

2025 – 2028

STATE PLAN ON AGING



CABINET FOR HEALTH
AND FAMILY SERVICES

Department for Aging
and Independent Living

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SECTION 1.0 INTRODUCTION

MESSAGE FROM THE GOVERNOR



Insert message.

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MESSAGE FROM THE COMMISSIONER



Dear Colleagues,

I am pleased to present Kentucky's 2025-2028 State Plan on Aging (State Plan). This comprehensive and actionable State Plan serves as a roadmap to ensure every Kentuckian can achieve optimal health and well-being as they age. This State Plan was developed by the Kentucky Department of Aging and Independent Living (DAIL) with input from the 15 AAALs and numerous aging network stakeholders.

The Administration for Community Living (ACL), an operating division of the United States (U.S.) Department of Health and Human Services (HHS), is the federal agency responsible for administering the Older Americans Act (OAA). Federal priorities articulated by ACL and combined with the Commonwealth's priorities informed by Kentucky's aging network, create the framework for the State Plan.

The State Plan marks an opportunity to reframe how we view and approach aging and the healthy aging process. It gives us a chance to thoughtfully assess, and where needed, change our strategies as an aging network. It prompts us to rethink our approach to policymaking, service delivery, and investment decisions. At a time when our workforce is significantly constrained and our efforts to respond to the COVID-19 pandemic and future health threats are evolving, the need to act has never been more urgent.

This plan is critically ambitious and will need increased investments and innovative approaches to address the immediate needs before us, as well as obstacles that lie ahead. Failure to adopt and implement the State Plan will only perpetuate the very challenges we are currently up against.

I ask that aging network partners—public and private; state and local; past, current, and future—enhance their commitment to older Kentuckians and caregivers by acting on this State Plan. While I ask for your commitment, I pledge DAIL's continued and renewed dedication to the priorities established herein. I am confident that, with thoughtful, aligned execution, Kentucky will become the best place to age in the nation.

Victoria L. Elridge
Commissioner
Department for Aging and Independent Living

Date

VERIFICATION OF INTENT

Kentucky's 2025 – 2028 State Plan on Aging is hereby submitted. Included are the State Plan assurances and required activities, information requirements, and plans to be administered by DAIL under the provisions of the OAA of 1965, as amended in 2020.

DAIL is primarily responsible for developing comprehensive and coordinated services for older Kentuckians, their families, and caregivers and serving as their effective and visible advocate.

Kentucky's 2025 – 2028 State Plan on Aging was developed in accordance with federal statutory and regulatory requirements and has been reviewed and approved by the Office of Governor Andy Beshear, constituting authorization to proceed with activities under the plan upon approval by the U.S. Assistant Secretary for Aging.

Victoria L. Elridge

Commissioner

Department for Aging and Independent Living

Date

Andy Beshear

Governor, Commonwealth of Kentucky

Date

ACKNOWLEDGEMENTS

Area Agencies on Aging and Independent Living (AAAILs) play a key role in providing support and services across regional and local areas of the Commonwealth of Kentucky (Commonwealth). DAIL is proud to partner with and relies on Kentucky's network of 15 AAAILs and the array of Commonwealth agency partners, non-profit organizations, and volunteer and advocacy organizations to implement Kentucky's State Plan on Aging for 2025 – 2028. We thank you for your commitment and tireless efforts in seeking and being the change for older Kentuckians and those with disabilities as we move forward together.

AREA AGENCIES ON AGING AND INDEPENDENT LIVING

AAAILs include 15 agencies Kentucky-wide that support the implementation of DAIL programs throughout the Commonwealth. Table 1 below lists the 15 AAAILs.

Table 1: Information on AAAILs in Kentucky

AAAIL	Director(s)	Address	Counties Served
Barren River	Director: Alecia Johnson	177 Graham Avenue Bowling Green, KY 42101	Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, and Warren
Big Sandy	Co-Directors: Stacy Hall, Amanda Lawson	110 Resource Court Prestonsburg, Kentucky 41653	Floyd, Johnson, Magoffin, Martin, and Pike
Bluegrass	Director: Celeste Robinson	699 Perimeter Drive Lexington, KY 40517	Anderson, Boyle, Bourbon, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, and Woodford
Buffalo Trace	Director: Caroline Ullery	201 Government Street, Suite 300 P.O. Box 460 Maysville, KY 41056	Bracken, Fleming, Lewis, Mason, and Robertson
Cumberland Valley	Director: Leigh Powell	P.O. Box 1740, 342 Old Whitley Road London, Kentucky 40743	Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle, and Whitley
FIVCO	Director: Nicole Davis	32 FIVCO Court Grayson, KY 41143	Boyd, Carter, Elliott, Greenup, and Lawrence
Gateway	Director: Jason Boggs	110 Lake Park Drive Morehead, KY 40351	Bath, Menifee, Montgomery, Morgan, and Rowan

AAAIL	Director(s)	Address	Counties Served
Green River	Director: Leslie Wilson	300 GRADD Way Owensboro, Kentucky 42302	Daviess, Hancock, Henderson, McLean, Ohio, Union, and Webster
KIPDA	Director: Jessica Elkin	11520 Commonwealth Drive Louisville, Kentucky 40299	Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble
Kentucky River	Director: Stacie Noble	941 North Main Street Hazard, KY 41701	Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry, and Wolfe
Lake Cumberland	Director: Tonya Bloyd	P.O. Box 1570 2384 Lakeway Drive Russell Springs, Kentucky 42642	Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, and Wayne
Lincoln Trail	Director: Sue Greenwell	613 College Street Road P.O. Box 604 Elizabethtown, KY 42702	Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, and Washington
Northern Kentucky	Director: Anne Wildman	22 Spiral Drive Florence, KY 41042	Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, and Pendleton
Pennyrile	Director: Jill Collins	300 Hammond Drive Hopkinsville, Kentucky 42240	Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd, and Trigg
Purchase	Director: Jeff Gabbert	1002 Medical Drive P.O. Box 588 Mayfield, Kentucky 42066	Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, McCracken, Marshall

ASSOCIATION FOR AREA AGENCIES ON AGING AND INDEPENDENT LIVING COUNCIL

The Kentucky Association of Area Agencies on Aging and the Kentucky Statewide Independent Living Council support vital activities and provide community resources across the Commonwealth for older Kentuckians and individuals with disabilities. Table 2 below lists members of the Kentucky Association of Area Agencies on Aging and the Kentucky Statewide Independent Living Council

Table 2: Information on AAAIL Council Members

Agency	Point of Contact	Email Address
Kentucky Association of Area Agencies on Aging (K4A)	Chair: Stacie Noble	stacie@kradd.org
Kentucky Statewide Independent Living Council	Coordinator: Megan Coleman	kysilccordinator@gmail.com

CENTERS FOR INDEPENDENT LIVING

Centers for Independent Living (CILs) are vital in supporting the aging population and individuals with disabilities by promoting independence, dignity, and community inclusion. Table 3 below lists the CILs.

Table 3: Information on CILs in Kentucky

Agency	Address	Phone Number
Center for Accessible Living (CAL)	501 South Second Street, Suite 200 Louisville, KY 40202	Local: 502-589-6620 Toll-free: 888-813-8497 Fax: 502-589-3980 Accessible: 502-413-2689
Center for Accessible Living (CAL) – Bowling Green	1830 Destiny Lane Bowling Green, KY 42104	270-599-0911
Center for Accessible Living (CAL) – Murray	1051 North 16 th Street, Suite C Murray, KY 42071	Local: 270-753-7676
Center for Independent Living Options – Covington	525 West Fifth Street Covington, KY 41011	Local: 859-341-4346 Fax: 859-341-1252
Disability Resource Center of Southeastern Kentucky	242 Village Lane Hazard, KY 41701	606-436-0000
Independence Place, Inc.	841 Corporate Drive Suite 301 Lexington, KY 40503	Local: 859-266-2807 Toll-free: 877-266-2807 Fax: 859-335-0627 Accessible: 800-648-6056

GUIDE TO NAVIGATING THE STATE PLAN

The primary purpose of the State Plan is to provide an update on Kentucky’s accomplishments from the previous State Plan and to share a clear roadmap for what the Commonwealth will implement in upcoming years to continue improving services for people supported by the OAA. The goal is to ensure that older Americans and their families experience a seamless, comprehensive service system that is responsible for individual needs and preferences as outlined in the OAA.

Kentucky's 2025 – 2028 State Plan on Aging is influenced by the five federal priorities established by the ACL and guided by information gathered through a multi-faceted Kentucky-wide needs assessment process. The priorities established by Kentucky's 15 AAALs in their Regional Area Plans will reflect Commonwealth goals, as well as any priorities that are identified as unique regional needs.

Figure 1 below lists the similarities between ACL’s and Kentucky’s priorities on aging that are described in more detail throughout the State Plan.

