

# Kentucky State Plan on Aging

Fiscal Years 2009 – 2012

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Commonwealth of Kentucky

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*Healthy Aging:  
Making More of Life*



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**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR AGING AND INDEPENDENT LIVING**

**Steven L. Beshear**  
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Secretary

**A message from the Commissioner**

On behalf of Governor Steven Beshear, I am pleased to present the 2009-2012 Kentucky State Plan on Aging. This plan will serve as a guide to the services that we provide to the aged and disabled citizens of Kentucky so that they may lead quality lives regardless of the setting.

The Department for Aging and Independent Living has worked diligently through a multitude of programs to ensure that the aging and disability services are available and accessible throughout the Commonwealth of Kentucky. Through the statewide implementation of the Aging Disability Resource Centers, we are providing individuals and their care providers with the information needed to traverse both the publicly and privately funded long term care system.

As the aging population of Kentucky continues to increase, it is imperative that a variety of service providers work to provide comprehensive planning to ensure that aging Kentuckians are able to have their needs met in the most responsive and least restrictive manner. It is this approach that has placed Kentucky in the forefront of consumer directed options as well as performance based outcomes for the service providers.

The department strives not only for a large variety of programs but for quality services to be provided to those in the community or in long term care settings. It is this dedication that will allow for the department to move forward as a leader in the aging and disability community.

Sincerely,

A handwritten signature in blue ink that reads "Deborah S. Anderson".

Deborah S. Anderson  
Commissioner

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## Executive Summary

In accordance with the Older Americans Act (OAA) as amended in 1965, the Kentucky Department for Aging and Independent Living (DAIL), as the designated State Unit on Aging, is mandated to submit a plan to describe the methods and activities used to provide leadership to state and community-based aging and disability programs and to qualify for federal funding for such activities. Development of this plan was achieved through collaborative interaction between various entities within the Cabinet for Health and Family Services (CHFS), DAIL, organizations within the state aging network offering an array of services to meet the needs of aging and disabled Kentuckians, as well as elderly and disabled adults.

Similar to other states, Kentucky is bracing for a significant increase in the proportion of the total population who will be 60 and older by year 2030, 16.6% to 26.2%, respectively. This growth estimation will represent a 91.4% increase from year 2000 to year 2030. Coupled with the anticipated changes in demographics, DAIL has also experienced significant internal changes as a result of a Cabinet-wide restructuring. In recent months, DAIL has assumed responsibility for administering the State Guardianship program, Acquired Brain Injury Trust Fund and the Long Term Care Ombudsman Program (LTCOP). Collectively, the national strategic goals, the expected change in demographics, and the expanded role of DAIL for program oversight, provides the framework for Kentucky's State Plan on Aging (2009 – 2012). Kentucky's vision is one in which "funds and programs in the public and private sector are streamlined in a single system to enable easy consumer access, a full continuum of services to match consumer needs, and delivery of quality services in a timely manner". Kentucky is making a concerted effort to modernize and rebalance its long-term care service system by reducing institutionalization and increasing opportunities for people to experience meaningful lives in the community.

It is the vision of DAIL to provide all Kentuckians with the following: affordable choices and options that promote independence and dignity as well as support their overwhelming desire to remain at home; meaningful involvement and control in the design and delivery of the programs and services that affect their lives; empowerment to make informed decisions about their care options; easy access to a full range of health and long-term care supports; and high-quality, flexible services and supports that can respond to the unique and ever changing needs of individual consumers and their family caregivers.

DAIL supported the expansive data collection to assess the preparedness of the Commonwealth for the impending "baby boom" (persons born between 1946 and 1964) population through the Kentucky Elder Readiness Initiative (KERI). KERI was launched on August 15, 2005 to foster statewide awareness, dialogue, and insight into the challenges and opportunities provided by the aging of the baby boom population and to stimulate local and statewide initiatives to appropriately address the pending changes that will result from this process. KERI is based on a positive philosophy; elders are viewed not as dependents but as a resource. Participation of elders in planning for our future is essential.

DAIL is in the process of revising the current disaster plan. The Area Agencies on Aging and Independent Living (AAAIL) and DAIL have been working with the Kentucky Department for Public Health to promote the Kentucky Outreach Information Network (KOIN). Through the KOIN, the state is pushing emergency preparedness responsibilities to trusted people and agencies in local communities, informal and formal groups (the "go to" people who are trusted sources of information on many topics), and the media.

Through the state planning process, Kentucky has identified five (5) core goals along with one or more objectives that serve as strategies to achieve our purpose. Following is a summary of goals and objectives in no particular order of prioritization or importance:

**Goal 1:**

**Empower older Kentuckians and their families, including those from diverse communities, to make informed decisions on their health care and long-term living options.**

DAIL will continue to support and build the capacity of the Aging Disability Resource Centers (Kentucky Resource Markets) to provide accurate and timely information at the regional level. As of October 2007, each region had implemented the Resource Markets as a one-stop shop for aging and disability information and assistance. Additional work will include the provision of a standardized case management intake and comprehensive assessments across regions. Up-to-the-date information through the State Health Insurance Assistance Program (SHIP) will further enhance informed decision making at the individual and community level.

**Goal 2:**

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

DAIL has recently accomplished significant change in the provision of services by spearheading the incorporation of Consumer Directed Options (CDO) within three (3) existing waivers: Acquired Brain Injury (ABI), Home and Community Based (HCB) Services and the Supports for Community Living (SCL) program. CDO provides greater flexibility of service provision yielding increased satisfaction with the program and ultimately, extended time in the community. Kentucky also received a Nursing Home Diversion grant from the Administration on Aging (AoA) to pilot the provision of consumer directed processes within the Homecare program. After realizing proposed outcomes of the grant, DAIL plans to explore the permanent, statewide provision of CDO in the Homecare program.

**Goal 3:**

**Empower older Kentuckians to stay active and healthy through Evidence-Based Disease and Disability Prevention programs.**

Considering the relatively unhealthy demographic profiles of Kentuckians, prevalence of Alzheimer's Disease and Related Disorders, aging caregivers and the expected surge in the aging population in regards to the baby boomers, there remains significant work to accomplish in regards to community based nutritional education and care. Furthermore, current economical trends continue to impact the provision of vital services such as the meals on wheels program as well as, volunteerism. It is more critical than ever for DAIL to promote active and healthy living through evidence-based disease and disability prevention programs, OAA services, and the new prevention benefits under Medicare.

**Goal 4:**

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

With the new responsibility for both the oversight of Kentucky's LTCOP and Public Guardianship programs, enhanced efforts will be made to further ensure the rights of older Kentuckians and prevent their abuse, neglect and exploitation. Ombudsmen and certified volunteers investigate and work to resolve complaints on behalf of residents, while also providing education and resources regarding long-term care issues and quality of life. Several districts also provide "Friendly Visitors", another type of volunteer to assist residents living in long-term care facilities. Such volunteers visit residents to reduce isolation and loneliness and to ensure individual's interests and desired lifestyles are honored by others. DAIL has recently partnered with AmeriCorps and will receive the services of a full time volunteer recruiting expert who will assist in recruiting, retaining and recognizing volunteers in Kentucky to better meet the needs of the increasing aging population.

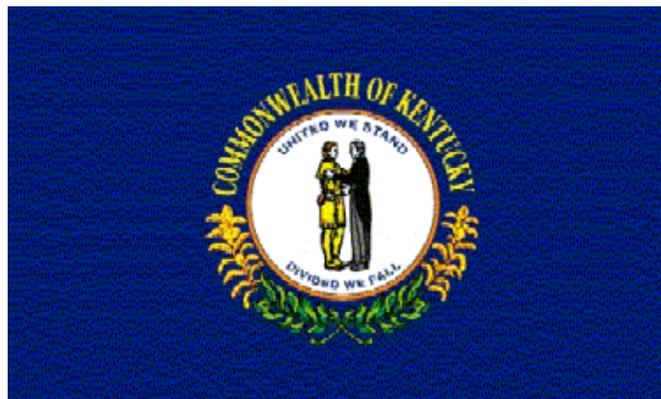
Kentucky will also continue to work to support the Local Coordinating Councils on Elder Abuse as they are best able to identify the specific needs of their individual communities. The Councils have developed a prevention tool, the Kentucky Fraud Fighter Form, subsequently recognized by the National Center on Elder Abuse. New

initiatives will also include the implementation of the “Shout It Out”, a Signature Program for Ensuring Safety for Seniors. This three (3) prong approach will help ensure safety for seniors against scams and thefts, Medicare Part D abuse, and Golden Alert Marketing.

