS) continues to serve as an effective and visible advocate for older adults and family caregivers at a state level.

The Administration for Community Living looks forward to working with you and KDADS in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact us at aoa.oaa@acl.hhs.gov. Thank you for your efforts toward improving the lives of older persons and family caregivers in Kansas.

Sincerely,

Mary M. Lazare

Mary Lazare
Acting Administrator and Assistant Secretary for Aging

Cc: Kari Benson, Deputy Assistant Secretary for Aging
Alice Kelsey, Deputy Director, Administration on Aging

2026-2029

# STATE PLAN on AGING


**GOVERNOR LAURA KELLY**

*State of Kansas*

**SECRETARY LAURA HOWARD**

*Kansas Department for Aging and Disability Services*



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Kansas

Department for Aging and Disability Services

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# SIGNED VERIFICATION OF INTENT PAGE

The State Plan on Aging for October 1, 2025, through September 30, 2029, is hereby submitted for the State of Kansas by the Kansas Department for Aging and Disability Services. The State agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act, as amended. It is primarily responsible for coordinating all State activities related to the purpose of the Act.

This includes the development of comprehensive and coordinated systems to promote multipurpose senior centers; delivering supportive services, nutrition services, in-home services, evidence-based health promotion services; advancing vulnerable elder rights protection activities; as well as establishing effective, visible advocacy organizations for older adults in the state, including those who reside in nursing homes and assisted living facilities.

This plan is hereby approved by the Kansas Secretary for Aging and Disability Services, designee of the Governor, and constitutes authorization to proceed with activities under the plan upon approval of the U.S. Assistant Secretary for Aging. This plan assures that no individual is subject to a conflict of interest prohibited under the Older Americans Act.

The State Plan hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

This plan is based upon projected receipts of federal, state, and other funds and thus is subject to change depending upon actual receipts and/or circumstances. I hereby approve this State Plan on Aging and submit it to the Administrator for the Administration for Community Living/U.S. Assistant Secretary for Aging.

Sincerely,



Laura Howard
Secretary, Kansas Department for Aging and Disability Services



# EXECUTIVE SUMMARY

Kansas is experiencing a significant demographic shift as its population of older adults steadily increases. Census data reveals that while the overall population has grown modestly—from 2.937 million in 2020 to 2.941 million in 2023—the proportion of residents older than 65 has risen from 16.8% to 17.6%, with older adults increasingly concentrated in urban areas. This trend, coupled with a growing diversity (25% of older adults from minority groups and 16% speaking a non-English language at home), highlights the urgent need for culturally responsive, accessible aging services across urban and rural communities.

In response, the Kansas Department for Aging and Disability Services (KDADS) has conducted extensive needs assessments, including statewide listening sessions and surveys. These engagements have surfaced critical challenges such as limited caregiver support, workforce shortages, inadequate infrastructure for aging in place, financial constraints, and low awareness of available services. The findings underscore the importance of strengthening service accessibility, particularly in rural areas where reduced service options compound population decline.

The State Plan on Aging (2026–2029) sets forth a comprehensive roadmap organized around five primary goals:

1. **Streamline older Kansans' access to community-based services:**
    - Enhance information and referral systems through updated outreach materials and an improved KDADS website.
    - Improve data competency at the state and AAA levels to ensure access to accurate and reliable data with which to make policy and programmatic decisions.
    - Modernize intake, assessment, and monitoring processes to reduce administrative burdens and ensure consistency across the aging network.
2. **Improve the health and well-being of older Kansans with the greatest social and economic need:**
    - Refine targeting policies to better serve individuals at or below the poverty level and those facing social isolation due to disabilities, language barriers, or geographical isolation.
    - Focus on rural outreach, address food insecurity and malnutrition risks, and establish multi-agency collaborations to support homeless older adults and Native American elders.

3. **Support family caregivers by strengthening services and supports:**

    - Increase access to evidence-based programs and training for caregivers.
    - Develop reliable methodologies to quantify caregiver needs, facilitating better-targeted services and advocacy for additional funding.

4. **Facilitate the development of a comprehensive network of support and advocacy for older Kansans through the development of state and local partnerships:**

    - Build a robust network of state, local, tribal, and multi-sector partners to foster coordinated support and advocacy.
    - Address gaps in dementia care and host annual conferences to share best practices and promote community engagement.



5. **Protect the rights and safety of older Kansans:**

    - Launch education campaigns to raise awareness of financial fraud and abuse.
    - Modernize legal services and update policies to reduce reliance on guardianship, ensuring that older adults can access less restrictive forms of decision support.

KDADS is committed to responsible stewardship of Older Americans Act (OAA) programs, integrating ongoing data collection, quality assurance, and collaborative oversight to ensure that older Kansans receive timely and effective services. Through strategic investments in workforce development, modernized program infrastructures, and expanded community partnerships, Kansas aims to build a sustainable, inclusive aging network that upholds the dignity, independence, and well-being of its older population while addressing the evolving challenges of an aging society.



## CONTEXT

Kansas is undergoing a demographic transformation with a steadily growing population of older adults. Census data shows that in 2020, Kansas had a total population of 2,937,745, with 16.8% of residents 65 and older and 42,000 older than 85. By 2023, the population had increased to 2,940,546, with 17.6% 65 and older, reflecting the state's ongoing move toward an aging society.

The growth of the older adult demographic is not evenly distributed across the state. While the median age in Kansas is 37.9 years, older adults are becoming increasingly concentrated in urban areas, while rural and frontier regions experience population decline. In some rural Kansas counties, while the population is shrinking, the percentage of people older than 65 is growing. This shift presents challenges in service accessibility, particularly in healthcare, transportation, and social support for older adults in rural communities. Ensuring access to resources across all areas of the state remains a critical priority.

Kansas's older adult population is also becoming more diverse, necessitating culturally responsive aging services. In 2022, 25% of residents 65 and older were part of racial or ethnic minority groups, with 9% identifying as Hispanic. Additionally, 16% of older Kansans spoke a language other than English at home, emphasizing the need for linguistically inclusive services. Adapting programs and resources to meet the needs of a multicultural aging population is essential to ensuring access to care and support for all older adults in the state.

As Kansas continues to experience demographic shifts, proactive planning is essential to maintaining the well-being of older adults while strengthening communities across the state. To address these challenges and identify goals for the State Plan on Aging, KDADS engaged with residents, aging service providers, and stakeholders through various needs assessments. During the fall of 2024, KDADS held in-person listening sessions in four regions of the state and one virtual session to gather resident and provider feedback.

Key themes that emerged in these sessions included concerns over limited caregiver support and shortages in the direct care workforce, minimal capacity and infrastructures to support aging in the community, restricted financial resources that struggle against high health care costs, and limited awareness of the available services and supports.

An online statewide survey was also posted during the fall of 2024 to gather residents' input, where responses highlighted Kansans' values and concerns for aging. Survey data

from approximately 1,600 respondents throughout the state highlighted that most Kansans obtain information about services online, followed by friends and family members. Survey respondents were asked to indicate how important various community supports are to their aging well. Information, referral, and assistance services were weighted highest, with prevention of elder abuse, neglect, and exploitation next. Other higher-rated supports include access to affordable and accessible transportation, Alzheimer's Disease services and supports, and in-home services. While all supports and services in the survey were weighted positively, technology, internet, and congregate meals were at the lower end of the ranking. The survey also highlighted the importance residents place on the ability to age in their homes and the challenges of limited awareness of the available services.

This plan has been informed by current Area Agencies on Aging (AAA) plans. KDADS comprehensively analyzed the current area plans to identify key priorities and opportunities for improving service accessibility, strengthening partnerships, and enhancing system efficiency. KDADS then consulted with Kansas AAAs on how best to incorporate this information in this State Plan as it was developed and in future plans.

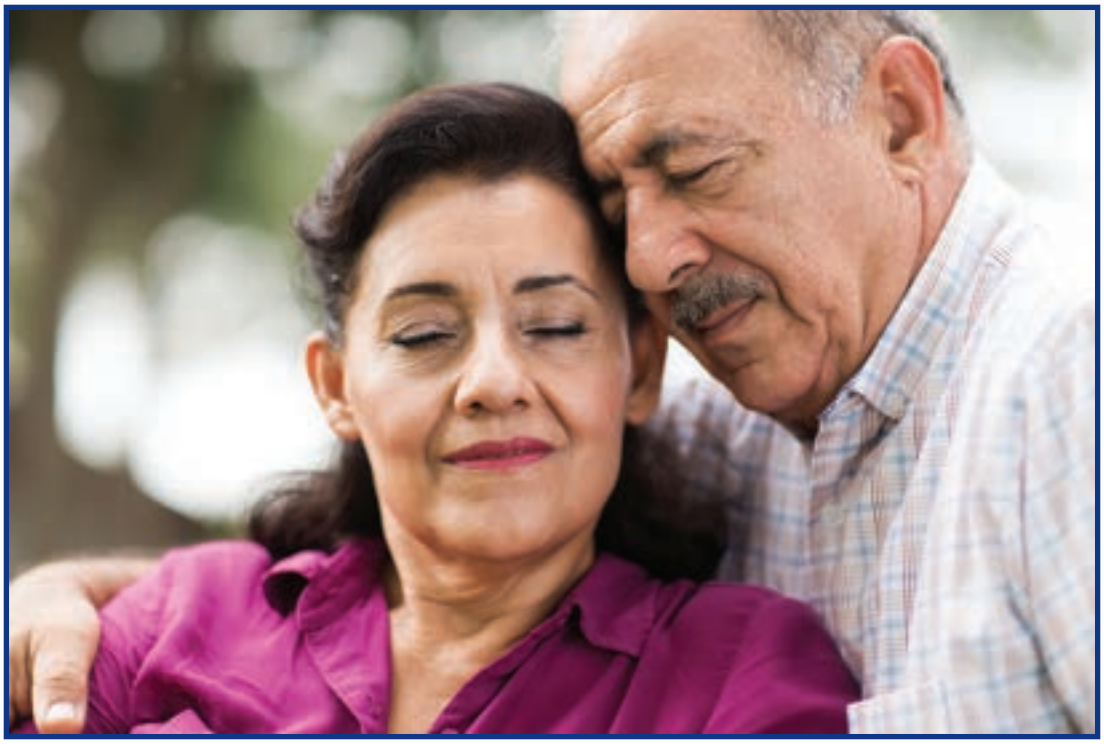
Key themes that emerged from the various needs assessments include:



- Enhancing collaboration between state agencies, aging service providers, and local stakeholders to improve coordination, eliminate service gaps, and reduce redundancies.
- Expanding access to key services, such as transportation, in-home care, and nutrition programs, particularly in rural areas where workforce shortages impact service delivery.
- Strengthening caregiver supports through evidence-based programs, support groups, and expanded funding for respite care options to ease the burden on family caregivers.
- Protecting older adults from fraud, abuse, and neglect, including launching statewide elder fraud awareness campaigns to address rising cases of financial exploitation.
- Modernizing systems and reducing administrative burdens, ensuring more efficient data collection, reporting, and service delivery.
- Investing in workforce development through training programs and professional development opportunities for direct care providers and caregivers to address workforce shortages.
- Fostering community engagement by supporting dementia-friendly initiatives and social programs to combat isolation and promote healthy aging.