Figure 1: ACL and Kentucky Priorities

 <p>Federal Priorities</p>	Bolstering OAA Core Programs
	Advancing Equity
	COVID-19 Recovery
	Expansion of Home and Community-Based Services (HCBS)
	Contributing to Caregiver Well-Being
 <p>Kentucky Priorities</p>	Infrastructure, including Transportation and Internet Access
	Community Partnerships
	Workforce Development
	Well-Being
	Caregiver Support
	Quality

The State Plan includes eight primary sections and five supporting appendices, as follows:

- [Section 1.0 Introduction](#) includes introductory information such as messages from State executive leaders, verification of DAIL’s intent in relation to the State Plan, acknowledgements, and a guide to navigating the sections of the State Plan.
- [Section 2.0 Executive Summary](#) provides an overview of key information in subsequent State Plan sections.
- [Section 3.0 Our Journey: Past Achievements](#) provides an overview of the 2022 – 2024 State Plan goals and accomplishments.

- [Section 4.0 Kentucky’s Aging Landscape and Environment](#) summarizes the Commonwealth’s overall population demographics and growth, health status, and services available to meet the needs of priority populations.
- [Section 5.0 Kentucky-Wide Needs Assessment](#) summarizes key information from needs assessment activities and analysis conducted to inform the State Plan priorities.
- [Section 6.0 State Plan Priorities](#) outlines the selected Commonwealth priorities, the goals chosen for each priority, and the associated performance measurements.
- [Section 7.0 Other Considerations](#) includes considerations in relation to the State Plan, such as implementation considerations for priority populations, the impact of and considerations in relation to COVID-19, and preparing for public health emergencies.
- [Section 8.0 State Plan Quality Management](#) outlines how the Commonwealth will monitor progress regarding implementation of the State Plan and the quality of the services delivered during this State Plan period.
- The five appendices provide supporting details pertaining to the State Plan, including:
 - [Appendix A: Acronyms and Terms](#) lists the acronyms and terms used throughout the State Plan and their definitions.
 - [Appendix B: Meetings and Participants](#) summarizes meetings and participants in the Kentucky-wide needs assessment.
 - [Appendix C: Organizational Charts of Kentucky Government](#) provides Kentucky government organizational charts.
 - [Appendix D: Area Development District Map](#) provides an area development district map.
 - [Appendix E: Assurance Forms](#) includes assurance forms required for the State Plan.



CABINET FOR HEALTH
AND FAMILY SERVICES

EXECUTIVE SUMMARY

SECTION 2.0 EXECUTIVE SUMMARY

In early 2024, the Commonwealth engaged in a series of activities to better understand the needs of people with physical disabilities and those who are over the age of 60 to strategically plan for the upcoming ACL State Plan requirements. The Commonwealth, through DAIL programs, currently provides services to more than 200,000 older or disabled individuals on an annual basis. However, the population of people aged 60+ in Kentucky is more than one million and is growing as people live longer and healthier lives. While great strides have been made with the goals outlined in the current State Plan, there is more work to be done as identified by needs and challenges posed by the COVID-19 pandemic, but also through the information gathered and key themes shown in Figure 2 from the Kentucky-wide needs assessment. DAIL recognizes the need to be forward-thinking about what types of services are available and how they are delivered equitably throughout the Commonwealth to reach and support as many Kentuckians as possible.

The Commonwealth and DAIL are wholeheartedly committed to realizing our mission and vision, all with the goal of enhancing the well-being of everyone.

- **Mission:** To promote the dignity, well-being, and independence of Kentuckians and their caregivers.
- **Vision:** We aspire to be a foundation of support where aging and disability are met with compassion, inclusivity, and empowerment in the Commonwealth.

As the Commonwealth couples the mission and vision with the three pillars of connection (e.g., compassion, inclusivity, and empowerment), DAIL will actively work toward promoting individualization and independent decision-making, enhancing collaboration with our existing and new partners, as well as fostering policy and legislative change that will prioritize the well-being of Kentuckians.

The strengths of the Commonwealth lie in the fact that Kentuckians have strong community bonds and are prideful individuals. These attributes highlight the fact that neighbors help neighbors in need, as well as engage in and enjoy community activities that lend to a sense of belonging. Whether it is going to a local senior center, having a meal delivered directly to their home, or being able to obtain volunteer transportation to a medical care appointment, it is all a result of community connectedness,

Figure 2: 2024 Kentucky-Wide Needs Assessment Key Themes

Key Themes	
	Enhance access to affordable and convenient transportation choices
	Invest in ongoing skill development and training for personnel
	Promote digital inclusion and bridge connectivity gaps in rural areas
	Create opportunities to empower homeowners with sustainable housing solutions
	Seek opportunities to grow workforce diversity

people finding ways to access services that are not only needed for overall health and safety, but to engage in those activities that bring enjoyment and sense of purpose to their life.

DAIL knows that when challenges arise, communities and programs must come together and collaborate on ways to improve and sustain systems, outreach, and resources. Key challenges that prevailed from the 2024 Kentucky-wide needs assessment include:

- Lack of accessible and affordable transportation, particularly for those in rural areas or who need services outside their counties.
- Lack of caregivers to be in the home routinely and still meet their own family's needs.
- Inability to connect with services that are needed and valued, such as those listed in Figure 2.

As the Commonwealth looks to the future, DAIL understands that there is a need for improved communication, the creation of additional, accessible, and relevant resources with flexibility to meet emerging needs, and seeking avenues to strengthen workforces through training, pay, and benefits, the outcomes for all Kentuckians will be positive and life-changing.

DAIL is committed to upholding the values, diversity, and needs of older Kentuckians and those with disabilities not just through our overarching priorities listed in this State Plan, but also through quality management strategies that will evaluate current performance, and provide us with additional ideas, resources, and insight that will continue to propel us forward.

With continued partnerships across the Commonwealth, DAIL will move “**Forward Together**” toward greater successes, enriched lives, and stronger communities.

TEAM
KENTUCKY®

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AND FAMILY SERVICES

OUR JOURNEY: PAST ACHIEVEMENTS



SECTION 3.0 OUR JOURNEY: PAST ACHIEVEMENTS

As the Commonwealth transitions from the 2022 – 2024 State Plan to the 2025 – 2028 State Plan, it is essential to pause and reflect on previous activities and how the Commonwealth has arrived today. The former State Plan was a cornerstone, laying the groundwork for future endeavors. Considerable progress was made toward achieving goals, propelling the Commonwealth toward its vision.

The successes of the former State Plan fueled the Commonwealth’s determination for the next phase in its journey. The Commonwealth carries forward the lessons learned, the resilience gained, and its unwavering commitment to progress. As it embarks on this new chapter, the Commonwealth will build upon the foundation established by previous efforts, aiming higher, reaching further, and ensuring that the Commonwealth continues to thrive.

The Commonwealth honors its past, embraces the present, and charts a **“Forward Together”** course for a brighter future for Kentuckians.

Table 4 below provides a list of DAIL’s goals and accomplishments in the 2022 – 2024 State Plan.

Table 4: 2022 – 2024 State Plan Goals and Accomplishments

Goals	Accomplishments
<p>GOAL 1. Provide long-term services and supports that enable older Kentuckians, their families, caregivers, and persons with disabilities to fully engage and participate in their communities for as long as possible.</p>	<ul style="list-style-type: none"> • Increased physical activity. Kentucky currently offers 15 evidence-based programs, including Bingocize, tai chi, and diabetes prevention. • Supported health promotion and disease prevention activities under Title III-B. Drums Alive and Home Hazard Removal Program (HHRP), which targets fall-risk behaviors and home hazards for older adults at high risk of falling, are just two examples of some of the programs that were offered. • Utilized discretionary grants to further develop and enhance health programs. Community partners were awarded a total of \$6.7 million in grant dollars, including \$2.1 million to the State Health Insurance Plan, \$2 million to Building Our Largest Dementia Infrastructure through the CDC, \$1.8 million to the Aging and Disability Vaccination Collaborative, and \$1.2 million to No Wrong Door. • Engaged with local health departments to promote smoking cessation among older adults. All senior centers offer smoking cessation courses. • Decreased food insecurity among older adults. DAIL held three consecutive annual senior hunger summits and received an allocation of \$35M in expanded senior