**Goal 5:  
Maintain effective and responsive management.**

In the recent past, DAIL has worked to align national, state, and regional strategies to best reflect the priorities focused on modernizing the Aging Services Network’s role in long-term care, in addition to, the provisions set forth in the *Older Americans Act Amendments of 2006*. Long range goals include the development of an infrastructure that will support performance based management and contracting. Kentucky will continue collaborating with the AAAIL to further develop strategies for high quality and high-performance, while making the most efficient use of diminishing financial resources. Goals include, but will not be limited to, enhanced use of the Social Assistance Management System (SAMS), a comprehensive consumer and case management data system that combines electronic client records with a service unit tracking system.

Collectively, the goals, objectives, and strategies outlined within this plan comprehensively address the federal OAA requirements, as well as, the state’s legislative mandate to develop a system of community based, long-term care services for the aged and disabled populations of Kentucky. Work to develop this framework included local planning efforts of each of the state’s fifteen (15) AAAIL as described in their service area plans as well as public input that was submitted to DAIL during the public forum and electronic review of the plan.



## **Kentucky Strategic Goals and Objectives 2009-2012**

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

#### ***Objectives:***

- 1.1 Provide equal access to appropriate and timely care for older frail and disabled Kentuckians through a comprehensive, coordinated system of services which ensure the dignity of individuals and delay or prevent institutionalization.
- 1.2 Provide for a comprehensive assessment and case management system.
- 1.3 Provide supportive services in each district (in accordance with Section 321 of the OAA, as amended) including responsible management of service provision, referrals, and intake.
- 1.4 Provide for comprehensive Homecare services in the districts.
- 1.5 Provide for the delivery of Adult Day Care services including the Alzheimer's and Alzheimer's Respite Program.
- 1.6 Provide for the provision of Personal Care Attendant Program (PCAP) in the district.
- 1.7 Provide for the provision of SHIP services which includes those provided by Title III-B Legal Services and Centers for Medicare and Medicaid Services (CMS) funds.
- 1.8 Provide a Community Education Plan on the importance of long-term care planning.

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

#### ***Objectives:***

- 2.1 Provide for needed services that support individuals caring for loved ones at home and in the community.
- 2.2 Provide for support of grandparents/relative caregivers through regional programs that provide information, assistance accessing resources, training, respite, counseling, support groups and other service provided in National Family Caregiver Support Program and Kentucky Caregiver Support Program.
- 2.3 Provide district nutrition services to reduce hunger and food insecurity, promote socialization of older individuals; promote health and well-being of older individuals by assisting such individuals in gaining access to nutrition and other disease prevention and health promotion services, and to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

### **Goal 3 Empower senior Kentuckians and individuals with disabilities to stay active and healthy through Evidence-Based Disease and Disability Prevention programs**

#### ***Objectives:***

- 3.1 Maintain the health and functional independence of Kentucky's older adults by offering programs that educate, assist and enable them to remain active and independent.
- 3.2 Provide older persons with opportunities to obtain services through employment volunteering and other involvement in the community.

### **Goal 4 Ensure the rights of senior Kentuckians and individuals with disabilities and prevent their abuse, neglect and exploitation**

#### ***Objectives:***

- 4.1 Advocate on behalf of older, frail or disabled Kentuckians to improve responsiveness to their needs and concerns and ensure access to care.
- 4.2 Provide for a Long Term Care Ombudsman Program which serves Kentucky's elderly who are institutionalized.
- 4.3 Provide a Title VII Program for elder abuse prevention.

### **Goal 5 Promote effective and responsive management**

#### ***Objective:***

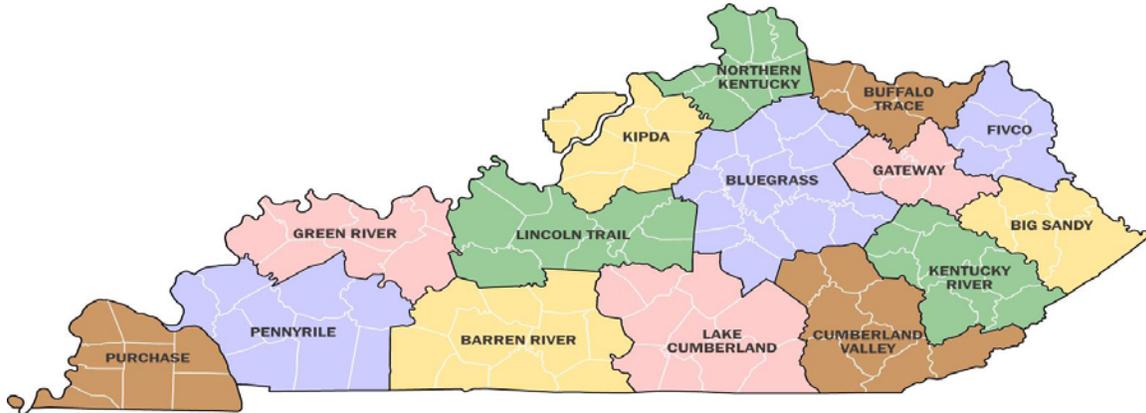
- 5.1 Ensure effective and efficient program delivery and fiscal management at all levels of the delivery system.

## Kentucky Department for Aging and Independent Living

### I. Mission and Vision Statements

#### Mission

The Department for Aging and Independent Living takes every opportunity to provide programs and services to preserve individual dignity, self-respect, and independence on behalf of Kentucky's elders and people with disabilities. The Department for Aging and Independent Living pledges to focus on issues and circumstances that create barriers to quality of life improvements for Kentucky's seniors and people with disabilities and to remove those barriers whenever possible.



#### Vision

#### Embracing Change: Strategies to Reinvent Quality in Kentucky's Long-Term Care system

The Department for Aging and Independent Living will develop a system of care that will provide Kentuckians:

- Affordable choices and options that promote people's independence and dignity as well as support their overwhelming desire to remain at home;
- Meaningful involvement and control in the design and delivery of the programs and services that affect their lives;
- Empowerment to make informed decisions about their care options;
- Easy access to a full range of health and long-term care supports; and
- High-quality, flexible services and supports that can respond to the unique and ever changing needs of individual consumers and their family caregivers.

### II. Organizational Structure

Kentucky is making a concerted effort to modernize and rebalance its long-term care service system by reducing institutionalization and increasing opportunities for people to experience meaningful lives in the community. In an attempt to coordinate these activities more effectively, the Kentucky Department for Aging and Independent Living (DAIL) was established in December of 2006. DAIL replaced and significantly expanded the capacity of the former Division of Aging. DAIL is located within the Kentucky Cabinet for Health and Family Services (henceforth referred to as the Cabinet). Sister Departments include Community Based Services (Adult and Child Protection), Income Support, Family Resource Centers and Volunteer Services, Department for Medicaid Services, Department for Mental Health, Developmental Disabilities and Addiction Services, Office of Inspector General, and Public Health. Each of these Cabinet agencies plays an integral part in providing comprehensive services to elderly Kentuckians. While DAIL administers all of the programs funded through the Older American's Act (OAA), other agencies manage additional federal and state funded programs that benefit older Kentuckians. DAIL's placement within the Cabinet allows DAIL to maintain open communication with the other agencies and provide insight and direction concerning how the elderly and disabled should be served. The Commissioner for DAIL reports directly to the Secretary of the Cabinet who in turn, reports directly to the Governor's Office (see Appendix A for organizational chart).