KDADS defines 'greatest economic need' as "the need resulting from an income level at or below the poverty level established by the U.S. Department of Health and Human Services." US Census data indicates that in 2023, 11.9% of Kansans were at the poverty level.

'Greatest social need' is defined as "the need caused by noneconomic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that 1) restricts the ability of an individual to perform normal daily tasks, or 2) threatens the capacity of the individual to live independently."



The goals, objectives, and strategies outlined in this State Plan on Aging provide a roadmap for enhanced service delivery, improved system efficiency, and greater support for family caregivers. By fostering strong partnerships, investing in workforce development, and prioritizing community health, Kansas is committed to building a sustainable, inclusive, and effective aging network that meets the evolving needs of its older residents, particularly those in greatest social and economic need.

This plan is a foundation for future policy development and strategic planning to ensure that Kansas is a leader in aging services and supports the dignity, independence, and well-being of its aging population.

# STEWARDSHIP AND OVERSIGHT

KDADS is committed to the responsible stewardship of OAA programs through monitoring, training, data collection, program oversight, and fiscal activities. The following section provides a brief overview of the Kansas Aging Network (KAN) and outlines the various services provided by the network. Subsequent sections provide information on the demographic groups who access these services and the quality measures used to assess the services provided, concluding with an overview of the planned stewardship and oversight activities KDADS will engage in throughout the State Plan on Aging cycle, as well as its process for developing and implementing policies and procedures.

## Overview of the Kansas Aging Network



KDADS is the designated State Unit on Aging for the State of Kansas. The Commission on Aging within KDADS and the network of AAAs and service providers, KAN, serve older Kansans and their caregivers by administering various community-based programs utilizing contracts and grants of state and federal funds. These include core OAA services like information and referral assistance (I&RA), nutrition services, national family caregiver support, and health promotion and disease prevention activities, as well as programs that expand beyond the OAA's scope, such as state-funded Alzheimer's disease and dementia programs, Senior Care Act (SCA) services, and Medicaid Home and Community Based Services. These OAA services are administered regionally by 11 AAAs serving 105 counties (see Attachment D for map). Services funded by the OAA are also provided through Title VI grants to citizens of three federally recognized Native American tribes in Kansas.

## Overview of Services Provided by KDADS and the Aging Network

The OAA is the foundation of the KAN's work, serving as the inspiration and enabling infrastructure of a range of programs designed to support and enable older Kansans to remain in their homes and communities to the extent possible.

In partnership with the AAAs, KDADS oversees the following programs and services:

- **Nutrition Programs and Services:** The Kansas Senior Nutrition Program, using Title III-C funds from the OAA, provides congregate and home-delivered meals to any Kansan older than 60 and their spouses and operates nutrition counseling and education activities throughout the state. In Federal Fiscal Year (FFY) 2024, 17,166 older adults were served through the congregate meals program, and 13,065 older adults were served through the home-delivered meals program. In this same FFY, KDADS' nutrition programs provided

2,116,741 Nutrition Services Incentive Program (NSIP)-qualified home-delivered meals and 1,167,511 NSIP-qualified congregate meals.

Roughly 20% of older adults who participated in the congregate meals program and 37% in the home-delivered meals (HDM) program were at or below the Federal Poverty Level (FPL), indicating service access for people in greatest economic need. Further, approximately 71% of HDM participants and 58% of congregate meals participants lived in rural areas. Nine percent of HDM participants and 6% of congregate meals participants identified as racial minorities. These statistics show that the demographic groups in greatest social need access meals through Kansas' nutrition programs.

Additionally, KDADS provided nutrition counseling services to 559 people. The overwhelming majority of people, nearly 80%, who received nutrition counseling services lived in non-rural areas. One hundred seventy-five participants (31%) reported a nutrition risk score of 6 or higher on the Determine Your Nutritional Health Checklist.



- **Health Promotion and Disease Prevention:** Through Title III-D funding, KDADS provides a variety of evidence-based programs to support healthy lifestyles among older adults. These include, but are not limited to, Tai Chi for Arthritis and Falls Prevention, Chronic Disease Self-Management Education, and Diabetes Prevention Program. Additionally, in FFY25, Kansas approved Drums Alive as an evidence-based program, allowing AAAs to utilize their Title III-D funds for its implementation. In 2023, KDADS engaged the AAAs in a collaborative workgroup for the purpose of sharing resources and extending the reach of health promotion and disease prevention dollars in the state.

- **Family Caregiver Support Program:** Title IIIE services currently provided by the AAAs are information and public education to caregivers about services in their community, assistance to caregivers with resources and coordination of services, individual counseling, support groups, caregiver training, respite care, and supplemental and one-time services.

- **Elder Abuse, Neglect, and Exploitation (ANE) Prevention:** KDADS partners with the Kansas Department for Children and Families to provide ANE education and resources to customers, families, and professionals involved in the KAN. Collaborative relationships developed with community organizations and multidisciplinary groups raise



awareness of elder ANE. An event occurs on or around June 15th each year in recognition of World Elder Abuse Awareness Day.

- **Kansas Legal Services:** Kansas Legal Services provides assistance to older Kansans in all 105 counties who may obtain services through the AAA or by calling the Kansas Legal Services Elder Law Hotline. During FFY 2024, Kansas Legal Services provided legal services for 2,080 cases, 1,238 of which related to the defense of guardianship or protective services.

- **Senior Care Act:** The SCA program was established in 1989 to assist Kansas residents 60 and older who have functional limitations in self-care and independent living but who can reside in a community-based residence if some services are provided. The program provides in-home services to older adults who contribute to the cost of services based on their ability to pay. Services are offered on a sliding fee scale, including attendant care, respite care, homemaking, chore services, and adult day care.

- **Medicare Grants Division:** KDADS currently receives funding for three Medicare grants through the Association for Community Living (ACL). These grants include Senior Health Insurance Counseling for Kansas (SHICK), Medicare Improvements for Patients and Providers Act (MIPPA), and the Senior Medicare Patrol (SMP), which educates Kansas Medicare and Medicaid beneficiaries about Medicare fraud, errors, and abuse.

- **Alzheimer's and Dementia Services:** KDADS funds a variety of services for people with Alzheimer's disease and related dementia and their caregivers. The Kansas Respite for Alzheimer's and Dementia (K-RAD) is a new resource for family caregivers of people with a diagnosis of Alzheimer's disease or related dementia. In addition to K-RAD, in 2024, KDADS created the Kansas Dementia Roadmap as a resource to provide practical information and guidance for families as they navigate caring for a person experiencing memory loss. Because these are new programs, no data on the number of people served is available yet; however, in 2020, there were 55,000 people older than 65 living with Alzheimer's disease or related dementia in Kansas. It is estimated that the number will increase to 62,000 by 2025, a 12.7% increase. In 2022, approximately 89,000 Kansas caregivers provided more than 125 million hours of unpaid care to someone with dementia.

- **Medicaid Home- and Community-Based Services (HCBS) Waivers:** KDADS administers multiple Medicaid HCBS waivers, including Frail and Elderly (FE), Physical Disability (PD), and Brain Injury (BI). These waivers allow people with disabilities to receive care and services in their homes or communities.[1]

1 Alzheimer's Facts and Figures 2024

- **Program of All-Inclusive Care for the Elderly (PACE):** The PACE program promotes quality, comprehensive health services for older adults with an interdisciplinary team that provides and coordinates all services for an individual's needs at a "one-stop shop." PACE serves people 55 or older who meet nursing home level of care but can live safely in their community with supports from PACE.

  The first PACE organization in Kansas was established in 2002, and two additional organizations were established in 2007 and 2015. PACE organizations provide services to more than 1,000 participants at seven sites that serve 23 counties in Kansas. Kansans interested in using PACE apply at their local PACE organization but may be referred by their local ADRC.

## Populations Served

Continuous review of the populations who access KDADS's services is essential to understanding the needs of older Kansans and how KDADS can better serve its target populations. As discussed previously, Kansas is experiencing a demographic shift. Alongside the increasing numbers of older adults is a shift in where they reside in the state, with older adults becoming increasingly concentrated in urban areas while rural and frontier regions are experiencing population decline. Much of this is due to migration into more urban areas.



While in-migration patterns indicate that the counties with the fastest growing populations of older adults are in metropolitan areas, the counties with the highest percentages of older adults are considered rural counties; 85% of Kansas counties are considered rural or frontier. This demographic shift has significant implications for providing services in rural areas. One statistic, the older population dependency ratio, reflects the number of older adults per 100 working adults. In northern Kansas, Jewell County has the highest ratio at 67.5 older adults per 100 working adults.[2]

These demographic changes place growing pressures on the aging network in both rural and metropolitan areas. While metropolitan areas face the pressures of serving growing numbers of people, rural areas face increased costs associated with meeting the needs of a larger proportion of their population in rural areas but with limited service options and declining funding due to the overall population reduction.