Goals	Accomplishments
	meal programming in the past 3 state fiscal year's budget.
<p>GOAL 2. Ensure older Kentuckians, persons with disabilities, caregivers, and families have access to person-centered planning and optional counseling for their long-term services and supports.</p>	<ul style="list-style-type: none"> • Incorporated person-centered counseling and planning. AAAILs were credentialed in the National Center on Advancing Person-Centered Practices and Systems (NCAPPS). • Engaged in ongoing stakeholder discussions. Kentucky, in partnership with AAAILs, held more than 75 stakeholder discussions.
<p>GOAL 3. Increase the development and implementation of business-related strategies that promote innovation, collaboration, and sustainability of aging and disability network partners.</p>	<ul style="list-style-type: none"> • Implemented a new training curriculum for the aging network. Kentucky held three National Association trainings on inclusion and business acumen. • Maintained a resilient, disaster-ready aging network. DAIL developed and disseminated an Emergency Preparedness Blueprint for all senior centers.
<p>GOAL 4. Prevent abuse, neglect, and exploitation while protecting the rights of older Kentuckians and persons with disabilities.</p>	<ul style="list-style-type: none"> • Strengthened regulations related to abuse, neglect, and exploitation. The Elder Abuse Victims Trust Fund will receive funds from the estates of victims of elder abuse fatalities and will fund training to help prevent elder abuse. • Provided education on the guardianship process to help ensure the safety and well-being of those at risk of abuse, neglect, and exploitation in collaboration with the Department for Community Based Services (DCBS)/Adult Protective Services (APS) and ombudsman on concerns and reports made. Guardianship training and alternatives to guardianship were provided. • Promoted less restrictive alternatives to guardianship through community training. Conducted 30 collaborative meetings with courts and judges.
<p>GOAL 5. Ensure continuous quality improvement principles to ensure the State Unit on Aging operates efficiently and effectively.</p>	<ul style="list-style-type: none"> • Ensured data accuracy. DAIL holds a 97% data accuracy assurance. • Evaluated DAIL's internal controls. Evaluated and passed annual audits. • Provided training. Provided more than 70 training courses to AAAILs and staff. Thirty-four trainings were provided to Commonwealth staff.

Goals	Accomplishments
<p>GOAL 6. Ensure that all Kentucky elders have equitable access to services regardless of any social, cultural, or geographic barriers.</p>	<ul style="list-style-type: none"> • Utilized current data to identify and resolve disparities. Modified policies based on feedback from national consumer voice surveys. • Providers underwent training and consulting in SAGECare a division of SAGE (Services & Advocacy for LGBT Elders). This training covered topics such as cultural humility and racial equity. SAGE is the country's largest and oldest organization dedicated to improving the lives of LGBTQ+ older adults. Link: https://www.sageusa.org/what-we-do/sagecare/ • Providers completed racial equity and cultural humility training

In addition to the goals listed above, DAIL accomplished several other activities that provided additional assistance to older adults. Figure 3 below highlights additional Kentucky-wide accomplishments in the 2022 – 2024 State Plan. Moving forward, DAIL aims to build on and grow such benchmarks to connect with and serve more Kentuckians across the Commonwealth.

Figure 3: Additional State Plan Accomplishments





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KENTUCKY'S AGING
LANDSCAPE AND
ENVIRONMENT

SECTION 4.0 KENTUCKY'S AGING LANDSCAPE AND ENVIRONMENT

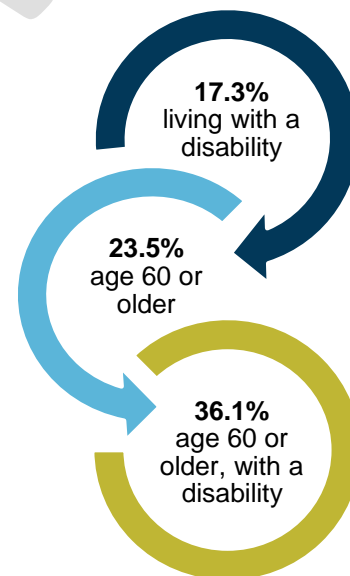
The 2023 Annual Report for America's Health Rankings places Kentucky among the lowest states (48th) for overall senior health status.¹ Health and wellness measures for Kentucky's seniors show high rates of food insecurity and poverty, limited access to healthcare, and exceedingly high risk of social isolation (85 on a scale from 1 – 100). Addressing Kentucky's population health disparities and low overall senior health will be imperative in the coming years, as Kentucky's population aged 60 years and older is projected to increase by 11.4% between 2020 and 2030. Kentuckians aged 75 – 84 years will see the most significant population increase of 39.2%, while Kentuckians aged 85 years and older will see a population increase of 28.9%. As Kentuckians continue to age in the communities, they are facing morbidity, premature death, and low life expectancy, significantly impairing their ability to age with grace and dignity.

POPULATION DEMOGRAPHICS

According to the 2022 U.S. Census Bureau's American Community Survey (ACS), Kentucky's population size is 4,502,935.² Of the approximately 4.5 million Kentuckians, the ACS data shows that 1,834,297 individuals have a disability or are older. This means Kentucky's aging and disabled population accounts for 40.7% of all Kentuckians as of the 2022 ACS reports. Figure 4 shows the percentage of Kentucky's population aged 60 or older and/or living with a disability. Additionally, Kentucky's aging population is projected to grow by 12% between 2022 and 2030, further challenging the KY DAIL programs, services, and resources.

Overall, Kentucky remains a relatively homogenous state with 83.2% of its total population identifying as white; of those, 18.2% have disabilities and 90.5% are aged 60 or older. Black or African American is the second most prevalent race in Kentucky, accounting for 7.9% of the total population, 7.0% of the disabled population, and 6.1% of the aging

Figure 4: Percentage of Kentuckians with Disabilities or Aged 60 or Older, 2022



¹ United Health Foundation. 2023. "America's Health Rankings 2023 Senior Report State Summaries, Kentucky." *United Health Foundation*. [Americashealthrankings.org](https://www.americashealthrankings.org).

<https://www.americashealthrankings.org/learn/reports/2023-senior-report/state-summaries-kentucky>

² U.S. Census Bureau. 2022. "American Community Survey Demographic and Housing Estimates." *U.S. Census Bureau*. [Data.census.gov](https://data.census.gov).

<https://data.census.gov/table/ACSDP5Y2022.DP05?g=040XX00US21&moe=false>

population. The remaining percentage of the population identifies as one of the following categories: American Indian, Alaskan Native, or Asian.

Table 5 shows the breakdown of the Commonwealth’s racial and ethnic demographics Kentucky-wide.

Table 5: Kentucky Population Race and Ethnicity

Race and Ethnicity	Total Population	Individuals with a Disability, All Ages	Individuals Aged 60+
White	3,748,657	683,871	955,980
Black or African American	355,368	54,407	64,436
American Indian and Indigenous	3,902	1,459	1,056
Asian and Pacific Islanders	71,736	4,938	7,394
Hispanic or Latino	180,481	16,670	12,676
Other	10,744	5,480	3,169
Two or More Races	132,047	27,811	17,958

Researchers show that a diverse community fuels economic growth, raising everyone’s standard of living and resulting in improved job opportunities, infrastructure, education, health, and overall prosperity.³ According to the 2022 ACS, 16.1% of Kentuckians live in poverty, higher than the national rate of 12.6%.

Data used to inform this State Plan as well as additional tables and data visualizations of Kentucky’s population demographics can be requested by contacting DAIL.

OVERALL HEALTH STATUS

In the 2023 Annual Report for America’s Health Rankings, Kentucky ranks among the lowest states for overall health at 41 of 50 state rankings and ranks 48 of 50 for overall senior health status.⁴ America’s Health Rankings, produced by the United Health Foundation, is the longest-running state-by-state analysis of national health indicators, including race and ethnicity, gender, age, education, income, disability status, sexual orientation, veteran status, and rural living.

America’s Health Ranking provides a nationwide annual report with state-level insights, interactive data dashboards, and reports on priority populations. The 2023 Senior Report from

³ Rodríguez-Pose, Andrés, and Viola von Berlepsch. “Does Population Diversity Matter for Economic Development in the Very Long Term?” *European Journal of Population* 35(5): 873-911. doi:10.1007/s10680-018-9507-z

⁴ United Health Foundation. 2023. “America’s Health Rankings 2023 Senior Report State Summaries, Kentucky.” *United Health Foundation*. [Americashealthrankings.org](https://www.americashealthrankings.org). <https://www.americashealthrankings.org/learn/reports/2023-senior-report/state-summaries-kentucky>

America’s Health Rankings provides insights into the social, clinical, and economic well-being of older individuals. Data used to develop Kentucky’s overall senior health and wellness measures and annual senior reports include sources such as:

- CDC’s Wide-Ranging Online Data for Epidemiologic Research (WONDER) user-friendly menu-driven system
- CDC’s Behavioral Risk Factor Surveillance System (BRFSS)
- U.S. Census Bureau surveys
- Federal ACL State Program Reports, Centers for Medicare & Medicaid Services (CMS) reports, and other government agency datasets

Metrics defined by America’s Health Rankings can inform states’ strategic goals and performance indicators by offering peer-state rankings and national averages for various data analyses. Additionally, states can download data used in each report to perform unique analyses and reporting. Table 6 provides measures for Kentucky’s overall senior health compared to the national metrics reported by America’s Health Rankings. Metrics indicating that Kentucky performs better than the national measures are highlighted in light green. For 80% of the measures listed, Kentucky’s performance is poorer than the U.S. performance and is consistent with Kentucky’s low overall senior health ranking (48 of 50).