Furthermore, through an executive order effective July 16, 2008, DAIL acquired the Division of Guardianship, Traumatic Brain Injury Trust Fund, and the Long-Term Care Ombudsman Program (LTCOP). Consolidating the oversight and management of various components of the long-term care system into a single agency bridges the disparity between the policies and core principles of institutional and community-based care. This reorganization will also support the goal of increasing the provision and sustainability of needs-focused long-term care programs and services that are highly specialized to accommodate the needs of particular consumers and populations, such as those with Alzheimer's disease or brain injury.

### **III. Organization of the Aging Network**

DAIL collaborates with fifteen (15) Kentucky Area Agencies on Aging and Independent Living (AAAIL) who offer an array of services to meet the needs of Kentuckians who are aging and/or disabled (Appendix B). Effective July 1, 2008, DAIL expanded its partnerships to include the Community Mental Health Centers (CMHCs) to coordinate Consumer Directed Options (CDO) for individuals who have Acquired Brain Injury (ABI) and individuals who have Mental Retardation and/or Intellectual or Developmental Disabilities.

DAIL is the lead state agency responsible not only for administering the programs included in the OAA but for establishing and maintaining the infrastructure necessary to meet the needs of the aged and disabled at the local level. Key partners are the AAAIL, which are designated by the State Agency to develop and administer their regional plans that must also detail a comprehensive and coordinated system of services to meet the unique needs of all older individuals in planning and service areas (Appendix B). A planning and service area is a geographic area within the state that is delineated by the State Agency for purposes of planning, development, delivery, and the overall administration, of services under a Title III Area Plan. The State Agency has designated the multi-county grouping which correspond to Kentucky's Area Development Districts (ADDs) as planning and service areas. Most community-based services for older persons living in Kentucky are accessed via the fifteen (15) AAAIL located across the state. Collectively, this network reaches approximately 576,644 individuals through Title III programs, 49,469 individuals via Title VII programs, and 100,065 with state funded programs across Kentucky, annually (FY 2007 data). DAIL develops policies and procedures for community-based programs that are implemented through the local AAAIL. In turn, it is DAIL's role to monitor the AAAIL to ensure that policies and procedures are implemented correctly and efficiently.

### **IV. State Plan Vision & Purpose**

Like the Administration on Aging (AoA) Strategic Action Plan (2007-2012), Kentucky's initiatives for rebalancing its long-term care system also compliment and support that of the CMS' plan for long-term care reform. Drafted by members of Kentucky's Long-Term Living Policy Initiative, Kentucky's vision is one in which "funds and programs in the public and private sector are streamlined in a single system to enable easy consumer access, a full continuum of services to match consumer needs, and delivery of quality services in a timely manner". This vision statement, built upon a person-centered philosophy of care, is indicative of a system in which the needs of the individuals drive the organization of the system rather than the settings in which care is delivered.

Kentucky's overarching vision and guiding principles provide the framework for DAIL to advance goals and objectives that fall in-line with the following national strategic goals:

### **V. Goals and Objectives (2009-2012)**

#### **Goal 1**

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

Kentucky was one of several states awarded the AoA grant for Aging Disability Resource Centers (ADRC). This grant was implemented in the Northern Kentucky AAAIL in 2006. In spring 2007, DAIL utilized state funds to implement the ADRC concept at the state level, and now refers to the centers as the Kentucky Resource Market or the Aging Disability Resource Market (ADRM). The focus of this program is to assist people who are at high risk of nursing home placement to remain at home by giving them more choice and control. The Kentucky Resource Market is the one-

stop shop for aging and disability information, programs, and services. Markets provide information and



assistance via phone, printed materials, as well as, online, about local and statewide programs and services. ADRM staff also make referrals to community resources to meet the individual's needs and provide options counseling. Workshops and seminars have been conducted and follow-up with clients and service providers occurs to ensure prompt response and ongoing support. On October 31, 2007, each of the 15 AAAIL implemented the ADRM at the local level thus ensuring that the ADRC vision had been realized statewide. The 15 ADRM sites will continue to locate and partner with additional community resources to enhance the web resource directory so that individuals and their caregivers are made aware of all the available resources. DAIL will continue to seek additional funding sources to support the sites to ensure they are a reliable community resource.

DAIL will also pilot a project to develop a single assessment and plan of care for all of the aging and disability programs funded by the Commonwealth of Kentucky and the AoA. This pilot will also utilize a single case manager to ensure efficient use of resources and true coordination of services across programs.

Since some individuals may not wish to be diverted away from nursing home care, DAIL will strive to ensure that there is quality in all long-term care facilities. It is the objective of DAIL to make certain that residents have the highest level of care available and that all medical and social needs are met regardless of the individual's level of functioning. Possible ways of meeting this objective are to research the quality and quantity of staffing as well as empowering families to advocate on behalf of loved ones to see that all medical (including dental and optical) necessities are addressed.

## **Goal 2**

### **Enable senior Kentuckians and individuals with disabilities to remain in their own homes with the highest quality of life, for as long as possible, through the provision of home and community-based services, including supports for family caregivers**

Kentucky has been one of the first states to actively divert clients from long-term care facilities by providing community based programs. In 1982, Kentucky began the Homecare program that provides personal care, home making, chores, respite, escort and meals to individuals who have limited supports and would, without services, need long term care placement. In 1987 the Personal Care Assistance Program (PCAP) began as a model for consumer choice and decision-making providing ultimate flexibility for individuals to develop and implement an individualized plan of care to best meet their needs within their community. Individuals with PCAP are responsible to hire, supervise and if necessary, fire their own employees. .

Furthermore, Kentucky developed the Consumer Directed Option (CDO) service delivery option in September 2006 for those participating in any of the following three (3) Medicaid Waivers: Acquired Brain Injury (ABI), Home and Community Based (HCB) services, and Supports for Community Living (SCL). In 2007, Kentucky piloted both the Homecare Choices Program (Nursing Home Diversion) and the Dementia Quality Care program, which provide homecare services to individuals, utilizing a cash-and-counseling model. While expecting proposed goals and objectives to be met, Kentucky will be revising regulations of the existing Homecare program to allow the traditional program to move toward Choices, a consumer directed approach. Additionally, family caregivers are provided with services, such as respite, to help provide care to their loved ones. Likewise, programs also divert or otherwise delay individuals from "spending down" to Medicaid status to access care. The programs allow development of a monthly budget based on the client's needs in order to maintain their health, safety and welfare. Program monies are flexible so that adapting the plan of care to provide alternatives for inevitable life circumstances make barriers more manageable.

## **Goal 3**

### **Empower senior Kentuckians and individuals with disabilities to stay active and healthy through Evidence-Based Disease and Disability Prevention programs.**

DAIL will continue to promote the ongoing support for *A Matter of Balance* to be offered at the community level throughout the Commonwealth. Between 2001 and 2005, there were 5,689 seniors (age 65+) in Kentucky who were hospitalized with a principal diagnosis indicating a fall; of those, 77% were female and 78% were age 75 or above. Although the frequency and rate of fatal falls for Kentucky's elders have leveled since 2000, falls remain the most common cause of injuries and hospital admissions for trauma. To address this concern, Kentucky implemented *A Matter of Balance*, a structured evidence-based group program that addresses fall

risk factors and prevention. Topics include physical, social, and cognitive factors affecting fear of falling and fall prevention strategies. Classes include group discussion, problem solving, skill building, assertiveness training, videotapes, sharing practical solutions, and exercise training. Implemented in several regions in the fall of 2007, the goal is for classes to continue on an ongoing basis in community centers and faith-based organizations throughout Kentucky.