2 Kansas State Data Center: olderpopratio.pdf

Anecdotal evidence suggests that a reduced population leads to reduced service availability in rural areas. Nutrition sites are closing in some rural areas of the state, and AAAs are struggling to develop an adequate provider network. This trend could accelerate migration to more populated areas of the state, exacerbating funding issues across the state.

As part of their work associated with the OAA Final Rule, KDADS will analyze data from reliable sources to have a comprehensive picture of the distribution of greatest social and economic need, and will make changes to the state's definitions of greatest social and economic need, the state's targeting policies and practices, and the intrastate funding formula to ensure that the state is meeting the obligation to prioritize these needs of

## Quality and Performance Measurement



Quality measurement within KDADS includes financial audits and quarterly fiscal monitoring, monitoring the compliance and quality of the meals served through the nutrition program, and ongoing review of State Program Report (SPR) data to identify areas to focus on for improvement.

A best practice at KDADS is the Aging Services' AAA quality measurement system, which is closely focused on the experience of older Kansans receiving or attempting to receive long-term services and supports (LTSS). KDADS examines multiple elements in the intake and case management processes, focusing on the timeliness of response and Notice of Action. KDADS also conducts desk reviews of client files and interviews clients about their experiences. A quarterly report is presented to each AAA to support their quality improvement efforts.

KDADS is committed to ensuring that older Kansans receive the high-quality services they need and are eligible for in a timely manner, based on their needs and preferences. To that end, KDADS has incorporated various stewardship and oversight activities into its goals, objectives, and strategies for this State Plan on Aging cycle to support the aging network in providing effective and efficient programs. This section provides an overview of these activities and details KDADS' process for developing and implementing policies and procedures that promote effective stewardship of OAA programs.

Objective 1.2 of the State Plan on Aging details strategies to update intake, assessment, and monitoring processes that integrate person-centered practices. This objective promotes uniformity and alignment throughout KDADS's intake and assessment processes while promoting person-centered practices to increase quality.

Objective 1.3 aims to improve accuracy, consistency, and efficiency in KDADS programs by leveraging the implementation of the OAA Final Rule. KDADS' work to implement

the updated OAA regulations will result in an updated Field Service Manual with clear, concise policies for the aging network and updated targeting strategies to ensure that KDADS and the aging network are reaching older Kansans in greatest social and economic need. This work also includes a strategy to improve the provision of technical assistance to the aging network alongside new performance measures.

A common theme in the goals and objectives of this plan is KDADS's plan to increase organizational competency in data collection and use to make program and policy decisions. For each goal of this plan, KDADS has identified potential outcomes and expected timeframes. Over the plan period, KDADS will identify baseline data and formalize outcome goals. These will be documented in the State Plan Accountability tracker that KDADS will use to monitor the state's progress, including activities and outcomes associated with this plan.



With limited resources and growing demands, the importance of collaboration and establishing mutually beneficial partnerships must be underscored. KDADS will collaborate closely with the aging network throughout the State Plan on Aging period to achieve the objectives. The AAAs will be partners in updating the Field Service Manual through workgroups and ongoing active solicitation of input. KDADS will engage the aging network in the broader work of improving service delivery quality and effectiveness, measuring quality, and determining technical assistance needed to support and sustain these efforts. Multiorganizational workgroups will be established to identify the needs and resources for older adults experiencing homelessness, reduce the risk of malnutrition and social isolation, develop Rural Aging Coalitions, better support family caregivers, and create the Kansas Multi-Sector Plan on Aging. KDADS will also establish recurring meetings, cross-training opportunities, and input opportunities for tribal entities (including Title VI), the aging network, KDADS program areas, and stakeholders to understand better and support the needs of tribal elders.

# KANSAS 2026-2029 GOALS AND OBJECTIVES

## Goal 1: Streamline older Kansans' access to community-based services.

The number of older Kansans is growing as part of the changing demographics in the state, and KDADS and the KAN face numerous pressures to meet increasing needs. While the need for funding is constant in human services, Kansas has an opportunity to optimize the functioning of its social services delivery systems to ensure that the state is equipped to serve as many people as possible within existing funding levels, through improved coordination and referrals between and among home- and community-based programs and providers, community-based organizations, and healthcare providers.



The OAA charges states to establish comprehensive, coordinated service delivery systems. In Kansas, KDADS is the State Unit on Aging and the state agency that administers other state and federally funded programs and services for older adults and people with disabilities, including the Kansas ADRC system and the Medicaid Frail Elderly Waiver. Over the next four years, KDADS will have considerable opportunities to work across program and division lines to strengthen Kansas's HCBS service delivery system.

KDADS's work will be grounded in increasing the aging network's ability to identify and meet clients' needs through person-centered practices and improving the consistency of access experience across the state. Administrative inefficiencies are costly and detract from service delivery. KDADS recognized feedback from AAAs that systems for reporting are burdensome and ineffective. The OAA Final Rule has provided KDADS with a timely opportunity to modernize programmatic infrastructures, which should reduce administrative burden across the aging network.

*Objective 1.1: Strengthen Title III-B access services to help ensure that older Kansans are able to gain access to the full range of long term services and supports that they might need and are eligible for.*

Strategies:

- Collaborate with the AAAs to review and update intake and assessment forms to ensure person-centered practices.
- Review and update KDADS's quality review (QR) monitoring processes and guidance to ensure fidelity to person-centered case management principles and consistent applicability across the state.

- Provide ongoing training for AAA case managers by utilizing newly developed ACL training modules on person-centered counseling.
- Leverage resources through the National Information and Referral Support Center to strengthen the provision and quality of I&RA services.

*Objective 1.2: Enhance state-and AAA level data competency to effectively measure, analyze, and improve access to home and community-based services (HCBS), ensuring equitable, person-centered care for individuals across all populations.*



Strategies:

- Collaborate with the AAAs and other state agencies as needed to ensure data systems reflect real-world needs and outcomes.
- Grow KDADS' and AAAs' ability to collect and interpret data to identify disparities in access and unmet needs, monitor service utilization and to support policy and programmatic decision-making.
- Leverage available federal technical assistance to support the identification of best available data sources, establish baselines and targets, and create ongoing and sustainable measurement of key indicators of systemic performance, including waitlists, nursing facility transitions and diversions, service delivery, and quality of services.

*Objective 1.3: Enhance and use all available media and sources to improve the effectiveness of information and referral assistance and increase awareness of resources available to older Kansans.*

Strategies:

- Assess existing KDADS website and outreach materials for accuracy and relevance. Remove unserviceable materials, update the retained materials, and develop new materials where needed to ensure that older Kansans and their family members are receiving timely information about available programs and services.
- Collect information on all available state and federal resources for older Kansans into a centralized resource guide housed on the KDADS website to augment county or region-specific resources.
- Ensure all KDADS and AAA outreach and communications are accessible and comply with accessibility requirements.
- Collaborate with the AAAs to increase referrals into HCBS through education and outreach to hospital and nursing home discharge planning staff.



Objective 1.4: Improve accuracy, consistency, and efficiency and reduce administrative burdens by fully implementing OAA requirements.

Strategies:

- Update the Field Service Manual in collaboration with the AAAs to create clear, concise policies that are compliant with updated regulations and presented in a sustainable and accessible format.
- Establish a collaborative and functional workgroup to examine reporting requirements for utility and necessity and eliminate unnecessary and/or outdated reports.
- Collaborate with the AAAs to enhance monitoring processes, including updating performance measures and implementing a reporting dashboard to promote transparency.
- Develop a strategy to leverage online resources such as SharePoint to provide ongoing technical assistance to the AAAs and the aging network and provide quarterly trainings on programmatic and administrative requirements.

Potential Outcomes

KDADS will work to measure the following outcomes to assess the success of this goal:

| Measure | Current Status/ Data Source | Short-Term (1-2 years) | Mid-Term (3-5 years) | Long-Term (> 5 years) |
|---|---|---|---|---|
| Numbers of calls to AAAs | Not consistent/ OAAPS/SPR | Baseline identified, and targets in place | | |
| KDADS website "hits" | Not measured | Data source and baseline identified, and targets in place | | |
| Waitlist data | Inconsistent/ KAMIS | Data source and baseline identified, and targets in place | Interventions identified to decrease waitlists | |
| AAA performance | Inconsistent/ Monitoring system | Updated process and data sources identified. Dashboard in place | Targets and ongoing measurement | |
| Quality of services | Inconsistent monitoring/TBD | Key indicator data sources and baselines identified | Targets in place and ongoing measurement | Improved quality of service |
| People w/ NFLOC supported in home and community | Not measured across all programs/ Assessment systems | Assessment process identification | Data collection and reporting process in place and baseline established | Ongoing measurement |

## Goal 2: Improve the health and well-being of older Kansans in greatest social and economic need.

States are required to identify older adults in greatest need due to economic or social circumstances. KDADS defines greatest economic need as "the need resulting from an income level at or below the poverty level established by the U.S. Department of Health and Human Services." US Census data indicates that in 2023, 11.9% of Kansans were at the poverty level.

Greatest social need is defined as "the need caused by non-economic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that 1) restricts the ability of an individual to perform normal daily tasks, or 2) threatens the capacity of the individual to live independently."

Over the next four years, KDADS and the KAN will establish and strengthen partnerships with other state and local organizations to understand the nonmedical barriers experienced by older adults in greatest social and economic need when attempting to access services. With enhanced knowledge of these social determinants and an understanding of barriers older Kansans face, the partnerships will create multifaceted strategies to address challenges, meet needs, and create targeted solutions to improve the well-being of older Kansans whose struggles to meet basic needs have resulted in poor physical and mental health outcomes.

Objective 2.1: Improve the state's ability to identify and target people in greatest economic or social need.