Table 6: Kentucky’s Overall Senior Health vs. National Measure

Health and Wellness Measures		Kentucky Value	U.S. Value
Social and Economic Factors			
Economic Resources	Food Insecurity (% of adults ages 60+)	20%	11.9%
	Poverty (% of adults ages 65+)	11.7%	10.3%
	Supplemental Nutrition Assistance Program (SNAP) Reach (participants per 100 adults ages 60+ in poverty)	49.4	81
Social Support and Engagement	Community Support Expenditures (dollars per adult ages 60+)	\$31	\$62
	High-speed Internet (% of households with adults ages 65+)	78.3%	83.1%
	Low-care Nursing Home Residents (% of residents)	12.9%	15.2%
	Risk of Social Isolation (on a scale from 1-100 – lowest risk to highest risk, respectively, adults ages 65+)	85	—
Physical Environment			
Housing	Housing Cost Burden (% of households with adults ages 65+)	24.8%	31.8%
	Severe Housing Problems (% of small households with adults ages 62+)	25.3%	32.3%

Health and Wellness Measures		Kentucky Value	U.S. Value
Clinical Care			
Access to Care	Avoided Care Due to Cost (% of adults ages 65+)	5.0%	3.4%
	Geriatric Providers (providers per 100,000 adults ages 65+)	25.1	36.4
	Home Health Care Workers (workers per 1,000 adults ages 65+)	27.5	60.3
Preventive Clinical Services	Cancer Screenings (% of adults ages 65-75)	78.4%	75.9%
	Flu Vaccination (% of adults ages 65+)	64.5%	67.5%
	Pneumonia Vaccination (% of adults ages 65+)	65.9%	69.7%
Quality of Care	Dedicated Health Care Provider (% of adults ages 65+)	96.4%	96.1%
	Hospice Care (% of Medicare decedents)	42.1%	46.7%
	Nursing Home Quality (% of beds rated four or five stars)	29.1%	32.6%
	Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries ages 65-74)	2,104	1,482
Behaviors			
Nutrition and Physical Activity	Exercise (% of adults ages 65+)	10.5%	23.1%
	Fruit and Vegetable Consumption (% of adults ages 65+)	8.3%	7.3%
	Physical Inactivity (% of adults ages 65+ in fair or better health)	37.2%	31.2%
Sleep Health	Insufficient Sleep (% of adults ages 65+)	32.8%	26.0%
Tobacco Use	Smoking (% of adults ages 65+)	11.8%	8.9%
Health Outcomes			
Behavioral Health	Cognitive Difficulty (% of adults ages 65+) ‡	10.2%	7.8%
	Drug Deaths (deaths per 100,000 adults ages 65+) ‡	10.8	9.9
	Excessive Drinking (% of adults ages 65+)	5.7%	7.0%
	Frequent Mental Distress (% of adults ages 65+)	12.2%	8.5%
	Suicide (deaths per 100,000 adults ages 65+)	19.6	16.9
Mortality	Early Death (deaths per 100,000 adults ages 65-74)	2,906	2,151
Physical Health	Falls (% of adults ages 65+)	30.6%	27.1%
	Frequent Physical Distress (% of adults ages 65+)	21.9%	15.8%
	Multiple Chronic Conditions (% of Medicare beneficiaries ages 65-74)	58.0%	52.0%
	Obesity (% of adults ages 65+)	35.3%	29.5%

Health and Wellness Measures		Kentucky Value	U.S. Value
	Teeth Extractions (% of adults ages 65+)	22.4%	13.4%

LIFE EXPECTANCY

Kentucky’s average life expectancy is 74 years, with a high and low range of 79.6 and 65.4 years, respectively. Kentucky is among the five states with the lowest life expectancy in the nation. The United States average life expectancy is 78.6 years, with Hawaii reporting the highest life expectancy at 82.4 years and Mississippi and Kentucky reporting the lowest life expectancy at 65.4 years.^{5,6} Life expectancy projections vary depending on many factors; the National Center for Health Statistics, in 2022, identified significant disparities leading to steep declines in life expectancy for persons of color; individuals with mental health needs, addiction, and substance use disorder; and disease severity and inequitable healthcare access.⁷ In Kentucky, prevalent poverty rates, poor overall health, substance use, and high prevalence of disabilities are significant contributing factors to low life expectancy projections. Figure 5 on the following page shows Kentucky’s life expectancy range compared to the states with the highest and lowest life expectancies (Hawaii and Mississippi, respectively). Kentucky’s efforts to reduce disparities for aging and disabled populations could positively impact future life expectancy projections.

⁵ World Population Review. 2024. “Life Expectancy by State 2024.” *World Population Review*. <https://worldpopulationreview.com/state-rankings/life-expectancy-by-state>

⁶ University of Wisconsin Population Health Institute. 2024. “County Health Rankings and Roadmaps: Kentucky.” *Countyhealthrankings.org*. <https://www.countyhealthrankings.org/health-data/kentucky?year=2024&measure=Life+Expectancy>*

⁷ Harvard Medical School. 2022. “Why life expectancy in the US is falling.” Harvard Health Publishing. <https://www.health.harvard.edu/blog/why-life-expectancy-in-the-us-is-falling-202210202835>

Figure 5: High, Average, and Low Life Expectancy Comparison

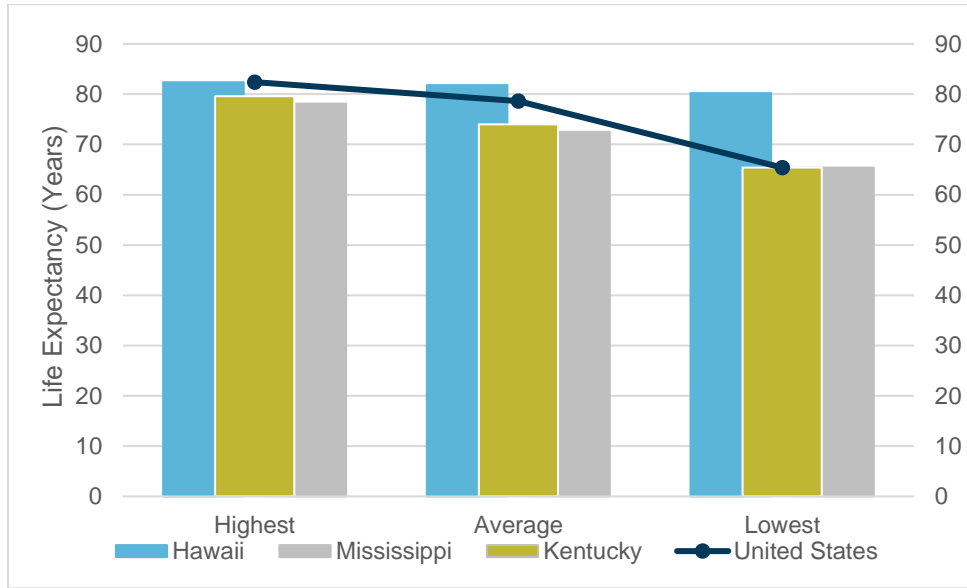
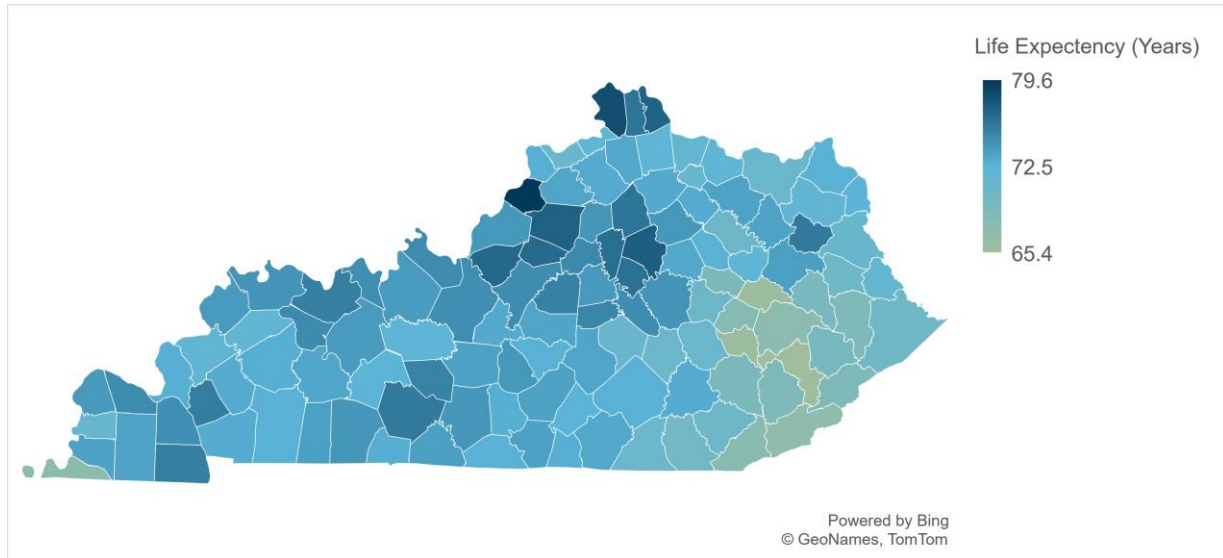