There are other evidenced based programs that AAAIL have successfully implemented within their districts. For example, the Kentuckiana Regional Planning and Development Agency (KIPDA) AAAIL utilizes a network of providers and partners to initiate health promotion activities across the district. They have implemented the Arthritis Foundation Exercise Program, Chronic Disease Self Management Series, Living Well Workshop and Cooking for One.

Through an Alzheimer's Disease Demonstration Grants to States (ADDGS) awarded by AoA, DAIL is currently collaborating with researchers from the University of Kentucky's Sanders Brown Center on Aging to explore the effectiveness of the "Best Friends Approach to Alzheimer's Care". Although "Best Friends" has been in use for over 25 years it has not been formally evaluated for designation as a "Best Practice" or evidence informed approach. Virginia Bell and David Troxell of Lexington, Kentucky, developed the Best Friends Day Center in March of 1984. At that time, there were few day care programs for individuals with memory disorders and no evidence-based models existed that embraced the individual's preferences and history. Principle components strive to bring out the best in a person therefore reducing difficult behaviors. Bell and Troxell have found that individuals with severe memory loss can learn, perceive, and share with others. They have also learned that by matching a person's functional level with meaningful activities and programs they can build self-efficacy thereby improving behavior. Equally important, observers have found positive changes in the caregiver's perspective when individuals participate in the model of care. As part of previous ADDGS projects, the concepts of the program have been mandated by the states of Maine, Oregon, and Illinois for all adult day care providers, and replicated in many countries. Offered freely to interested parties, it has been translated into Italian, Arabic, Korean, and will soon be released in Spanish. All of this popularity and replication have occurred without a formal evaluation of the program. Kentucky is optimistically hopeful to see its own program join the list of recommended evidence based practices.

#### **Goal 4**

##### **Ensure the rights of senior Kentuckians and individuals with disabilities and prevent their abuse, neglect and exploitation**

*Long Term Care Ombudsman Program.* The Kentucky Long Term Care Ombudsman Program (LTCOP) seeks to improve the quality of life for residents of long-term care facilities (nursing homes, personal care homes and family care homes). Kentucky's LTCOP supports 15 District Ombudsmen throughout the Commonwealth to assist residents, families, nursing home providers, and the community at large, with long term care matters and interest. Ombudsmen are certified, educated, and assigned to facilities as an accessible means of reinforcing and exercising the residents' rights, facilitating the complaint process, and resolving concerns of residents of long-term care facilities statewide. Resident wishes are emphasized, promoting individual dignity and self-determination, while protecting their rights. Ombudsmen and certified ombudsman volunteers investigate and work to resolve complaints on behalf of the residents, while also providing education and resources regarding long-term care issues and quality of life. Identification of quality of care concerns, advocacy for needed change, and monitoring and promoting changes in laws and regulations pertaining to the health, safety, welfare and rights of residents are also functions of the LTCOP.

Several districts provide *Friendly Visitors*, another type of volunteer to assist residents living in long-term care facilities. *Friendly Visitors* meet with individuals to reduce isolation and loneliness while providing a community presence. *Friendly Visitors* work with certified Ombudsmen to ensure resident interests and lifestyles are honored by others. DAIL is actively seeking out new and inventive ways to expand current volunteer programs. AmeriCorps, the national network of services programs, is assisting DAIL through the placement of a full-time volunteer who will assist in recruiting, retaining and recognizing volunteers in Kentucky. This volunteer will work with existing aging and disability program coordinators to increase the number of volunteers by targeting the baby boomer generation.

*Public Guardianship Program.* DAIL houses the Division of Guardianship for the state of Kentucky. Kentucky's Public Guardianship Program has offices in each region of Kentucky. Guardianship is a legal relationship between a court-appointed party (adult) as a guardian who assumes the responsibility of a "ward of the state" (adult). The "ward" is an individual that has been declared "legally disabled" (wholly or partially) by the court and is unable to care for personal needs and /or unable to manage his/her financial resources. If no family member, friend or neighbor is willing to serve or able to care for the individual, then as a last resort, a state guardian will be appointed by the court.

*Coordinating Councils on Elder Abuse.* In 1998 Kentucky recognized the need to enhance services for elder victims of abuse through the development of Local Coordinating Councils on Elder Abuse (LCCEA). These councils create the most practical and functional means of bringing community partners together with a multi-disciplinary approach to addressing elder abuse. Membership includes staff representing Adult Protective Services, law enforcement agencies, County Attorneys, AAAIL, LTCOP, as well as, private citizens who share the concern for some of our most vulnerable citizens. Because the councils are "local" by nature, they are better able to identify the specific needs of their community. Presently, 115 of Kentucky's 120 counties are covered by an LCCEA; however some councils are more active than others. Each of the 15 Area Development Districts is involved at some level with the LCCEA in their area.

The councils have developed such resources as emergency elder shelters and informational cards related to abuse for law enforcement officers to have in their patrol cars. Additionally, the councils have rented billboard signs across the state which promote the 800 number for reporting elder abuse, provided training on a regular basis to first responders, served as legislative advocates, provided a *Friendly Visitor* program for the home based elders, and have produced a prevention tool called the Kentucky Fraud Fighter Form. The KY Fraud Fighter Program was recently recognized by the National Center on Elder Abuse (NCEA). As a result, Kentucky received inquiries from 15 states and 3 countries on how to replicate the program. Kentucky is proud to be an international leader with organized multi disciplinary grass roots efforts to address elder abuse.

Kentucky will further its efforts to reduce elder abuse by implementing the "*Shout It Out*" *Signature Program for Ensuring Safety for Seniors*. This program utilizes a three (3) prong approach to ensure safety for seniors as follows:

- Step 1 Scams and Theft: In partnership with the Attorney General's Office, promote awareness of identity theft and other kinds of financial abuse. Utilize a volunteer network of trainers to go to local senior citizen housing complexes to educate on these vital issues.
- Step 2 Medicare Part D Abuse: Work with Department of Insurance, Kentucky State Police, and the Attorney General's Office to create a task force for the development of a plan to address the increasing abuse of insurance agencies misleading elders in regards to Medicare Part D.
- Step 3 Golden Alert Marketing: Assist the Justice Cabinet in promoting the availability of the recently enacted Diantha Louise George Golden Alert Bill for locating seniors who may be lost or otherwise disoriented.

## **Goal 5**

### **Maintain effective and responsive management**

*Performance Based Management.* DAIL has required AAAIL to operationalize strategies to integrate effective performance measurement and management into the area planning process. This goal serves to enhance Kentucky's system of care by increasing the use of research based practices, service quality effectiveness, and responsiveness to produce positive and measurable outcomes. Included in these requirements are the incorporation of AoA's priorities, performance based provider contracts, and incentives to improve regional service provision. With the shift to performance based management, DAIL is committed to ensuring quality services to Kentuckians, through collaboration with AAAIL, while making most efficient use of diminishing financial resources.

*Social Assistance Management System (SAMS).* SAMS is a comprehensive consumer and case management data system that combines electronic client records with service units. To date, twelve (12) of

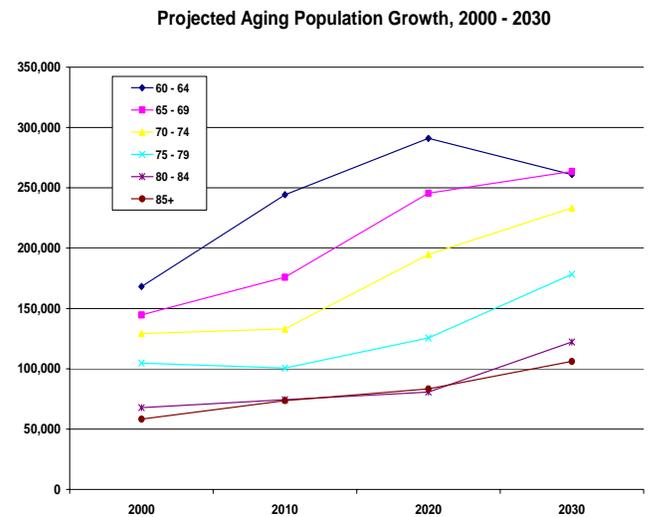
the fifteen (15) AAAIL databases have been consolidated into one (1) centralized state-wide SAMS database. SAMS allows for case managers and service providers to input client information, including but not limited to, referrals, assessments/reassessments, household income data, and service units. Currently each AAAIL transmits data to a secure web location and it is imported into the central SAMS database at the state level, with oversight by DAIL. Use of SAMS creates a means of standardizing screening and assessment tools to comport evaluation, assist with the establishment of a single point of entry, and compile consistent data to ensure resource equity across the state. In addition to working to bring the remaining three (3) AAAIL on board, DAIL is currently analyzing the feasibility, cost effectiveness, and security measures needed for Kentucky's central SAMS database to become web-based. A web-based central database would allow for the AAA case managers and service providers to input directly into a statewide system. An eventual cost savings, especially in staff time to export and import SAMS data is expected, with more accurate, real-time data available when needed.