Strategies:

- Analyze data from reliable sources, including but not limited to U.S. Census Decennial and American Community Survey data, and data from the University of Kansas State Data Center to obtain a comprehensive picture of the greatest social and economic need distribution.
- Enhance the state's competency to collect and use SPR data and the area plan process to effectively target service delivery needs for those in greatest social and economic need and to accurately measure the success of the state and AAA targeting efforts by establishing baselines and targeting outcomes based on the best available demographic and programmatic data.
- Review the state's definitions of greatest social and economic needs and update the state's targeting policies and practices and the intrastate funding formula to ensure that the state meets the obligation to prioritize the needs of people in greatest social and economic need.

*Objective 2.2: Increase the state's focus on the needs of Kansans in rural and frontier areas.*

Strategies:

- Provide outreach and education to rural hospitals to facilitate effective referrals for older Kansans needing post-acute, nonmedical supports (e.g., evidence-based programming, home- and community-based services, etc.).
- Work with state and regional stakeholders, including senior centers, county officials, faith communities, provider associations, AAAs, Kansas Silver Haired Legislature, and the Kansas legislature to create Rural Aging Coalitions.
- Evaluate the rural transportation landscape and facilitate new partnerships to mitigate barriers and increase access to needed transportation services.

*Objective 2.3: Identify and safeguard older Kansans at risk of malnutrition and/or food insecurity.*

Strategies:



- Improve the appeal of congregate meals through innovative approaches and increased flexibility to meet individualized needs and preferences. For example, formalize access to 'Grab and Go' meals to complement the congregate meal program and offer HDM participants options to participate in congregate meals (as feasible).
- Evaluate how providers meet the nutritional content of meals and engage the National Resource Center on Nutrition and Aging to provide technical assistance on providing nutritious meals that meet individualized needs and preferences, including exploring the feasibility of providing medically tailored meals
- Disseminate best practices that promote innovation and appealing approaches to congregate meals, such as Choosing Healthy Appetizing Meal Plan Solutions for Seniors (CHAMPSS) and pop-up dining.
- Collaborate with other state departments to coordinate focus on malnutrition and food insecurity risk and increase awareness of Title III-C congregate and HDM programs.

*Objective 2.4: Establish a multiagency working group to create a plan for addressing the needs of older Kansans experiencing homelessness.*

Strategies:

- Identify and invite the appropriate partners to establish the working group, research available resources, and formulate the plan's goals and objectives.
- Work with the five Continuums of Care to determine accurate data on the number of older Kansans experiencing homelessness and their distribution across the state. This data will be used to develop the plan and share its impacts with the legislature.
- Establish state and local level partnerships with housing and behavioral health authorities to increase the availability of affordable and accessible shelter.

*Objective 2.5: Enhance relationships, outreach and education, and service coordination with tribal organizations in Kansas to improve services access for Native American elders in Kansas.*

Strategies:

- Establish quarterly meetings between KDADS, Title VI grantees, and Northeast Kansas Area Agency on Aging (NEKAAA).
- Collaborate with Kansas AAAs and Title VI grantees to engage the National Resource Center on Native Americans and Aging to identify and implement best practices in coordination between Title III and Title VI services." Increase statewide outreach to tribal members in addition to Title VI grantees via training to aging networks so they understand their roles and responsibilities when providing services.
- Formalize the relationship between the Title VI grantees and NEKAAA using policies and procedures on coordination of services and establishing a Title VI representative seat on the NEKAAA Advisory Council.

*Objective 2.6: Combat isolation and loneliness among older Kansans by promoting social engagement strategies.*

Strategies:



- Collaborate with the AAAs to implement an assessment (e.g., the UCLA Loneliness Scale) to determine who might be experiencing social isolation/loneliness and to support longer-term planning on potential interventions to impact.
- Collaborate with the AAAs and the Older Kansans Employment Program (SCSEP) to improve access to employment opportunities for older Kansans who desire to work. Promote access to employment opportunities for older adults who desire to work, by collaborating with regional Kansas workforce development offices to educate AAAs on older worker programs, including SCSEP and the Older Kansans Employment Program, and enhancing referrals between the AAAs and the workforce agencies
- Coordinate with the KDADS Behavioral Health Commission to identify and/or develop programming for AAAs that address and mitigate older adults' stress, including stress that results from caregiving.
- Coordinate with the Kansas University Assistive Technology for Kansans organization and the AAAs to increase awareness of and access to assistive

technology that promotes the ability of older Kansans to participate in their communities.

- Establish a subcommittee on aging within the Governor's Behavioral Health Services Planning Council with a charter to facilitate healthy aging, including increasing awareness of the health impacts of social isolation and loneliness.

Potential Outcomes

KDADS will work to measure the following outcomes to assess the success of this goal:

| Measure | Current Status/ Data Source | Short-Term (1-2 years) | Mid-Term (3-5 years) | Long-Term (> 5 years) |
|---|---|---|---|---|
| Transportation units | OAAPS SPR | | | |
| Congregate and HDM units | OAAPS SPR | | | |
| Food waste | Not measured | | Data source and baseline identified, and targets in place | |
| Increased Title III units to Native Americans | Not measured/ OAAPS SPR | Data source and baseline identified and targets in place | Targets and ongoing measurement | |
| Social Isolation and loneliness | Not measured/ Assessment instrument | Assessment instrument in place | Baseline identified and targets in place | Improved scores on assessment instrument |
| Rural hospital referrals to AAAs | Not measured | Data source and baseline identified | Targets and ongoing measurement | |
| Success of state targeting efforts | Not consistent/ OAAPS SPR | Data source and baseline identified and targets in place | Ongoing measurement and interventions as needed. | |
| Nutritional Health | Not consistent/ Nutritional Health Checklist | Standardized collection and reporting of data in place | Ongoing measurement and interventions as needed | |



## Goal 3: Support family caregivers by strengthening services and supports.

At listening sessions across the state, KDADS heard from Kansans concerned about getting caregivers the supports they need. There is an increased focus in Kansas on supporting caregivers that has grown out of national efforts such as the RAISE Family Caregiver Act[3] and the National Strategy to Support Family Caregivers[4], as well as state initiatives like the Kansas State Task Force on Senior Care. KDADS will use these four years to build on that momentum through the development of new programs focused on caregivers, implementation of the OAA Final Rule to enhance the planning and delivery of National Family Caregiver Support Program (NFCSP) services, and improvement of the intake process with questions about the caregivers who are supporting individuals in need of services.

Despite this growing focus, Kansas lacks accurate data on the number and geographic distribution of caregivers that would help quantify the scope and scale of caregiver needs across the state. KDADS will work to establish a reliable and accurate methodology for quantifying the number of caregivers across the state. This data will be used to support advocacy with the legislature and to inform future programmatic enhancements.

*Objective 3.1: Increase access to key services and evidence-based programs for caregivers.*

Strategies:

- Identify and work with a partner (e.g., the Roslyn Carter Center or Benjamin Rose Institute, National Council on Aging [NCOA]) to identify the best evidence-based programming for caregivers.
- Leverage the KDADS III-D workgroup to identify shared training and delivery methods to ensure the cost-effective use of III-D and III-E funds.
- Collaborate with the AAAs to promote the increased availability of adult day care in addition to other caregiver supports and services.

*Objective 3.2: Enable improved targeting to meet caregivers' needs by increasing KDADS's knowledge and understanding of the extent and type of caregiving needs in Kansas.*

Strategies:

- Work with the Kansas Department for Health and Environment to collect and use BRFSS data on the number and needs of caregivers in Kansas.

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- Engage with the National Technical Assistance Center on Grandfamilies and Kinship Families and other state and community partners to build an understanding of the number of older relative caregivers in Kansas and their needs, including older adults who may be providing care to adult children with intellectual and developmental disabilities (IDD).

- Collaborate with the Kansas Council on Developmental Disabilities (KCDD) to better understand the needs of aging individuals with IDD and their caregivers and create educational and informational awareness of the available caregiver respite options.



Objective 3.3: Implement person-centered assessments of caregiver needs and preferences to enhance caregivers' access to the resources and services most appropriate to their individualized needs.

Strategies:

- Establish a workgroup of AAA and KDADS staff to develop and implement an improved caregiver assessment process and/or instrument.

- Work with the AAAs to increase access to personalized respite services by pursuing future funding opportunities for Lifespan Respite and coordinating Title III-E efforts with the Lifespan Respite services.

Potential Outcomes

KDADS will work to measure the following outcomes to assess the success of this goal:

| Measure | Current Status/Data Source | Short-Term (1-2 years) | Mid-Term (3-5 years) | Long-Term (> 5 years) |
|---|---|---|---|---|
| Caregiver wellbeing | Not measured/ Caregiver assessment | | Assessment in place and baseline established | Ongoing measurement and targets |
| III-E Units and expenditures | OAAPS SPR | Baseline established and targets in place | Ongoing measurement and interventions as needed | |
| III-D Units and expenditures | OAAPS SPR | Baseline established and targets in place | Ongoing measurement and interventions as needed | |
| Institutionalization of people with supported caregivers | Not measured | | Data source and baseline identified | Ongoing measurement |
| Respite participation | Not measured/ OAAPS SPR | | | |

## Goal 4: Facilitate the development of a comprehensive network of support and advocacy for older Kansans by developing state and local partnerships.

While the OAA is frequently seen as a funding source primarily for service delivery, the Act established broader objectives to improve the lives of older Americans. The KAN was established to provide a central focal point at the state and local levels for identifying the needs of older Kansans and for developing broad-based strategies that can be tailored to meet local and cultural needs. Critical to this effort will be the sustainability of a direct care workforce equipped to meet the needs of older Kansans and people with disabilities.

KDADS will build a wider network of partnerships and collaborative relationships over the course of this State Plan on Aging to facilitate improved alignments across state and local governments, tribes, and the KAN to meet the diverse needs of older Kansans as members of their communities. This work will culminate each year in an aging conference, where the many and various entities whose work impacts older Kansans can come together to learn from each other and develop a deeper understanding of the values and influences older Kansans have on the state.