Figure 6 below shows Kentucky’s life expectancy averages by county. Compared to the Rural-Urban Continuum Codes, Kentucky’s life expectancy data shows that approximately 33% of counties with a lower-than-states-average life expectancy (less than 74 years) are categorized as rural, non-metropolitan areas with fewer than 5,000 in population.⁸

Figure 6: Kentucky Life Expectancy by County

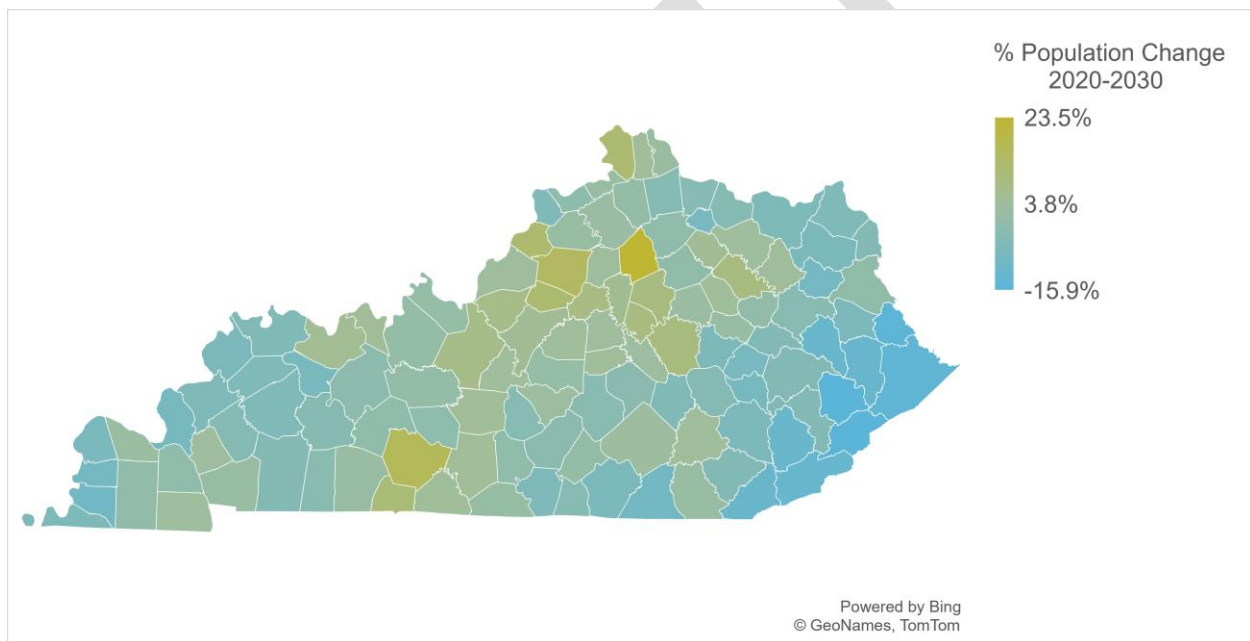


⁸ Economic Research Service. 2024. “Rural-Urban Continuum Codes.” *U.S. Department of Agriculture*. [ers.usda.gov](https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/#referencedate). <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/#referencedate>

POPULATION GROWTH

Population projections are forecasts of the population in future periods and consider births, deaths, and changes in household populations, known as migration patterns. Between 2020 and 2030, the population of Kentucky is projected to increase by 3%—from 4,505,836 to 4,641,150—a gain of 135,314 people.⁹ Kentucky’s population change between 2010 and 2020 showed a 3.8% increase, and Kentucky experienced a 7.4% increase between 2000 and 2010. Decade over decade, Kentucky continues to see increases in overall population, fueling economic growth and urban density. Figure 7 below shows Kentucky’s county-level projected population growth rates for all ages between years 2020 and 2030.

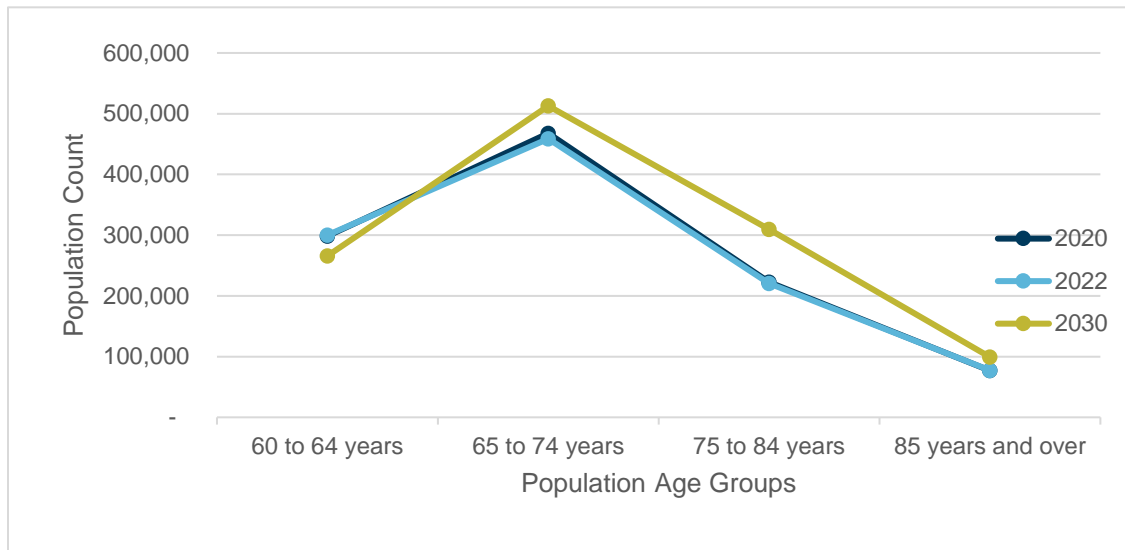
Figure 7: Projected Population Change, All Ages, 2020 – 2030



Kentucky’s population aged 60 and older is projected to increase by 11.4% between 2020 and 2030. Kentuckians aged 75 – 84 years will see the largest population increase of 39.2%, with Kentuckians aged 85 years and older seeing a population increase of 28.9%. Figure 8 on the following page shows Kentucky’s projected population growth between 2020 and 2030 for ages 60 years and older. Population increases for older Kentuckians adds strain to resources that are already limited for senior populations.

⁹ Kentucky State Data Center. 2022. Population and Household Projections: 2020 – 2050. *KSDC.Louisville.edu*. <http://ksdc.louisville.edu/data-downloads/projections/>

Figure 8: Kentucky Population Growth, Ages 60+, 2020 – 2030



PRIORITY POPULATIONS

As of 2022, the U.S. Department of HHS requires that all states address priority populations and that they ensure all individuals are treated consistently in a fair and just manner. The U.S. Department of HHS defines priority populations as those who have experienced more significant obstacles to health based on characteristics linked to discrimination or exclusion.¹⁰ Clearly defining priority populations in a community informs health improvement goal-setting activities for measurable goals that address health disparities and create equitable opportunities for people to live healthy lives. Kentucky recognizes the inherent value of equitable service delivery and the far-reaching impact that inequities and disparities can have on the health and well-being of a population. For the KY DAIL State Plan, priority populations include aging Kentuckians, their families, caregivers, and people with disabilities who also identify as one or more of the populations listed below:

- Immigrants or Refugees
- Individuals with Disabilities
- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA+) Community¹¹
- Individuals Living in Rural Regions
- People of Color