## VI. Aging and Disability Demographics

According to the U.S. Census Bureau, Kentucky's total population in 2006 was estimated at 4,206,074 and expected to increase to 4,554,998 by 2030. The largest proportion of persons contributing to this increase is the Baby Boom generation (**Figure 1**). Within this subpopulation, the total oldest of the old will also be increasing, with 85+ of age at 58,261 in 2000 to 106,052 in 2030. Projections also indicate that more than 1 million people in Kentucky, or 23% of the total population, will be older than 60 by the year 2020.

Further, according to the U.S. Census, the Commonwealth of Kentucky was home to 672,905 persons 60 and older, representing 16.6% of the population. It is anticipated that this population will increase to 1,287,999 persons 60 and older by 2030 thereby representing 26.2% of the population, a 91.4% increase from 2000. A significant proportion of this increase can be attributed to the aging of the Baby Boom generation which in 2000 comprised 1,199,597 residents between the ages of 35 and 54 and represented 29.7% of the Commonwealth of Kentucky population.

The Kentucky Elder Readiness Initiative (KERI) was announced on August 15, 2005. The goal of KERI is to foster statewide awareness, dialogue, and insight into the challenges and opportunities provided by the aging of the Baby Boom population (persons born between 1946 and 1964) and to stimulate local and statewide initiatives to appropriately address the pending changes that will result from this process. KERI is based on a positive philosophy; elders are viewed not as dependent but as a resource. Participation of elders in planning for our future is essential. Finally, KERI is part of a process of continuous planning to prepare for a better future. Participation of the media in this movement is vital.



**Figure 1 - Projected Aging Population Growth for Kentucky**

When findings for both Baby Boomers and older adults are aggregated, a very clear picture of the preferences of Kentucky households emerges. (See **Figure 2, next page**).

Phase III of KERI is to address continuous planning at the local level. The AAAIL, utilizing data collected and reported for their specific communities through KERI Phases I and II, are to develop and implement initiatives targeting the aging Baby Boomer population. Several AAAIL have started organizing and conducting district and regional meetings as well as community forums to begin this process. Topics of concern include transportation, housing, employment, training, and community supports. It is through this continuous planning process that local communities can create sustainable projects and programs to support healthy aging and improve quality of life for seniors throughout Kentucky. For a complete report on KERI, see **Appendix C**.

## VII. Special Populations

Composition of Kentucky's population consists of 89.5% White, 7.4% Black or African American, 2.0% Hispanic or Latino (of any race), 0.2% American Indian/Native Alaskan, 0.9% Asian, and 0.1% Native Hawaiian or Other Pacific Islander (US Census Bureau, 2006); however, diversity between the rural Appalachian areas

of the state and urban settings is dramatic. The differences present unique challenges for transporting evidence-based practices and support services into community-based settings. Kentucky ranks higher than national estimates for families below poverty level (13.1% compared to 9.8%), individuals below poverty level (17.0% compared to 13.3%), and disability status (21.3% compared to 15.1%). Combined, poverty levels and disability needs require undue burden for families who must take on the role of caregiver in addition to daily responsibilities of living.

Based on data from *The METLIFE Study of Employer Costs for Working Caregivers, Family Care Giving in the U.S.: Findings from a National Survey*, loss of productivity due to lost work time and inattention to duties contribute to a total cost to U.S. businesses of \$11.4 billion per year for caregivers of aging individuals of all diagnoses.

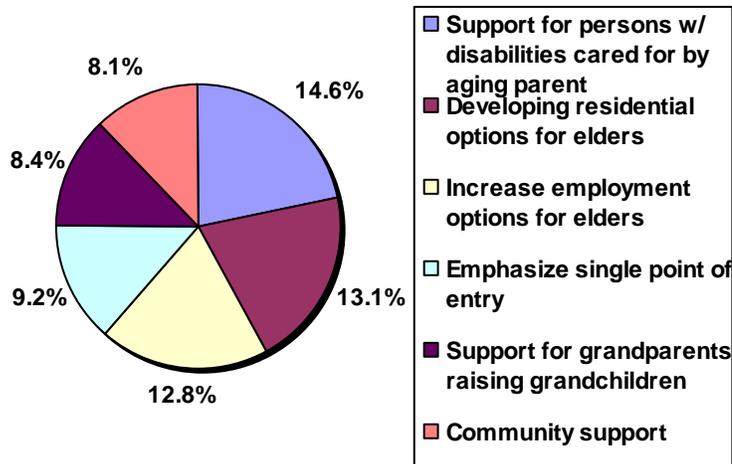
Furthermore, the cost offset of care provided in the

home by caregivers of individuals with Alzheimer's disease and related dementias is estimated to be \$84 billion. According to the Alzheimer's Association, it is estimated that 70% of people with Alzheimer's and other dementias live at home receiving care by family or friends and 70% of all nursing home residents have some degree of cognitive impairment. Our current system fails to adequately address the needs of caregivers across the state. As of June 30, 2007, there were 45 caregivers on the waiting list for respite care services. This number may be somewhat misleading in that not all counties have an Adult Day respite program and only one region offers in-home respite care services. In addition, the current eligibility and service requirements often prohibit the ability to provide services to caregivers of individuals with early on-set dementia. Without adequate support systems, these individuals will most likely require an institutional setting at a cost estimated to be four times higher than patients served in the community. As Kentucky's "baby boomers" reach age 65+, the number of individuals with Alzheimer's disease is expected to reach 111,000 by 2030.

Moreover, there are more than 69,000 grandparents living with grandchildren in Kentucky, and over half of those are the primary caregivers. Grandparents in Kentucky who are providing primary care for a grandchild under the age of 18 may be eligible for the Kentucky Family Caregiver Program. This program provides supportive services and to those who meet qualifications, financial assistance. Under the Kentucky Family Caregiver Program, grandparents raising grandchildren are provided information about available services, assistance in accessing services, individual counseling, support groups and training. Those who qualify for financial assistance may receive a voucher for clothing, respite services, educational supplies, required legal expenses, dental or medical experiences or other services authorized by the Cabinet.

Founded in 1999, the Kentucky Mental Health and Aging Coalition is comprised of more than 40 public and private agencies, caregivers and mental health consumers who work together on behalf of older citizens and their caregivers for the common purpose of improving their physical, mental, emotional and spiritual well being. At present, Kentucky's seniors (65 or older) comprise 12% of the population; however they also make up 23% of the total population who have a mental health disorder negatively impacting their lives. Current goals include expanding public relations and educational activities, eliciting partnerships, as well as, analyzing aging and mental health services for older adults. Furthermore, the councils also promote the integration of geriatric and mental health training for professionals, paraprofessional and caregivers.