*Objective 4.1: Develop a more dementia-capable aging network.*



Strategies:

- Become an active partner in implementing the Kansas State Plan on Alzheimer's Disease/BOLD initiative.
- Collaborate with the AAA network to implement the Dementia Friendly Communities program statewide.
- Offer quarterly dementia training opportunities to stakeholders, including state agencies, the KAN, service providers, etc.
- Collaborate with the Kansas Council on Developmental Disabilities (KCDD) to educate people with IDD and their families on the signs and symptoms of early-onset Alzheimer's disease and related dementias and establish training for family and workforce caregivers.

*Objective 4.2: Implement the annual State Conference on Aging (Aging Touches Everything) starting in October 2025.*

Strategies:

- Establish KDADS/AAA planning committee and develop an ongoing meeting schedule to support annual conference event planning.
- Enlist the Advisory Council on Aging to serve as ongoing host.

*Objective 4.3: Lead a collaborative and coordinated approach to develop a Multi-Sector Plan on Aging for Kansas (KSMPA).*

Strategies:

- Utilize technical assistance from the Center for Health Care Strategies to initiate planning.
- Educate and gain buy-in among state agencies and key stakeholders on the need for and value of a KSMPA and its potential effects on older Kansans.
- Identify and enlist state leadership to sponsor the KSMPA.

*Objective 4.4: Build connections with other state social service programs to ensure coordinated data sharing, processes, and reporting on clients who may be served in multiple state benefits systems.*

Strategies:

- Develop ongoing meetings with state Medicaid LTSS, Behavioral Health, and IDD authorities to review existing programs, processes, and reporting to identify opportunities for streamlining and consolidating to improve access.
- Improve coordination for shared clients by establishing recurring cross-training between state human service agencies on program policies and processes.
- Initiate outreach to the Kansas Department of Health Bureau of Health Promotion to explore opportunities for state level data coordination, including AAA client data, to support an integrated approach to service delivery and improve client outcomes across the public health and aging networks, including diabetes, cardiovascular disease, and HIV.

*Objective 4.5: Support efforts to ensure the capability of the Kansas Direct Care Workforce (DCW) network.*

Strategies:

- Establish a DCW advisory committee to identify workforce strategies based on workers' lived experiences.
- Collaborate with KDADS LTSS to implement broad-based workforce solutions.
- Identify and propose practices and policies supporting DCW (e.g., childcare, transportation, flex leave).

Potential Outcomes

KDADS will work to measure the following outcomes to assess the success of this goal:

| Measure | Current Status/ Data Source | Short-Term (1-2 years) | Mid-Term (3-5 years) | Long-Term (> 5 years) |
|---|---|---|---|---|
| Numbers of trained Dementia Friends | Not measured/ TBD | Program in place and key measures identified | | |
| Direct care workforce stability | Not measured | Data source identified and baseline established | Targets and ongoing measurement | |
| Chronic Disease Outcomes in OAA clients | Not measured/ TBD | Outreach to KDHE and data source exploration and identification | Key indicators and baselines established | Ongoing measurement |

## Goal 5: Protect the rights and safety of older Kansans by providing education and training to reduce abuse, neglect, and exploitation and ensuring access to legal services that empower them to live with dignity.



Stakeholders shared concerns about the susceptibility of older Kansans to fraud, given the growing prevalence of financial fraud and the compelling forms it can take (e.g., romance scams, grandparent or family caregiver scams, government impersonator scams) to individuals more inclined to trust. Kansas APS data for SFY 2024 reflects a 9% increase in APS cases assigned for investigation; approximately 25% of these involved allegations of financial exploitation. The National Adult Protective Services Association believes financial abuse is grossly underestimated in the U.S.

The OAA Final Rule creates another opportunity for Kansas to improve the provision of legal services to older Kansans through strengthened regulations pertaining to legal assistance services and legal assistance developers (LAD). Full implementation of this rule will be a focus for the next 1 to 2 years.

*Objective 5.1: Increase awareness among older Kansans of the prevalence of financial fraud and its various forms.*

Strategies:

- Leverage Title VII education funds to fund the development of a mixed-media, plain language education campaign in collaboration with the Kansas Senior Medicare Patrol, Attorney General's office, Adult Protective Services, the Department of Insurance, and others to improve older adult financial and technology literacy in order to reduce vulnerability to financial exploitation.

- Partner with state and local stakeholders to identify local media resources, such as radio programs and podcasts, to promote direct messaging to increase public awareness and to educate financial institutions and retailers on financial exploitation.

*Objective 5.2: Update KDADS' approach to providing legal services in line with OAA objectives to reduce reliance on guardianship and increase access to less restrictive forms of decision support.*

Strategies:

- Identify or establish a legal assistance developer within KDADS.

- Conduct legal services outreach and education to stakeholders to promote less restrictive decision-making support (e.g., judicial system, attorney generals, etc.).
- Educate Kansas legal service providers on the updated regulations and legal services available through the KDADS LAD and AAAs.
- Develop an MOU between KDADS LAD and the state long-term care ombudsman (SLTCO) to address shared responsibilities and safeguard the rights of older Kansans.

*Objective 5.3: Ensure the aging network and stakeholders working with older adults are aware of how they can identify and prevent abuse, neglect, exploitation, and fraud of older adults.*

Strategies:

- Work with APS to develop prevention training and resources for frontline staff and others who regularly engage with older adults (e.g., IR&A, pharmacists, bankers) to help them understand their role in preventing ANE and fraud and how to report.

Potential Outcomes

KDADS will work to measure the following outcomes to assess the success of this goal:

| Measure | Current Status/ Data Source | Short-Term (1-2 years) | Mid-Term (3-5 years) | Long-Term (> 5 years) |
|---|---|---|---|---|
| Legal services units | OAAPS/SPR | | | |
| Increased fraud awareness among older Kansans | TBD | Campaign in place | Measures and data sources identified | |
| Increased knowledge of fraud identification and reporting | Training pre- and post-assessment | Trainings developed | Training disseminated and baseline knowledge assessed | Ongoing measurement |



# ATTACHMENT A: STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

## Older Americans Act, As Amended in 2020

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.*

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—…

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and

service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection

(a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

*Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.*

Sec. 306, AREA PLANS

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

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

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

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

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

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

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

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

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

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

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

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

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

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

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

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

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

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

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

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

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

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

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

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

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

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

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

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

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

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

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

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

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

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

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

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

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

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

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

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

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

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

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

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

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

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

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

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

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

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

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

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

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

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

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

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

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

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

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

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

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

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

(2) Such assessment may include—

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

(B) an analysis of how such change may affect such individuals, including individuals

with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

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

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

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

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

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section

306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000…

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10);

and

(C) afford an opportunity for a public hearing, upon request, by any area agency on

aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

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

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging 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.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low- income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited

English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

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

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in childcare, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27)(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

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

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals aged 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

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

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order…

Laura Howard

*Signature and Title of Authorized Official*

7-1-2025

*Date*



# ATTACHMENT B: INFORMATION REQUIREMENTS

Except as indicated where optional or only applicable to States with multiple planning and service areas, the State Plan must state how the following provision(s) will be met:

## Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

> (1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and
>
> (2) The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

*"Greatest economic need"* means "the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses" (45 CFR § 1321.3).

*"Greatest social need"* means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency's response must establish how the State agency will:

> (1) identify and consider populations in greatest economic need and greatest social need;
>
> (2) describe how they target the identified populations for service provision;
>
> (3) establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;
>
> (4) establish methods for serving the prioritized populations; and
>
> (5) use data to evaluate whether and how the prioritized populations are being served.

**RESPONSE:**

KDADS defines Greatest Economic Need and the Greatest Social Need as follows:

Greatest economic need: The need resulting from an income level at or below the poverty threshold established by the U.S. Department of Health and Human Services.

Greatest social need: The need caused by non-economic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that 1) restricts the ability of an individual to perform normal daily tasks, or 2) threatens the capacity of the individual to live independently.

KDADS updated the Intrastate Funding Formula (IFF) to reflect the identified older individuals with the greatest economic need and older individuals with the greatest social need, particularly older individuals aged 60 and over, low-income older individuals aged 60 and over, minority older individuals aged 60 and over, and older individuals aged 75 and over. KDADS added a square mileage factor to the IFF to mitigate the higher cost of providing services in rural areas associated with distance. See KDADS' IFF in Attachment 'C.'

The Area Agencies on Aging in Kansas are instructed by the Area Plan and the IFF to develop plans that establish prioritized populations and how they will be targeted and identified for service provision. KDADS requires a standard form of "Older Americans Act Assurances of Compliance" submitted with each original Area Plan in the planning cycle submitted. With this form, the legally authorized official of the grantee assures that the Area Agency on Aging will comply with "any and all assurances and/or provisions provided in Sections 306 and 307 of the OAA." With each original area plan submitted, Area Agencies on Aging are required to submit determination of needs, to describe and explain (1) how the area agency established its priorities, (2) why the agency selected these services, (3) the relationship between the needs identified and the services funded with particular attention to low income older adults, low-income minority older adults, older Native Americans, and older Kansans with limited English proficiency; and (4) how the area agency took into consideration the number of older individuals with the greatest social and economic need, with particular attention to low-income individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

## Native Americans: Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (g): Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

**RESPONSE:**

Kansas has four tribes in one planning service area (PSA), PSA09, where three of the four tribes receive Title VI funds: the Iowa Tribe of Kansas and Nebraska, the Kickapoo Tribe, and the Prairie Band Potawatomi Nation. AAAs are instructed in the Area Plan to coordinate Title VI services. KDADS is working with the Northeast Kansas Area Agency on Aging, the PSA in which all federally recognized tribes are located, to set up quarterly meetings with the tribes to improve and streamline communication.

Kansas is committed to ensuring that area agencies will provide outreach to Native American residents in PSAs across the state. KDADS is working on a comprehensive update to agency policies and procedures, including developing a statewide Tribal Consultation and Outreach policy. The updated policies and procedures will be developed in consultation and collaboration with the state's AAAs, tribal organizations, and other stakeholders. Should this work not be completed by October 1, 2025, KDADS will submit a Corrective Action Plan (CAP).

## Activities to Increase Access and Coordination for Native American Older Adults

OAA Section 307(a)(21): The plan shall —

. . .