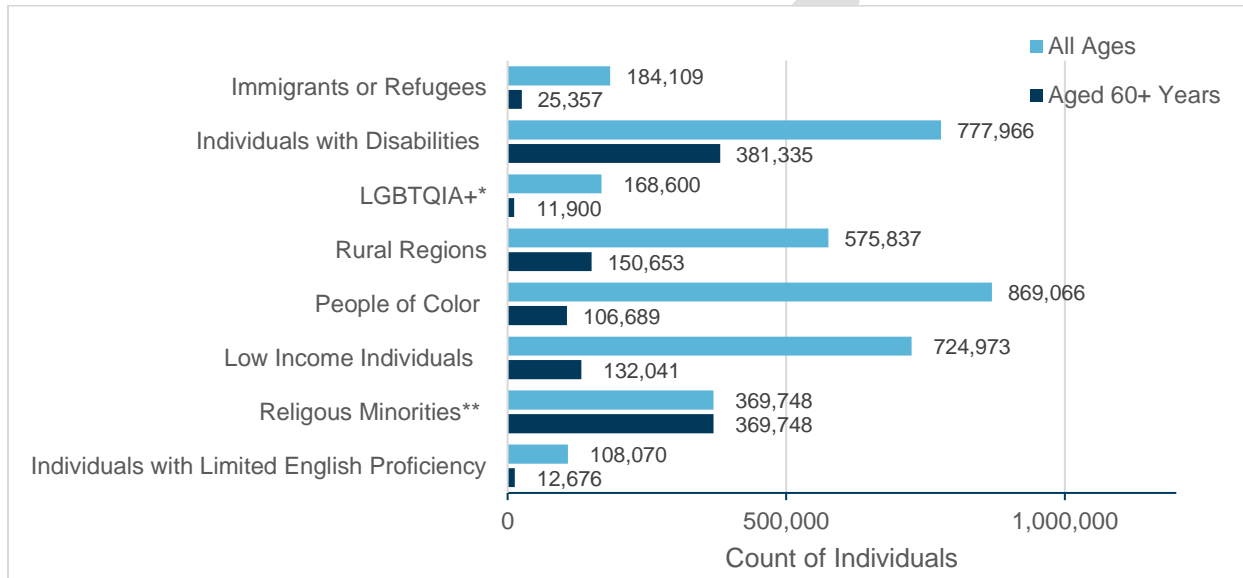
¹⁰ U.S. Department of Health and Human Services. 2022. *Health Equity and Health Disparities Environmental Scan*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion.

¹¹When referencing information developed by other parties, DAIL has maintained the original author's use of the acronym for the LGBTQ+ community. When DAIL is the author referencing this population in the State Plan, DAIL has used LGBTQIA+.

- Low-Income Individuals
- Religious Minorities
- Individuals with Limited English Proficiency (LEP)

Figure 9 below provides an overview of Kentucky-wide prevalence for each priority population. Data used to inform Kentucky’s priority populations as well as additional data analyses and visualizations for specific populations can be requested from DAIL.

Figure 9: Kentucky’s Priority Populations



*LGBTQIA+ data was collected via 2020-2021 BRFSS for adults aged 18 years and older; reported aging population is 65 years and above instead of 60 years and above.

**Religious pluralism in the United States results in all denominations being considered a religious minority (<50% of the population). Kentucky’s measure of religious majority and minority is defined using the Pareto Principle (or 80/20 Rule) data analysis.

IMMIGRANTS OR REFUGEES

Kentucky's immigrant and refugee population contributes to the state's cultural vibrancy and economic diversity. Over the years, Kentucky has welcomed individuals and families from around the globe, including countries like Cuba, Iraq, Mexico, and Somalia. These newcomers bring rich traditions, languages, and perspectives, enriching the fabric of Kentucky's communities. Kentucky’s foreign-born population accounts for 4.1% of the total population and 2.4% of Kentucky’s population aged 60 years and older.

Despite facing challenges such as language barriers and cultural adjustment, many immigrants and refugees in Kentucky have found opportunities for success, whether through entrepreneurship, education, or employment in sectors like healthcare, agriculture, and manufacturing. Organizations and initiatives across the state work to support the integration and well-being of these communities, recognizing the invaluable contributions they make to Kentucky's social and economic landscape.

According to the Kentucky Refugee Resettlement Agencies, in 2023, Kentucky ranked fourth in the nation in the number of refugee arrivals compared to other states.¹² Today, Kentucky is home to three refugee resettlement agencies with five offices across the state. Refugees are initially resettled in Louisville, Lexington, Bowling Green, Owensboro, and Covington. Resettlement agencies in Kentucky welcomed 4,720 newcomers from 2018 – 2022. During that time, Kentucky supported refugee arrivals from Cuba (39.2%), the Democratic Republic of Congo (17.5%), Afghanistan (5.4%), Burma (2%), Ukraine (1.9%), Haiti (1.5%), Syria (0.8%), Bhutan (0.3%), and other, unnamed nationalities (31.3%).

The Kentucky Office for Refugees manages federal funding from the federal Office of Refugee Resettlement (ORR) and awards it to community partners through grant opportunities. Community partners such as resettlement agencies, health providers, school districts, community colleges, and social service providers offer senior care programs and services not currently available in the community. Programs range from employment services and English language training to health screenings and emotional wellness services for older refugees.

INDIVIDUALS WITH DISABILITIES

The 2022 ACS census data shows Kentucky’s overall rate to be 20.1% of adults living with one or more disability compared to 15.3% of adults in the United States. Figure 10 on the following page shows the percentage of Kentucky’s adult population living with a disability compared to the national prevalence rate. For all age groups, 18 – 75+ years, Kentucky consistently has a higher prevalence rate of individuals living with disabilities.

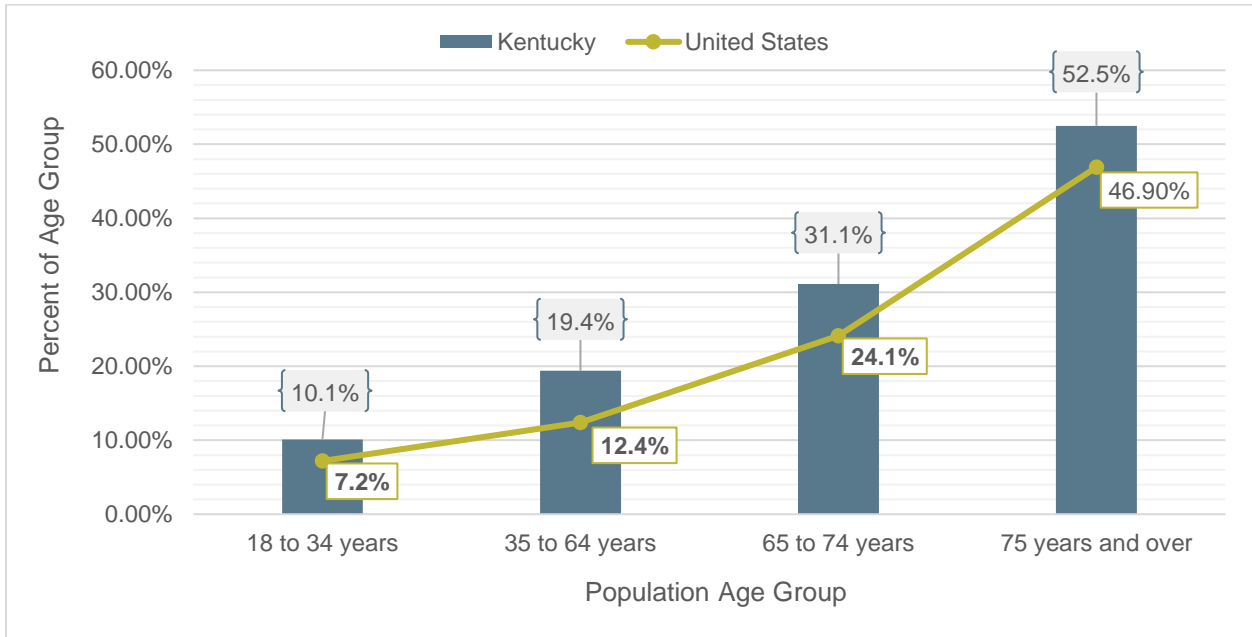
COMMUNITY FEEDBACK

“It takes a village to meet the needs of seniors.”

— Sandy River Region
Community Forum
Participant

¹² Catholic Charities of Louisville, INC. n.d. “Refugee Resettlement in Kentucky.” *Kentuckyrefugees.org*. <https://www.kentuckyrefugees.org/refugees-in-kentucky/>

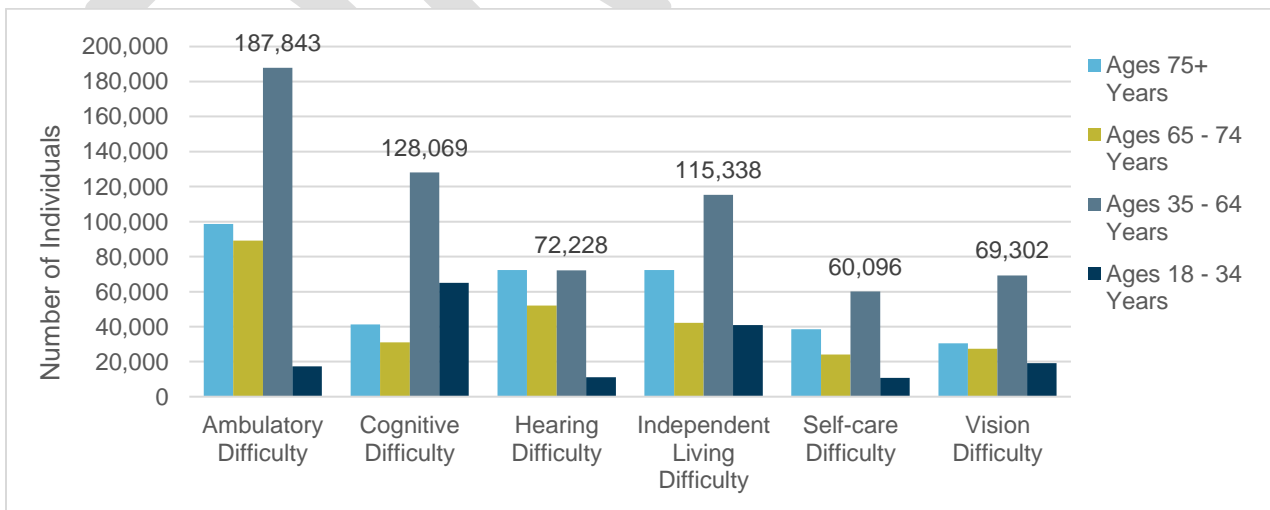
Figure 10: Population Disability Prevalence, by Age, 2022



For the adult population with one or more disability, Figure 11 below provides a breakdown of disability types most prevalent in the community. Ambulatory difficulties account for the most prevalent disability for all adults aged 35 years and older.