**KERI Project Preliminary Data: Two-thirds of the respondents (66.2%) favor six priorities:**



**Figure 2 – KERI Project Preliminary Data: Respondent (66.2%) Priorities**

## VIII. Underserved Populations

*Alzheimer's Disease and Related Disorders.* Alzheimer's disease is the seventh leading cause of death for people in the United States and the fifth leading cause of death for those over the age of 65. In 2000, approximately 74,000 Kentuckians age 65 and over were diagnosed with Alzheimer's disease and that number is expected to rise to 80,000 by 2010. The fragmented and out-dated resources, information, and services available in Kentucky will further impede the state's responses to the growing Alzheimer's disease epidemic.

While families absorb most of the costs for the care of an Alzheimer's patient, the federal and state governments are attempting to assist caregivers. Congress made alterations to the Federal Internal Revenue Code that allows caregivers to receive tax credit. On a state level, the Kentucky General Assembly attempted to pass Household and Dependent Care Credit in 2007.

*Housing.* Kentucky has senior housing available for individuals in some geographical areas of the state; however, the majority of Kentucky is rural and housing complexes are limited in number. Further, development of new complexes is not likely due to the unavailability of usable land for building. The most rural and urban areas of the state have waiting lists for low-income seniors.

Assisted-living communities (ALC) in Kentucky are all private pay, which makes this option available only for seniors who have higher-income. There are 101 certified ALC's in Kentucky with the majority located in urban areas of Louisville and Lexington, and in the Western regions of the state. Eastern Kentucky has very limited access to assisted living even for seniors with financial means that could afford this housing option. Two ALCs have been successful in providing assisted living to low income individuals by offering HUD subsidized apartments that are certified as assisted living. Those that reside in this ALC still have limitations on the services that they can afford to receive due to most of the services incurring a charge in addition to the monthly rent.

Kentucky is also encouraging and supporting individuals in the transition out of nursing homes and other institutional placements. Through federal grants such as Money Follows the Person Demonstration and Nursing Home Diversion, Kentucky will be utilizing partner agencies to assist Kentuckians in leaving institutional placements and returning to the community. These federally funded grants as well as state funded programs such as Home Care will enable the aging population to live in the least restrictive but also the most appropriate placement that is available based on their needs. Other community-based, non-institutional placements include housing options for Kentuckians such as Personal Care Homes or Family Care Homes. Although DAIL does not directly oversee or regulate these placements, we strongly support quality care in these homes.

Nevertheless, independent living is not always an option and DAIL will continue to enhance the LTCOP and work with other departments within the Cabinet to make certain that all Kentuckians are guaranteed quality care.

*Grandparents and other relative caregivers.* There are more than 60,000 Kentucky children who live in grandparent-headed households and another 12,294 children living in households headed by other relatives. These caregivers are greatly underserved. Many of these families are not always utilizing resources that are available to them, and do not reach out to government-funded programs for the perceived stigma associated with receiving services as well as the apprehension that the children may be removed from their home if the government is made aware of the living arrangements.

*Transportation.* Historically, Kentucky has lacked available transportation, especially in the rural areas. Due to the combination of mountainous terrain, disadvantaged residents, isolation, and insufficient government funding, the residents of rural Kentucky lack modes of transportation. Through many efforts, both in the national and state sector, as well as in the private sector, transportation modalities are increasing, but very slowly. In Eastern Kentucky grant funds were allocated for the purposes of transporting seniors to shopping and pleasurable activities. Additionally, KIPDA AAAIL and the Transit Authority of River City (TARC) actively collaborated with public and private agencies to examine and expand the transportation services and a Regional Mobility Council has been formed as a result. At the same time, KIPDA developed a signature

program, the Travel Management Project, through which they teach seniors how to use fixed route transportation and provide them with ongoing assistance and coaching to access senior centers, health care appointments, social opportunities, shopping trips and more. Small cities have bus and taxi service and most of the AAAIL contract with Community Action Agencies or other non-profit vendors to provide minimal transportation to seniors. The Red Cross Wheels program offers medical transportation to seniors with Medicare. Moreover, the Kentucky Legislature passed a bill that now allows private citizens to use their cars to transport others as part of a private escort service. For more information concerning this piece of legislation, see **Appendix F**.

### **IX. Waiting Lists**

As previously stated, Kentucky has been one of the first states to actively divert clients from long-term care facilities by providing community based programs such as Homecare, PCAP, and CDO and most of these services for older persons are accessed via the fifteen (15) AAAIL located across the state. Budgetary restrictions affecting available staff, providers, and units of services necessitate waiting lists for services. Kentucky Administration Regulations (910 KAR 1:220 (14)) provides guidelines that the AAAIL are to adhere to when managing client waiting lists, but meetings are being held with providers to address the waiting list with plans to reduce the existing wait time for services as well and the prevention of adding more individuals to the list. For more information concerning waiting lists in specific community based programs, see **Appendix D**.

### **X. Long-Term Care Services Available to Older People**

Non-institutional options for long-term care services for older people in Kentucky consists of the State Homecare Program, Consumer Directed Option, Personal Care Attendant Program, Adult Day Care and Alzheimer's Respite, Assisted Living Communities, the Public Guardianship Program, and the Traumatic Brain Injury Trust Fund.

*State Homecare Program.* The Homecare Program assists adults who are at risk of institutional care to remain in their own homes. Eligible participants must be 60 years of age or older and unable to perform two activities of daily living or three instrumental activities of daily living or a combination of the two. Services and supports ensure daily needs are provided by coordinating the client's plan of care utilizing both formal and informal caregivers. Assessment and case management, home management and personal care, home delivered meals, chore services, home repair, and respite for family caregivers and home-health aide services are among the types of assistance provided through the Homecare program.



*Consumer Directed Option.* Like AoA, Kentucky perceives consumer directed options as a best approach to offer long-term care for future generations. In Kentucky, the cash and counseling, or Consumer Directed Option approach, allows Medicaid recipients (or their representative) receiving Home and Community Based, Supports for Community Living, or Acquired Brain Injury waiver services to direct their own non-medical care. Recipients or their representatives learn to train, hire, and fire their own employees. Goods and services have also been added to each waiver under the direction of DAIL.

*Personal Care Assistance Program.* The state funded consumer directed Personal Care Assistance Program (PCAP) is designed to help adults who are severely physically disabled and at risk of institutionalization, to live in their own homes and communities by subsidizing costs of personal attendant services. Participants must be 18 years of age or older, severely physically disabled with permanent or temporary recurring functional loss of two or more limbs, need at least 14 hours but no more than 40 hours of attendant care per week, be mentally capable of instructing and supervising attendants and be capable of preparing payroll and required employer tax statements. A personal care attendant, hired, fired, trained and supervised by the adult with a physical disability, helps with personal care, housekeeping, shopping, travel, self-care procedures, meal preparation and other day-to-day activities.

*Adult Day Care and Alzheimer's Respite.* Adult Day and Alzheimer's Respite programs provide social and related support services for older persons and those with Alzheimer's disease. These programs are

designed to ease some difficulties of daily living while helping elder Kentuckians remain in the mainstream of community life.

Certified Adult Day programs include supervision and care provided during any part of a day, but less than 24-hour care. All programs offer help with self-administration of medications, personal care services, self-care training, social activities and recreation. Adult Day Centers may be licensed as Adult Day Health Services Centers to provide continuous supervision of participants' medical and health needs. Alzheimer's respite is a program of supervision and care provided to a person with Alzheimer's disease or related dementia to give caregivers temporary relief from care giving duties.

*Public Guardianship Program.* Kentucky's public guardianship program has offices in each region of Kentucky. Guardianship is a legal relationship between a court appointed party (adult) that assumes the responsibility of guardian and a ward (adult) being the individual that has been declared "legally disabled" (wholly or partially) by the court and is unable to care for personal needs and /or unable to manage his/her financial resources. If no family member, friend or neighbor is willing to serve or able to care for the individual, then as a last resort, a state guardian will be appointed by the court.