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

45 CFR § 1321.53:

(a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(b) The policies and procedures set forth in (a) of this provision must at a minimum address:

(1) How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;

(2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;

(3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;

(4) How Title VI programs may refer individuals who are eligible for Title III and/or VII services;

(5) How services will be provided in a culturally appropriate and trauma-informed manner; and

(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

**RESPONSE**

The State of Kansas is committed to developing policies and procedures that formalize coordination and cooperation between KDADS, the state's area agencies on aging, and Title VI grantees. KDADS is working on a comprehensive update to agency policies and procedures, including the development of a statewide Tribal Consultation and Outreach policy and the establishment of policies and

procedures to facilitate and support coordinated referral and service provision between Title III and Title VI grantees. Updated policies and procedures will be developed in consultation and collaboration with the state's AAAs, tribal organizations, and other stakeholders. It will include how the KDADS, the AAAs, and the tribes will collaborate to ensure outreach, services, and supports reach older Native Americans regardless of where they live (on/off tribal land). Should this work not be completed by October 1, 2025, KDADS will submit a CAP.

## Low-Income Minority Older Adults

OAA Section 307(a)(14):

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low- income minority older individuals with limited English proficiency.

**RESPONSE**

(A) According to 2020 Census data, there are 38,462 minority older individuals 65 and older statewide. Minority older adults 60 and older are reflected in the updated IFF formula to be allocated 9% to meet their service needs across the state.

(B) Each PSA defines service needs specific to its assigned region and methods used to satisfy the needs of all populations with special attention to low-income minority older individuals within each area plan submitted. The IFF is designed to support the needs of low-income minority older individuals across the state, including components for the total population older than 60, low income, and minority for each service area.

## Rural Areas – Hold Harmless

OAA Section 307(a)(3): The plan shall—

…

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

**RESPONSE:**

Seven of Kansas' planning service areas (PSAs) are predominantly rural; 89 of the state's 105 counties are classified as rural, rural-densely populated, or frontier by the Kansas Department of Health. In FY 2000, the AAAs in these seven PSAs were allocated $4,759,048, while in FY 24, the same areas received $5,761,879. Total expenditures in FY 2024 exceeded FFY 2000 by over $1,000,000.

KDADS continually seeks opportunities to ensure rural and frontier AAAs can meet the needs of the people they serve. In addition to OAA, these efforts include allocating other funding sources, including other federal and state funding, optimizing the utilization of Title III-D funds, and maximizing the number of persons served across the state.

For the period covered by this plan, KDADS collaborated with the AAAs to include a factor for PSA square mileage in the updated IFF. This plan also includes robust efforts to increase a wide range of community partnerships to enhance rural Kansans' access to and receipt of services.

## Rural Areas – Needs and Fund Allocations

OAA Section 307(a)(10):

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

**RESPONSE:**

Each PSA defines service needs specific to their assigned region and the methods used to satisfy the needs of all populations, with special attention paid to older individuals residing in rural communities. KDADS distributes base funding of $150,000 to each AAA to mitigate adverse impacts of funding due to reduced population. The intrastate funding formula (IFF was updated for the 2026-2029 planning cycle to include a factor for PSA square mileage to account for increased costs associated with distance in rural PSAs. KDADS consulted extensively with the state's AAAs on the updated IFF, including the PSA square mileage factor at their request.

## Assistive Technology

OAA Section 306(a)(6)(I):

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the area agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

**RESPONSE:**

Assistive Technology for Kansans (ATK) collaborates with the Area Agencies on Aging to inform seniors and people with disabilities about assistive technology resources and services available to meet the needs of all Kansans. ATK staff participate in health and resource events conducted across the state in coordination with the AAAs and community partners. KDADS will work with the AAAs and ATK to increase awareness of assistive technology in this planning cycle. In the next

area planning cycle, KDADS will include assistive technology in updated area plan instructions and monitoring processes.

## Minimum Proportion of Funds

OAA Section 307(a)(2):

The plan shall provide that the State agency will —…

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

**RESPONSE:**

Adequate proportions for OAA Title III-B services have been modified to reflect the minimum percentage highlighted in the chart below for the fiscal years of this plan:

| Service | Funding Source | Minimum Percentage |
|---|---|---|
| Access | OAA III B | 9% |
| In-home | OAA III B | 20% |
| Legal | OAA III B | 5% |
| Any one or a combination of the service categories listed above | OAA III B | 5% |
| Total | OAA III B | 39% |

## Assessment of Statewide Service Delivery Model

OAA Section 307(a)(27):

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

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

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

**RESPONSE:**

KDADS continues to monitor annual US Census population estimates and state research institution analyses of population shifts to assess statewide changes in the number of older adults. Annual aging network needs assessments will also be reviewed to determine gaps in service delivery and inform any new programming requirements.

## Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding *(Optional, only for States that elect to pursue this activity)*

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

(A) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(B) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(iii) Such meals are to be provided to complement the congregate meal program:

(A) During disaster or emergency situations affecting the provision of nutrition services. To older individuals who have an occasional need for such meal; and/or

(B) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

(1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;

(2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;

(3) Description of the eligibility criteria for service provision;

(4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and

(5) Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

**RESPONSE:**

KDADS wants to take advantage of this flexibility and is developing policy and procedures in consultation with the Area Agencies on Aging to comply with the Older Americans Act regulations that became effective in March 2024. KDADS is currently evaluating and updating policies and procedures to comply with new OAA requirements in conjunction with the state's AAAs. Should the state determine that the updated policies and procedures cannot be effective by October 1, 2025, KDADS will submit a CAP to the Assistant Secretary.

## Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

**RESPONSE:**

The Kansas State Long Term Care Ombudsman is housed in the Office of Public Advocates, an independent agency. The state assures that KDADS distributes Title III-B and Title VII funds to the Ombudsman program, through an interagency Memorandum of Understanding, at a level that is at least equal to or greater than the minimum certification of expenditure level. The State Long Term Care Ombudsman has full authority to direct the use of funds and administer the program, including the hiring and direction of regional ombudsmen and program volunteers.

## Funding Allocation – Elder Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

**RESPONSE:**

KDADS utilizes Title VII monies to fund projects that provide education, training, or research to prevent or raise awareness of elder abuse, neglect, exploitation, or fiduciary abuse of older adults. The grants may also provide public education and outreach to promote financial literacy and prevent identity theft and financial exploitation of older individuals.

## Monitoring of Assurances

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

**RESPONSE:**

KDADS utilizes data from various sources, including the annual State Program Report (SPR), to assess the implementation of OAA services and programs and the Older Americans Act Performance System (OAAPS) to ensure accurate data and monitoring. The KDADS Quality Improvement (QI) staff monitors overall program compliance. QI staff conducts quarterly reviews of OAA files at each of the state's 11 Area Agencies on Aging (AAA) locations. The file review includes customer assessments, service planning, notification, and follow-up. The results of the quarterly file reviews are compiled into reports and provided to each of the AAAs for review. The KDADS fiscal staff also periodically monitors AAA financial practices and results, including reviewing the annual audit.

KDADS is fully committed to robust monitoring and oversight of the state administration of OAA funds. Enhancing monitoring processes is part of KDADS' work to implement the new OAA requirements and will be completed in collaboration with the AAAs.

## State Plans Informed By and Based on Area Plans

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

**RESPONSE:**

KDADS reviewed current area plans from all 11 AAAs, including a review of the needs assessments administered by the AAAs. The area plans and needs assessments guided the development of the State Plan goals, objectives, and strategies. On January 26, 2025, KDADS hosted a work session with AAA representatives to inform the State Plan's goals, objectives, and strategies. Draft goals, objectives, strategies, and outcomes were shared with the AAAs for review, and revisions were made based on their feedback. KDADS will collaborate with the AAAs to update the area and state planning processes to structurally integrate the state's ability to base future state plans on the area plans.

## Public Input and Review

45 CFR § 1321.29:

Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

**RESPONSE:**

KDADS solicited input from older Kansans and caregivers through a statewide Aging Survey. The Survey comprised 16 questions that focused on the general community needs of older Kansans, mental health, nutrition and health promotion specific topics, caregiver needs, and basic demographics. Responses were received from all over the state, including representation from almost every county in Kansas. The survey collected nearly 1,600 responses. The information collected from the Aging Survey was shared with the AAAs, nutrition providers, listservs, committees, and other stakeholders to promote throughout the Aging Network.

KDADS also hosted four in-person listening sessions and a virtual one across the state to discuss the State Plan with older Kansans, family caregivers, and service providers. KDADS staff also met with representatives of two Title VI grantees in the state and hosted a work session with the AAAs before drafting goals and objectives.

The State Plan public review and comment period was held from April 15, 2025, through May 15, 2025. KDADS distributed notices of the posted state plan to all AAAs and tribal organizations in the state and all participants in the statewide listening sessions. The State Plan was posted on the KDADS website for public review, and 6 comments were received.

## Program Development and Coordination Activities *(Optional, only for States that elect to pursue this activity)*

45 CFR § 1321.27 (h):

Certification that any program development and coordination activities shall meet the following requirements:

(1) The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;

(2) Program development and coordination activities must only be expended as a cost of State Plan administration, area plan administration, and/or Title III, part B supportive services;

(3) State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and

(4) Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older persons and family caregivers in the planning and service area.

**RESPONSE:**

KDADS certifies that all program development and coordination activities meet the requirements in 45 CFR § 1321.27 (h). The policy for these activities can be found in the KDADS Field Services Manual, Section 7.1.7 Limited on Budget Expenditure and Section 8.1.6.B.4 Financial Management. Enhancements to these policies and technical assistance for the AAAs are included in the work that KDADS is doing to implement the new OAA requirements.

## Legal Assistance Developer

45 CFR § 1321.27 (l):

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

**RESPONSE:**

KDADS is working to implement the new OAA requirements and is committed to developing policies and procedures to enhance the delivery of legal services, including the identification and designation of a new Legal Assistance Developer (LAD). This work will include establishing the position, recruiting, and selecting the new LAD with a job description that fully complies with 45 CFR 1321.27. If the state determines that this work will not be completed by October 1, 2025, the state will submit a CAP to the Assistant Secretary.