Ambulatory disabilities include serious difficulty walking and climbing stairs. Adults unable to walk and move independently significantly impact other health areas, such as cardiovascular health, obesity, and others. Additionally, adults who have significant challenges with walking and climbing stairs without aids are also faced with a heightened risk of injuries and falling.

Figure 11: Prevalence of Disabilities by Type in Kentucky Adults, 2022



For all ages, disabilities can affect an individual's ability to perform daily tasks and engage fully in society. However, many older adults with disabilities in Kentucky face challenges with access

to essential services such as healthcare, transportation, and social support. Data from America's Health Rankings and the 2022 Kentucky-wide needs assessment shows that older Kentuckians are struggling with social and emotional support needs and access to services. Kentucky defining individuals with disabilities, specifically older individuals with disabilities, shows a dedication to ensuring that aging individuals with disabilities have access to the resources they need, advocating for inclusive policies and programs that promote dignity, autonomy, and inclusion for all members of the community.

LGBTQIA+

The aging and disabled LGBTQIA+ community faces higher health disparities and inequality than their heterosexual counterparts, even when social determinants are considered. The National Resource Center on LGBTQIA+ Aging reports that older LGBTQIA+ people are twice as likely to be single and living alone, four times less likely to have children, and at higher risk of poverty, homelessness, and poor physical and emotional health.¹³ Additionally, this vulnerable population remains at heightened risk for a myriad of adverse physical, mental, and social outcomes, including discrimination in long-term care (LTC) facilities and assisted living. Research into LGBTQIA+ experiences in LTC facilities shows that 89% of participants believe that a staff member would openly discriminate against an LGBTQIA+ resident, and 77% believe that other residents would not socialize with an LGBTQIA+ resident.¹⁴

Recognizing the need for tailored interventions to ensure healthy aging, researchers at the University of Kentucky developed the community-based Kentucky Aging LGBTQ Statewide Needs Assessment to understand the needs of aging LGBTQIA+ individuals throughout the state. Following a community pilot, the multi-pronged Kentucky LGBTQ Aging Statewide Needs Assessment was launched in September 2017.¹⁵ Questions focus on health status, access to health and medical services, social support, social isolation, community support, discrimination, and LTC planning. Data from the initial launch provided insight into three significant concerns of the aging LGBTQIA+ population:

- Fear of social isolation
- Lack of access to affirming providers
- Limited to no planning for LTC

The Kentucky LGBTQ Aging Statewide Needs Assessment is still in its early phases of research, development, and implementation and may prove beneficial for future needs; for the KY DAIL State Plan, the Kentucky LGBTQIA+ priority population is defined by the CDC's BRFSS, Kentucky-based advocacy groups, the National Resource Center, and industry leaders

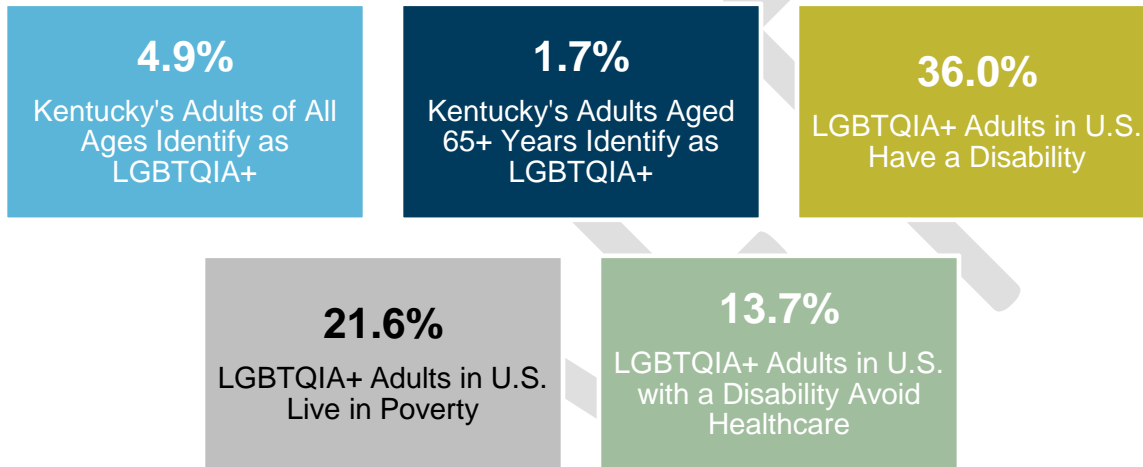
¹³ SAGE & National Resource Center on LGBTQ+ Aging. 2023. *Facts on LGBTQ+ Aging*. [Lgbtagingcenter.org](https://www.lgbtagingcenter.org/). <https://www.lgbtagingcenter.org/>

¹⁴ SAGE & National Resource Center on LGBTQ+ Aging. 2023. *LGBT Older Adults in Long-Term Care Facilities: Stories from the Field*. [Lgbtaging center.org](https://www.lgbtagingcenter.org/resources/pdfs/nsclc_lgbt_report.pdf) https://www.lgbtagingcenter.org/resources/pdfs/nsclc_lgbt_report.pdf

¹⁵ Guest, Aaron, Elizabeth Hunter. 2018. "Rainbow aging in the bluegrass state: The Kentucky LGBTQ aging statewide needs assessment." University of Kentucky, Lexington, KY

on research and policy change.^{16,17,18} Figure 12 below highlights critical statistics about the LGBTQIA+ aging and disabled population in Kentucky and the U.S.

Figure 12: LGBTQIA+ Aging and Disabled Population in Kentucky and the United States



Social and political perceptions of sexual orientation and gender identity often work to deny LGBTQIA+ people and people with disabilities fair and equitable resources to support daily living and graceful aging. Further, aging and/or disabled LGBTQIA+ people who live at the intersection of these identities face compounded discrimination, and it is essential for those who serve and care for those individuals to understand the unique obstacles they face in their current lives and as they age.

Despite these challenges, Kentucky displays unwavering dedication to improving the lives of the LGBTQIA+ aging and disabled populations. In 2020, Governor Beshear signed an executive order to protect and ensure equal rights to employment and public services for all people regardless of race, color, religion, sex, national origin, sexual orientation, gender identity or expression, ancestry, age, pregnancy, or related medical condition, marital or familial status, disability, or veteran status.¹⁹ This action effectively ensures that the DAIL priority populations, including the LGBTQIA+ community, have equal rights to DAIL services and resources. The enactment of this order is supported by the Kentucky Fairness Campaign, a renowned Kentucky

¹⁶ Durso, Laura, Sejal Singh. 2017. "Widespread Discrimination Continues to Shape LGBT People's Lives in Both Subtle and Significant Ways." *American Progress*. <https://www.americanprogress.org/article/widespread-discrimination-continues-shape-lgbt-peoples-lives-subtle-significant-ways/>