*Traumatic Brain Injury Trust Fund.* The TBI Trust Fund was established to provide flexible funding and support to individuals with brain injuries. Persons with a partial or total disability caused by injury to the brain are eligible to receive support from the TBI Trust Fund. Eligible individuals must also have impaired cognitive abilities or impaired brain function. Injuries to the brain may be a result of physical trauma, damage resulting from a lack of oxygen, allergic conditions, toxic substances and other medical incidents, including damage caused by drug overdoses or alcohol poisoning. Individuals without viable funding sources for needed services are eligible to receive support from the TBI Trust Fund and there are no caps for family income levels used to screen for services. Lack of adequate funding may be a result of the exhaustion of current benefits or benefit exclusion.

The future demand for long-term care depends heavily on how old-age disability rates evolve over time. Although evidence points to recent health improvements at older ages, there is no guarantee that these trends will continue. The probability exists that disability associated with the major health concerns in Kentucky (**See Appendix E**) which includes but is not limited to, high rates of diabetes and heart disease, might further offset future declines in disability rates at older ages.

## **XI. Funding for Institutional and Home and Community-Based Services**

Although Title III federal funding does support some seniors in receiving meals and various other homecare services, community based services for seniors are funded primarily through the state budget for the Homecare Program. Fees paid by clients for Homecare services are often waived due to income level; however, for clients that must pay a fee, the amount is adjusted according to a guideline based upon household size, income, and poverty level. Adult Day and Alzheimer's Respite services are funded through the state budget as well; but, a system encouraging voluntary contributions is established in each center. The following Medicaid waivers are also available and each offers the Consumer Directed Option: Home and Community Based (HCB), Supports for Community Living (SCL) and the Acquired Brain Injury (ABI).

Because Assisted Living Communities (ALCs) in Kentucky are social models, they are ineligible for payment under Medicaid and Medicare. Seniors residing in such communities are primarily private-pay or possess long-term care insurance. Only two ALCs in Kentucky are approved residences for Housing and Urban Development (HUD or Section 8) rental assistance.

## **XII. New/Anticipated Initiatives**

*Area Planning.* DAIL has recently revised the regional plan format completed by the AAAIL to include AoA's own action plan. This revision ensures that the local providers embrace and carry out the same vision as AoA. DAIL is currently reviewing structures and financial capacities that will support performance based contracting and additional initiatives to improve efficiency of operations and customer satisfaction. These collective initiatives will target the reward for the use of research-based practices, promising practices, and emerging best practices to assure service quality and effectiveness while producing positive program level and

individual level outcomes. Additional quality improvement efforts will include the standardization of screening and assessment tools to ensure consistent evaluation and to assist in the single point of entry and allow consistent data to ensure resource equity across the state. Furthermore, all of the quality management strategies will assist with the exploration of flexibility within funding streams.

*Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) also referred to as the "Community Integrated Home-Based Depression Treatment for the Elderly".* DAIL, in partnership with the Department for Mental Health/Mental Retardation, Purchase AAAIL, Kentucky River AAAIL, Four Rivers Community Mental Health Center, and the Mountain Community Mental Health Center, has applied for a Health and Human Services Grant to implement an evidence-based mental health program in two regions of the state. The program chosen is entitled the Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) or "Community Integrated Home-Based Depression Treatment for the Elderly". PEARLS intervention is conducted in the home of participants in eight (8) sessions over a 19 week period, with follow-up phone calls for the next three (3) to four (4) months. Training components include problem-solving, social and physical activation, pleasant activities scheduling and depression management team sessions. The PEARLS program is included in SAMHSA's National Registry of Evidence-based Programs and Practices. Notification of award is not expected until the fall of 2008.

### **XIII. Funding opportunities: AoA and CMS grants**

DAIL is currently administering several grants. First, Kentucky Quality Dementia Care Project is a multi-focal approach to improve the quality of services and supports for individuals and their caregivers living with Alzheimer's disease. Secondly, the Nursing Home Diversion Modernization Grant will expand the consumer directed approach to community based care by incorporating a consumer directed model to the state funded Homecare Program in two AAAIL regions in Kentucky. Thirdly, Model Approaches to Legal Assistance Systems Grant is designed for states to address gaps in their legal service systems for seniors and individuals who are physically disabled who are also in need of legal services. Lastly, the Real Choice Systems Change Grant is intended for the state to assess its long-term living system through the completion of a State Profile.

### **XIV. Medicaid Long-Term Care Reform**

DAIL has taken a very active role with leading various initiatives related to rebalancing the long-term care system by both enhancing and increasing the options for self-directed personal care services. Initiatives include but are not limited to, Money Follows the Person Demonstration Grant, three waiver amendments that now include Consumer Directed Options in addition to Goods and Services, and the completion of a State Profile Tool Assessing Kentucky's Progress in Creating a Balanced Long-Term Care System funded by the Centers for Medicare and Medicaid Services.

Kentucky's Department for Medicaid Services was granted permission to submit an Operational Protocol for the administration of the Money Follows the Person Demonstration (approximately \$50 Million) through the Centers for Medicare and Medicaid Services. The Operational Protocol was approved in June 2008. DAIL staff worked with Medicaid staff to formalize the details of administering the demonstration. Supplemental services will be provided through MFP to compliment services already offered through three existing waivers, Acquired Brain Injury, Home and Community Based, and Supports for Community Living. Individuals participating in each of the waivers already have the option to self-direct their services and this option will be extended to individuals who wish to transition into the community from a nursing home through the MFP demonstration. DAIL is the lead administrative agency for CDO through the Home and Community Based waiver and will continue to partner with the other lead waiver agencies to provide policy recommendations, training, and quality assurances.

As briefly stated above, DAIL was awarded a 3-year Real Choice Systems Change Grant from the Centers for Medicare and Medicaid Services for the development of a State Profile Tool: A Model for Assessing a State Long-Term Care System. This grant affords the opportunity to further the state's rebalancing efforts. There are two phases of the grant spanning 3 years (September 2007 – September 2010). Phase I involves the completion of the State Profile Tool, over an 18 month period, to assess Kentucky's long-term care service system for individuals who are frail and elderly, in addition to persons with physical disabilities, mental retardation and developmental disabilities, mental illness, autism, and brain injury. With the exception of the

elderly category, child specific data will also be included in the profile and a wide array of stakeholders is working together to develop the summary. Phase II will involve collaboration with CMS and their National Balancing Indicator Contractor to adopt state specific balancing indicators and explore a common set of national indicators.

#### **XV. Medicare Modernization Act**

Because locating, understanding and accessing public programs and services can be difficult in a fragmented system, Kentucky recently created the Kentucky Resource Market to assist in streamlining information and referral services. The Kentucky Resource Market provides one-on-one assistance by phone. Through the system "one call does it all" in finding the most appropriate program and service for their needs.

Through the Kentucky State Health Insurance Program, DAIL will enhance the focus on providing locally-based individual counseling services to a greater number of individual beneficiaries unable to access other channels of information, increase targeted outreach to diverse and hard-to-reach populations, increase and enhance the counselor work force and increase participation in CMS education and communication activities.

#### **XVI. Emergency Preparedness Plans**

DAIL has designated a Disaster Coordinator who will serve as the single point of contact for implementation of the disaster plan should the need arise. The coordinator will assure the disaster response protocol includes the programs, documents, equipment, supplies and communications necessary to serve older adults and individuals with disabilities. The coordinator will also provide direction to staff when contact and information dissemination among regional and local agencies becomes necessary. DAIL will coordinate disaster preparedness efforts to secure the connection between officials responding to disasters and emergencies with providers of services for the elderly in regional and local communities. The plan will also include protocol for the appropriate storage of records and computerized documents including a plan to transfer materials to an alternate work space in the event a disaster destroys a facility and contents of the facility. Finally, the plan will include language that commits department resources to emergency response efforts as required; especially in regards to older adults and individuals with disabilities.

The AAAIL and DAIL have been working with the Kentucky Department for Public Health to promote the Kentucky Outreach Information Network (KOIN). Through the KOIN, the state is pushing preparedness responsibilities to trusted people and agencies in local communities, both informal and formal groups (the "go to" people who are trusted resources), and to the media.