## Emergency Preparedness Plans – Coordination and Development

OAA Section 307(a)(28):

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

**RESPONSE:**

KDADS coordinates activities and has developed long-range emergency preparedness plans with the 11 AAAs, other state agencies, local governments, local emergency response agencies, relief organizations, and other institutions responsible for disaster relief service delivery. KDADS is in the process of implementing updated OAA requirements for emergency planning. If the state is not in full compliance by October 1, 2025, KDADS will submit a CAP.

## Emergency Preparedness Plans – Involvement of the head of the State agency

OAA Section 307(a)(29):

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

**RESPONSE:**

KDADS coordinates activities and has developed long-range emergency preparedness plans with the 11 AAAs, other state agencies, local governments, local emergency response agencies, relief organizations, and other institutions responsible for disaster relief service delivery. KDADS is in the process of implementing updated OAA requirements for emergency planning. If the state is not in full compliance by October 1, 2025, KDADS will submit a CAP.


VISITOR CENTER

# ATTACHMENT C: INTRASTATE FUNDING FORMULA

The State of Kansas utilizes the following funding formula to enable the state's area agencies on aging (AAAs) to provide services to Kansans older than 60 and to effectively target older Kansans who are minorities, low-income, and/or reside in rural areas of the state.

All OAA Title III funds, including Title III-D, are distributed using this formula after other allocations and withholds. Nutrition Services Incentives Program (NSIP) funds are distributed proportionately to each PSA's eligible meals for the previous fiscal year.

Each planning and service area (PSA) receives a base allocation of $150,000 from the OAA Title III Part B social services allotment. This base allocation considers the special needs of rural PSAs and ensures viable funding across the entire state.

Before distribution under the IFF to the AAAs each year, funds are deducted from Title III funds for State Plan Administration and for the State Long Term Care Ombudsman to maintain required minimum expenditures. KDADS takes the greater of the amount per section 308(b)(s)(A) of the Act or 5% of the total Title III award.

The Kansas intrastate funding formula uses the following factors to distribute OAA and SCA funds within the state's planning and services areas (PSAs) based on their demographics and rural status.

| Factor | Weight |
|---|---|
| Population 60+ | 38% |
| Population 60+ low-income | 38% |
| Population 60+ minority | 9% |
| Population 75+ | 9% |
| Land Area | 6% |
| Total | 100% |

Kansas defines "low-income" as income at or below the federal poverty level. State and area plans further define this based on local and individual factors, including geography and expenses. For the four-year planning period beginning FFY 2026, Kansas will factor in a 6% square mileage land area calculation based on the total square miles of a PSA to account for geographic rural status and travel time.

Using the best available data from the U.S. 2020 Decennial Census, each PSA shall be allotted an amount based on 38% of the population 60 and older, plus 38% of the low-income population 60 and older, plus 9% of the minority population 60 and older, plus 9% of the population 75 and older in the PSA, plus 6% for PSA square mileage.

This formula is represented mathematically as:

[(38%A) + (38%B) + (9%C) + (9%D) + (6%E)][(40%F) + (40%G) + (10%H) + (10%I)] = PSA allocation percentage

Where:

A = PSAs 60 and older population
B = PSAs minority 60 and older population
C = PSAs low-income population 60 and older
D = PSAs 75 and older population
E = PSA square mileage
F = State's 60 and older population
G = State's minority 60 and older population
H = State's low-income population 60 and older
I = State's 75 and older population

The charts below and on the following page break out the allocations of OAA funds by PSA. Figure 1 details the factors and population data on which the new funding formula is based, including the impact on allocation for each PSA. Figure 2 details the funding allocation for each PSA, segmented by Part of Title III.

Figure 1

| | AGE 60 & OVER TOTAL | | AGE 60 & OVER LOW INCOME | | AGE 65 & OVER MINORITY | | AGE 75 & OVER TOTAL | | Square Miles | | FFY25 Allocation % | Previous Allocation % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 38% | | 38% | | 9% | | 9% | | 6% | | | |
| PSA | Population | % | Population | % | Population | % | Population | % | Sq/Mi | % | | |
| PSA 01 | 49,059 | 7% | 4,409 | 9% | 8,662 | 23% | 12,964 | 6% | 615 | 1% | 8.75% | 9.07% |
| PSA 02 | 138,128 | 20% | 12,089 | 24% | 10,152 | 26% | 39,224 | 19% | 2,968 | 4% | 21.27% | 20.08% |
| PSA 03 | 27,046 | 4% | 1,966 | 4% | 486 | 1% | 8,959 | 4% | 17,086 | 21% | 4.78% | 4.71% |
| PSA 04 | 74,056 | 11% | 4,724 | 9% | 4,962 | 13% | 21,888 | 11% | 1,533 | 2% | 9.99% | 10.03% |
| PSA 05 | 43,291 | 6% | 4,343 | 9% | 1,493 | 4% | 13,576 | 7% | 5,241 | 6% | 7.07% | 8.69% |
| PSA 06 | 45,985 | 7% | 3,891 | 8% | 1,882 | 5% | 14,061 | 7% | 23,047 | 28% | 8.29% | 7.98% |
| PSA 07 | 27,434 | 4% | 2,873 | 6% | 748 | 2% | 8,187 | 4% | 3,655 | 4% | 4.53% | 3.71% |
| PSA 08 | 70,041 | 10% | 4,828 | 10% | 2,089 | 5% | 21,545 | 11% | 13,301 | 16% | 10.02% | 11.12% |
| PSA 09 | 20,039 | 3% | 1,481 | 3% | 697 | 2% | 6,567 | 3% | 4,563 | 6% | 3.04% | 3.58% |
| PSA 10 | 51,737 | 8% | 3,920 | 8% | 1,364 | 4% | 16,814 | 8% | 9,277 | 11% | 7.63% | 8.08% |
| PSA 11 | 131,777 | 19% | 5,454 | 11% | 5,927 | 15% | 37,674 | 19% | 473 | 1% | 14.63% | 12.97% |
| STATE TOTAL | 678,593 | 100% | 49,978 | 100% | 38,462 | 100% | 201,459 | 100% | 81,759 | 100% | 100% | 100% |

Figure 2

| Last Executed Allocation | Federal | | | | | |
|---|---|---|---|---|---|---|
| **Org** | **B** | **C-1** | **C-2** | **D** | **E** | **Total federal** |
| PSA 01 | 290,194.00 | 361,465.00 | 282,428.00 | 19,769.00 | 138,311.00 | 1,092,167.00 |
| PSA 02 | 460,065.00 | 799,448.00 | 624,642.00 | 43,723.00 | 305,900.00 | 2,233,778.00 |
| PSA 03 | 222,802.00 | 187,707.00 | 146,663.00 | 10,266.00 | 71,824.00 | 639,262.00 |
| PSA 04 | 305,032.00 | 399,724.00 | 312,321.00 | 21,862.00 | 152,951.00 | 1,191,890.00 |
| PSA 05 | 284,320.00 | 346,321.00 | 270,595.00 | 18,941.00 | 132,517.00 | 1,052,694.00 |
| PSA 06 | 273,346.00 | 318,026.00 | 248,487.00 | 17,394.00 | 121,690.00 | 978,943.00 |
| PSA 07 | 207,345.00 | 147,854.00 | 115,525.00 | 8,087.00 | 56,575.00 | 535,386.00 |
| PSA 08 | 321,881.00 | 443,163.00 | 346,262.00 | 24,238.00 | 169,572.00 | 1,305,116.00 |
| PSA 09 | 205,335.00 | 142,673.00 | 111,477.00 | 7,803.00 | 54,593.00 | 521,881.00 |
| PSA 10 | 274,891.00 | 322,011.00 | 251,601.00 | 17,612.00 | 123,215.00 | 989,330.00 |
| PSA 11 | 350,475.00 | 516,891.00 | 403,869.00 | 28,270.00 | 197,784.00 | 1,497,289.00 |
| **Total** | 3,195,686.00 | 3,985,283.00 | 3,113,870.00 | 217,965.00 | 1,524,932.00 | 12,037,736.00 |

| PSA | IFF |
|---|---|
| 01 | 9.07% |
| 02 | 20.06% |
| 03 | 4.71% |
| 04 | 10.03% |
| 05 | 8.69% |
| 06 | 7.98% |
| 07 | 3.71% |
| 08 | 11.12% |
| 09 | 3.58% |
| 10 | 8.08% |
| 11 | 12.97% |
| STATE TOTAL | 100% |

| Proposed Draft Allocation | Federal | | | | | |
|---|---|---|---|---|---|---|
| **Org** | **B** | **C-1** | **C-2** | **D** | **E** | **Total federal** |
| PSA 01 | 285,248.00 | 348,560.00 | 272,464.00 | 19,072.00 | 133,583.00 | 1,058,927.00 |
| PSA 02 | 478,767.00 | 847,300.00 | 662,320.00 | 46,361.00 | 324,722.00 | 2,359,470.00 |
| PSA 03 | 223,884.00 | 190,413.00 | 148,843.00 | 10,419.00 | 72,975.00 | 646,534.00 |
| PSA 04 | 304,414.00 | 397,956.00 | 311,076.00 | 21,775.00 | 152,514.00 | 1,187,735.00 |
| PSA 05 | 259,280.00 | 281,637.00 | 220,151.00 | 15,410.00 | 107,935.00 | 884,413.00 |
| PSA 06 | 278,137.00 | 330,236.00 | 258,140.00 | 18,069.00 | 126,561.00 | 1,011,143.00 |
| PSA 07 | 220,020.00 | 180,455.00 | 141,058.00 | 9,874.00 | 69,158.00 | 620,565.00 |
| PSA 08 | 304,878.00 | 399,151.00 | 312,010.00 | 21,840.00 | 152,972.00 | 1,190,851.00 |
| PSA 09 | 196,989.00 | 121,100.00 | 94,662.00 | 6,626.00 | 46,411.00 | 465,788.00 |
| PSA 10 | 267,936.00 | 303,945.00 | 237,588.00 | 16,631.00 | 116,485.00 | 942,585.00 |
| PSA 11 | 376,133.00 | 582,793.00 | 455,558.00 | 31,888.00 | 223,352.00 | 1,669,724.00 |
| **Total** | 3,195,686.00 | 3,983,546.00 | 3,113,870.00 | 217,965.00 | 1,526,668.00 | 12,037,735.00 |

| PSA | IFF |
|---|---|
| 01 | 8.75% |
| 02 | 21.27% |
| 03 | 4.78% |
| 04 | 9.99% |
| 05 | 7.07% |
| 06 | 8.29% |
| 07 | 4.53% |
| 08 | 10.02% |
| 09 | 3.04% |
| 10 | 7.63% |
| 11 | 14.63% |
| STATE TOTAL | 100% |