Furthermore, University of Kentucky's Ohio Valley Appalachia Regional Geriatric Education Center (OVAR/GEC), has conducted trainings for AAAIL on how to plan and prepare for disasters. OVAR/GEC assists providers with the identification of critical components of care, identify and describe problems experienced by older persons, find and assess existing Best Care Practices, discover creative solutions to similar problems, and implement and replicate Best Care Practices in health care and community settings.

#### **XVII. Major economic, social, political events**

Kentucky is currently facing one of the worst economic situations that the Commonwealth has experienced. Although several important legislative topics relevant to aging were addressed (**See Appendix F**), the budgetary crisis was the major focus of the most recent legislative session. Budget reductions were required of all Cabinets and as a result of these reductions, services funded by state general funds were reduced. DAIL is diligently searching for ways to reduce the impact caused by these cuts on our most vulnerable populations.

Following is a complementary set of long-range goals and objectives that will serve to provide measures of the state's progress in achieving efforts to modernize the role of the aging network in long-term care across disabilities, programs, and services. Due to the comprehensive of some goals, there are more than one set of objectives and corresponding strategies to accomplish the designated goal.

**XVIII. Kentucky's Outcome and Performance Measures 2009-2012**

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

**OBJECTIVES:** 1.1 Provide equal access to appropriate and timely care for elderly and/or disabled Kentuckians through a comprehensive, coordinated system of services which ensure the dignity of individuals and delay or prevent institutionalization.

1.2 Provide for a comprehensive assessment and case management system

1.3 Provide supportive services in each district (in accordance with the Older Americans Act, or as amended) including responsible management of service provision, referrals, and intake.

Strategies	Responsible Completion	Date
1. Expand the Resource Market data base to include information and referral across disabilities including, but not limited to, mental illness, brain injury, mental retardation and physical disabilities	DAIL ADRM director	June 2009
2. Develop comprehensive training regarding regional and statewide resources that cross populations	DAIL ADRM director	June 2009
3. Create a single and comprehensive statewide assessment form	DAIL senior management	October 2008
4. Create a single and comprehensive statewide plan of care	DAIL Homecare coordinator	October 2008
5. Develop and pilot a single case manager approach across programs to ensure comprehensive and unduplicated service provision	DAIL and AAAIL to be chosen	January 2009

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

**OBJECTIVES:** 1.4 Provide for comprehensive homecare services in the districts

1.5 Provide for the delivery of adult day care services including the Alzheimer's and Alzheimer's Respite Program

1.6 Provide for the provision of personal care attendant program (PCAP) in the district

1.7 Provide for the provision of SHIP services which includes those provided by Title III-B Legal Services and CMS funds

Strategies	Responsible Completion	Date
1. Assess the availability of the state funded aging programs in each district.	DAIL staff	June 2010
2. Analyze gaps in service delivery	DAIL staff	June 2010
3. Promote the need for a complete continuum of care	DAIL staff	June 2010
4. Assess the availability of a SHIP counselor in each county	State SHIP Director	June 2009
5. Ensure that there is a paid or volunteer SHIP counselor for each county	State SHIP Director	June 2009

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

**OBJECTIVE:** 1.8 Provide a Community Education Plan on the importance of long-term care planning

Strategies	Responsible Completion	Date
1. Develop marketing strategies to promote long-term care planning	DAIL communication liaison	June 2009
2. Implement marketing plan	DAIL and AAAIL	July 2009

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

**OBJECTIVES:** 2.1 Provide for needed services that support individuals caring for loved ones at home or in the community

2.2 Provide for support of caregivers through regional programs that provide information, assistance accessing resources, training, respite, counseling, support groups and other services provided in the National Family Caregiver Support Program in accordance with Section 373 of the Older Americans Act

Strategies	Responsible Completion	Date
1. Ensure meal plans meet the most recent dietary guidelines and reference intakes.	DAIL Dietitian	April 2009
2. Develop meal planning resources for statewide use	DAIL Dietitian	June 2009
3. Ensure meal participants receive nutrition screening and nutrition education.	AAAIL	January 2009
4. Ensure those identified with nutritional risk receive appropriate follow-up	AAAIL	January 2009
5. Assess the needs of caregivers through surveys	AAAIL	July 2009
6. Provide caregivers with resources to meet needs	AAAIL	January 2010
7. Determine adequacy of ongoing supports through client satisfaction surveys	AAAIL	August 2010

**GOAL 3:** Empower senior Kentuckians and individuals with disabilities to stay active and healthy through Evidence-Based Disease and Disability Prevention Programs and other community opportunities.

**OBJECTIVES:** 3.1 Maintain the health and functional independence of Kentucky's older adults by offering programs that educate, assist and enable them to remain active and independent.

3.2: Provide elders with opportunities for employment and volunteering.

Strategies	Responsible Completion	Date
1. Expand the capacity to provide a variety of evidence based training programs in each district.	AAAIL	January 2011
2. Develop a resource directory of evidence based programs and trainers throughout the districts.	DAIL Health Promotion Staff	July 2009
3. Promote volunteer opportunities across programs such as SHIP, Long-Term Care Ombudsman, Friendly Visitors and AmeriCorps	DAIL and AAAs	July 2010

**GOAL 4:** Ensure the rights of senior Kentuckians and individuals with disabilities and prevent their abuse, neglect and exploitation

**OBJECTIVES:** 4.1 Advocate on behalf of elderly who are frail or disabled to improve responsiveness to their needs and concerns and assure access to care.

4.2 Provide for a long-term care ombudsman program which serves Kentuckians in long-term care facilities.

4.3 Provide a Title VII Program for elder abuse prevention

Strategies	Responsible Completion	Date
1. Develop standard operating procedures	DAIL SLTCOP	August 2009
2. Develop certification process that meets state requirements.	DAIL LTCOP	August 2009
3. Certify 100% of LTCO (both paid and volunteer)	DAIL LTCOP	Ongoing
4. Conduct district wide community education and training events on elder abuse awareness.	DLTCO AAAIL	Ongoing
5. Conduct district wide long-term care facility education and training events on elder abuse awareness and	DLTCO AAAIL	Ongoing

resident rights.		
6. Expand volunteer base to a ratio of 1 per facility	DLTCO AAAIL	June 2012
7. Increase facility visitation requirements from quarterly to monthly	DLTCO AAAIL	June 2012

**GOAL 5:** Promote effective and responsive management.

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

Strategies	Responsible Completion	Date
1. Provide information on Performance Based Management practices to the AAAIL	DAIL	Ongoing
2. Demonstrate transparency through definitive findings of the administrative, fiscal and programmatic practices of the AAAIL by DAIL.	DAIL	Ongoing
3. Explore methods to provide monetary incentives for accurate and timely client information on activity and service utilization reports via SAMS database and SHIPtalk.	DAIL	July 2009

Finally, this report includes the following attachments for further clarification or as required by the Administration on Aging: A narrative summary of the responsibilities of Kentucky's State Office of Aging Services (**Appendix G**); both the narrative (**Appendix H**) and the numeric description (**Appendix I**) of the Intrastate Funding Formula; State Plan Public Forum Notice (**Appendix J**); State Assurances as required by the Older American Act (**Appendix K**); and, other Public Hearing related documents including the presentation (**Appendix L.1.**), public comments (**Appendix L.2.**) and the Attendance/Sign-In Sheet (**Appendix L.3.**).

**XIX. APPENDICES:**

- A. Organizational Chart
- B. Area Agencies on Aging
- C. KERI Report
- D. Waiting List Information by Program
- E. Major Health Concerns in Kentucky
- F. Gubernatorial and State Legislative Initiatives
- G. State Office on Aging Services
- H. Intrastate Funding Formula - Narrative
- I. Intrastate Funding Formula - Numeric Description
- J. State Plan Public Forum Notice
- K. State Assurances