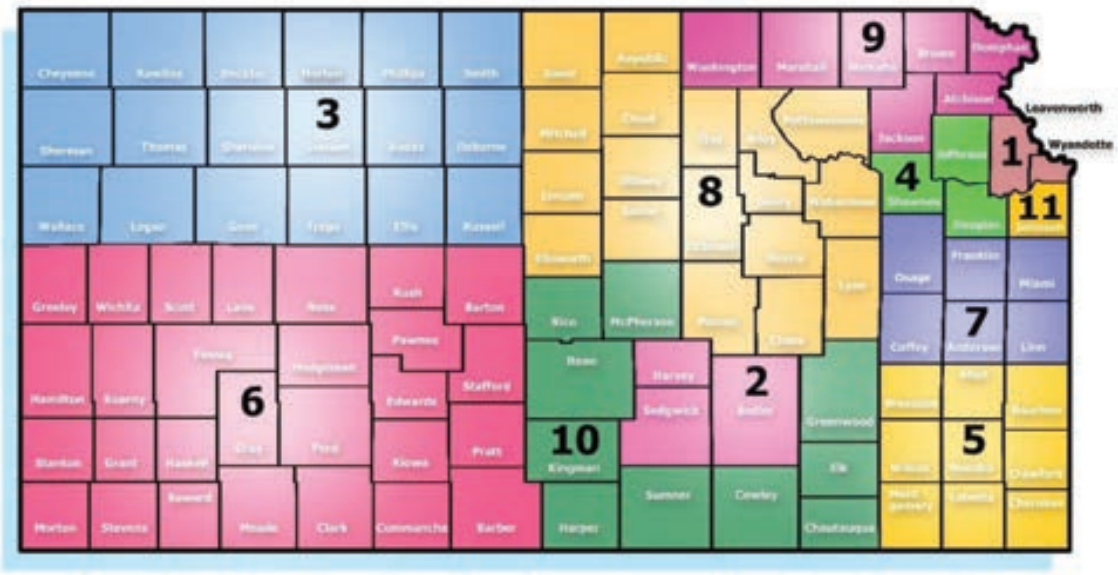
| Difference | Federal | | | | | |
|---|---|---|---|---|---|---|
| **Org** | **B** | **C-1** | **C-2** | **D** | **E** | **Total federal** |
| PSA 01 | (4,946.00) | (12,905.00) | (9,964.00) | (697.00) | (4,728.00) | (33,240.00) |
| PSA 02 | 18,702.00 | 47,852.00 | 37,678.00 | 2,638.00 | 18,822.00 | 125,692.00 |
| PSA 03 | 1,082.00 | 2,706.00 | 2,180.00 | 153.00 | 1,151.00 | 7,272.00 |
| PSA 04 | (618.00) | (1,768.00) | (1,245.00) | (87.00) | (437.00) | (4,155.00) |
| PSA 05 | (25,040.00) | (64,684.00) | (50,444.00) | (3,531.00) | (24,582.00) | (168,281.00) |
| PSA 06 | 4,791.00 | 12,210.00 | 9,653.00 | 675.00 | 4,871.00 | 32,200.00 |
| PSA 07 | 12,675.00 | 32,601.00 | 25,533.00 | 1,787.00 | 12,583.00 | 85,179.00 |
| PSA 08 | (17,003.00) | (44,012.00) | (34,252.00) | (2,398.00) | (16,600.00) | (114,265.00) |
| PSA 09 | (8,346.00) | (21,573.00) | (16,815.00) | (1,177.00) | (8,182.00) | (56,093.00) |
| PSA 10 | (6,955.00) | (18,066.00) | (14,013.00) | (981.00) | (6,730.00) | (46,745.00) |
| PSA 11 | 25,658.00 | 65,902.00 | 51,689.00 | 3,618.00 | 25,568.00 | 172,435.00 |
| **Total** | 0.00 | (1,737.00) | 0.00 | 0.00 | 1,736.00 | (1.00) |

| PSA | IFF |
|---|---|
| 01 | -0.32% |
| 02 | 1.21% |
| 03 | 0.07% |
| 04 | -0.04% |
| 05 | -1.62% |
| 06 | 0.31% |
| 07 | 0.82% |
| 08 | -1.10% |
| 09 | -0.54% |
| 10 | -0.45% |
| 11 | 1.66% |
| STATE TOTAL | 0% |

# ATTACHMENT D: KANSAS PLANNING AND SERVICE AREAS AND AREA AGENCIES ON AGING

Kansas is divided into planning and service areas (PSAs), which are served by 11 federally designated Area Agencies on Aging (AAAs).

See the map below for the PSA map and AAA information.




**1 Wyandotte – Leavenworth**
849 North 47th Street Kansas City, KS 66102
(913) 573-8531
(888) 661-1444
Website Facebook

**2 Central Plains**
2622 W Central, Room 500
Wichita, KS 67203-3725
(316) 660-5120
(800) 367-7298
Website Facebook

**3 Northwest KS**
510 W 29th Street, Suite B Hays, KS 67601-3703
(785) 628-8201
(800) 432-7422
Website

**4 Jayhawk**
2910 SW Topeka Blvd.
Topeka, KS 66611
(785) 235-1367 - (800) 798-1366
Fax (785) 235-2443
Website Facebook

**5 Southeast KS**
1 West Ash
Chanute, KS 66720-1010
(620) 431-2980
(800) 794-2440
Fax (620) 431-2988
Website Facebook

**6 Southwest KS**
236 San Jose Avenue
Dodge City, KS 67801-1636
(620) 225-8230 - (800) 742-9531
Fax (620) 225-8240
Website Facebook

**7 East Central KS**
1117 S Main Ottawa, KS 66067
(785) 242-7200
(800) 633-5621
Fax (785) 424-7202
Website Facebook

**8 North Central Flint Hills**
401 Houston
Manhattan, KS 66502
(785) 776-9294 - (800) 432-2703
Fax (785) 776-9479
Website Facebook

**9 Northeast KS**
1803 Oregon
Hiawatha, KS 66434-2222
(785) 742-7152
(800) 883-2549
Fax (785) 742-7154
Website Facebook

**10 South Central KS**
304 S Summit
Arkansas City, KS 67005
(620) 442-0268
(800) 362-0264
Website

**11 Johnson County**
11811 Sunset Drive,
Ste # 1300 Olathe, KS 66061-7046
(913) 715-8861 - (888) 214-4404
Fax (913) 715-8825
Website Facebook

# ATTACHMENT E: PUBLIC COMMENT

**Attachment E - Evidence of Providing the Minimum Public Comment Period** must be included with each State Plan. The State Plan must include information that demonstrates the SUA's compliance with the minimum period (i.e., at least thirty (30) calendar days, absent a waiver from the ASA) for public review and comment on the new State Plan, pursuant to 45 CFR § 1321.29(c).

**RESPONSE:**

The State Plan public review and comment period was held from April 15, 2025, through May 15, 2025. The State Plan was posted on the agency's website.

Prior to the start of the public comment period, KDADS provided notice of the public comment period to the 11 Area Agencies on Aging and the 3 federally recognized tribes in the state via email. KDADS also posted information about the drafted State Plan on Aging 2025-2029 and the public input process on the agency's website. During the public input process, the public was able to provide comments via email, phone, or mail.

Throughout the public comment period, KDADS promoted the public comment period on the agency's social media pages and website. KDADS provided information about the public input process during monthly meetings with the 11 Area Agencies on Aging and through direct email distribution to stakeholders, including the federally recognized tribes.

**Public Comments Received**

KDADS received comments from 6 organizations.

- Kansas Department for Children and Families Adult Protective Services
- Southeast Kansas Area Agency on Aging (SEKAAA)
- Doniphan Co. Health Department
- Alzheimer's Association
- LeadingAge Kansas
- Kansas Association of Area Agencies on Aging

**KDADS Response**

KDADS thanks all of the individuals and organizations that took the time to review the state plan and provide feedback. KDADS reviewed the comments closely and made a number of revisions to the plan based on the comments received. KDADS looks forward to continued engagement with stakeholders across the state as we move forward to implementing the 2026-2029 State Plan on Aging.

# APPENDIX A: DESIGNATED SIGNATORY

STATE OF KANSAS

CAPITOL BUILDING, ROOM 241 SOUTH
TOPEKA, KS 66612

PHONE: (785) 296-3232
GOVERNOR.KANSAS.GOV

GOVERNOR LAURA KELLY

April 28, 2025

Mary Lazare
Acting Administrator and Assistant Secretary for Aging
Mary E. Switzer Building
330 C Street SW
Washington, DC 20201

Assistant Secretary Lazare,

The Kansas Department for Aging and Disability Services (KDADS) is a cabinet level agency administered by a Secretary who is appointed by, and serves at the pleasure of, the Governor. The Secretary, who serves as the chief executive officer, oversees all aspects of agency operations and has the authority to sign all documents, letters, contracts, and grants related to state and federal aging programs.

Secretary Laura Howard is the duly appointed and confirmed Secretary for KDADS, and my designated signatory for the Kansas State Plan on Aging.

Respectfully,

Laura Kelly
Governor of Kansas