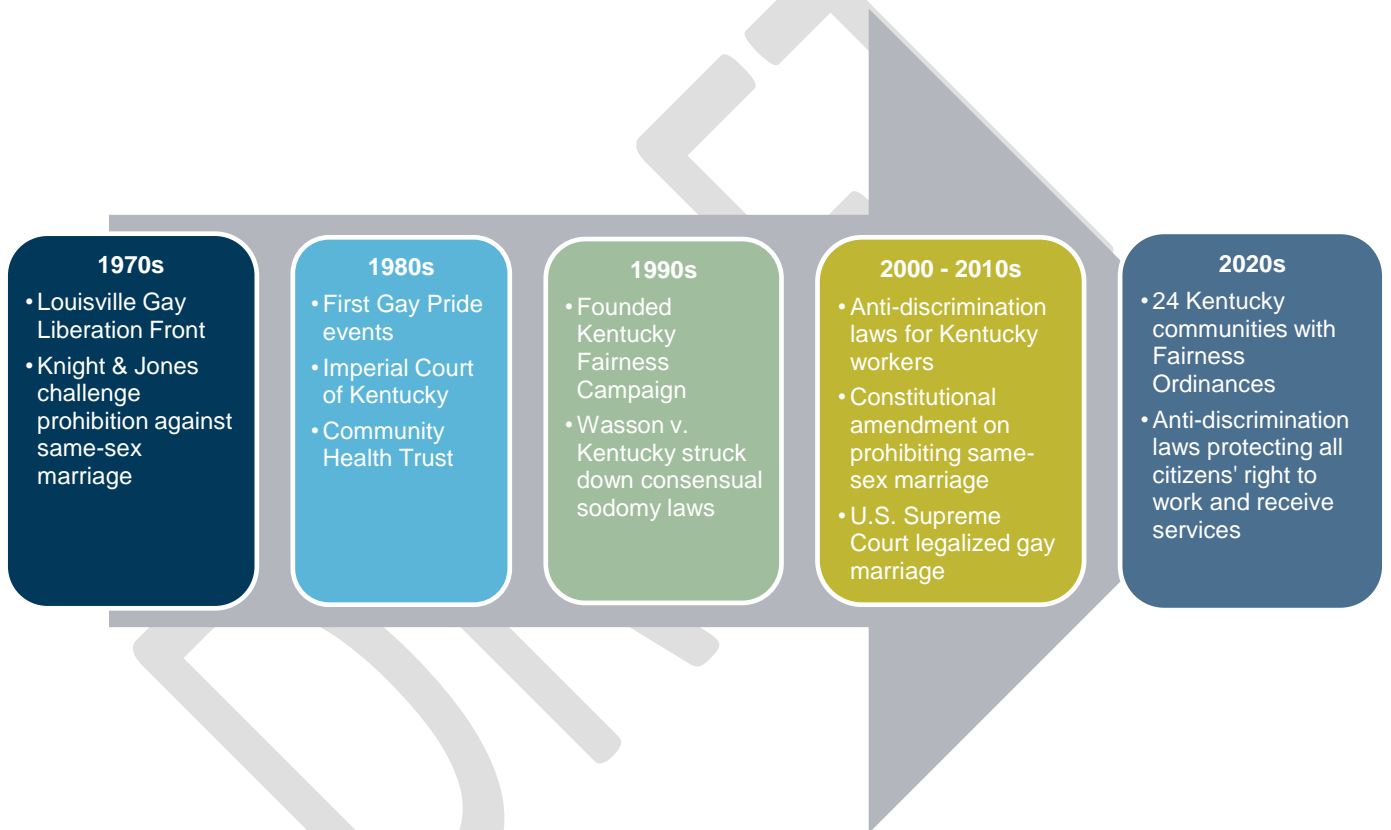
¹⁷ Jones, Alden, Ryan Combs, Susan Buchino. 2016. *LGBTQ Health Equity & Access in Kentucky*. Louisville, KY: University of Louisville School of Public Health and Information Sciences. <https://louisville.edu/sphis/departments/cik/docs-and-pdfs-1/lgbtq-health-equity-and-access>

¹⁸ Choi, Soon Kyu, M.V. Lee Badgett, Bianca Wilson. 2019. *State Profiles of LGBT Poverty in the United States*. Los Angeles, CA: The Williams Institute, University of California, Los Angeles.

¹⁹ Commonwealth of Kentucky. 2020. "Executive Order 2020-554: Relating to Equal Employment Opportunities and Non-Discrimination in Employment, Services, and Contracting in Kentucky State Government." *Governor.ky.gov*. https://governor.ky.gov/attachments/20200629_Executive-Order_220-554_EqualEmployment.pdf

LGBTQ advocacy organization. The Kentucky Fairness Campaign actively seeks comprehensive civil rights legislation prohibiting discrimination at the local, state, and federal levels. Since 1991, Kentucky's Fairness Campaign has supported the implementation of LGBTQ Fairness Ordinances in 24 communities across the Commonwealth.²⁰ Figure 13 highlights example events from the Kentucky Fairness Campaign's LGBTQ Heritage Initiative which outlines accomplishments and setbacks throughout Kentucky's history as the state works to address the needs of the LGBTQIA+ community.²¹

Figure 13: Kentucky's LGBTQIA+ Progress



RURAL REGIONS

The older population plays a vital role in shaping the fabric of Kentucky's rural communities while facing unique challenges. With many rural areas experiencing an aging demographic, older residents form the backbone of these communities, often deeply rooted in local traditions and heritage. This can be observed in Appalachian culture, which tends to be collectivist, emphasizing strong family ties and kinship. Churches often serve as centers for community

²⁰ The Fairness Campaign. n.d. "The Fairness Campaign: About Us." *fairness.org*. <https://www.fairness.org/about-us/>

²¹ Anne Braden Institute for Social Justice Research. 2016. *Kentucky LGBTQ Historic Context Narrative*. Louisville, KY: University of Louisville. <https://www.fairness.org/wp-content/uploads/2018/05/FINAL-KY-LGBTQ-Historic-Context-Narrative.pdf>

service in rural areas. However, they also confront obstacles such as limited access to healthcare services, transportation difficulties, and social isolation due to geographic remoteness. Despite these challenges, older adults in Kentucky's rural communities embody resilience, resourcefulness, and an intense sense of community spirit. They contribute to the local economy through agricultural endeavors, volunteerism, and small business ownership, fostering a sense of solidarity and mutual support among residents. Community organizations, faith-based groups, and local government initiatives often work collaboratively to address the needs of the aging rural population, advocating for policies and programs that enhance their well-being and ensure their continued engagement and empowerment within their communities.

Rural-Urban Continuum Codes (RUCCs) are a system for classifying geographic areas in the United States based on their degree of rurality and urbanization.²² RUCCs categorize counties based on population size and adjacency to metropolitan areas, broadly classifying urbanization and rural status. RUCCs are valuable tools for researchers, policymakers, and planners to understand and address the unique needs and characteristics of different geographic areas, facilitating targeted interventions and resource allocation to support rural communities and promote equitable development across the nation. Figure 14 shows the county-level mapping for RUCC values 1 – 9, with 1 being the most urban areas with high population density and metropolitan areas and 9 being the most rural areas with low population density and limited access or regular commuting to metropolitan areas.

Figure 14: Kentucky's Rural Communities

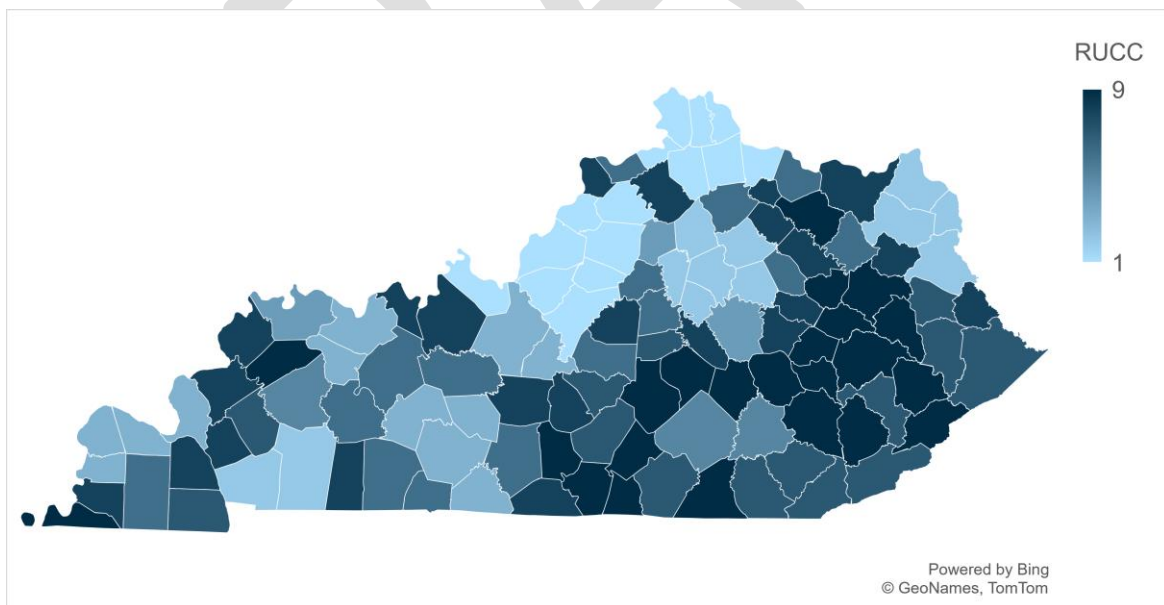
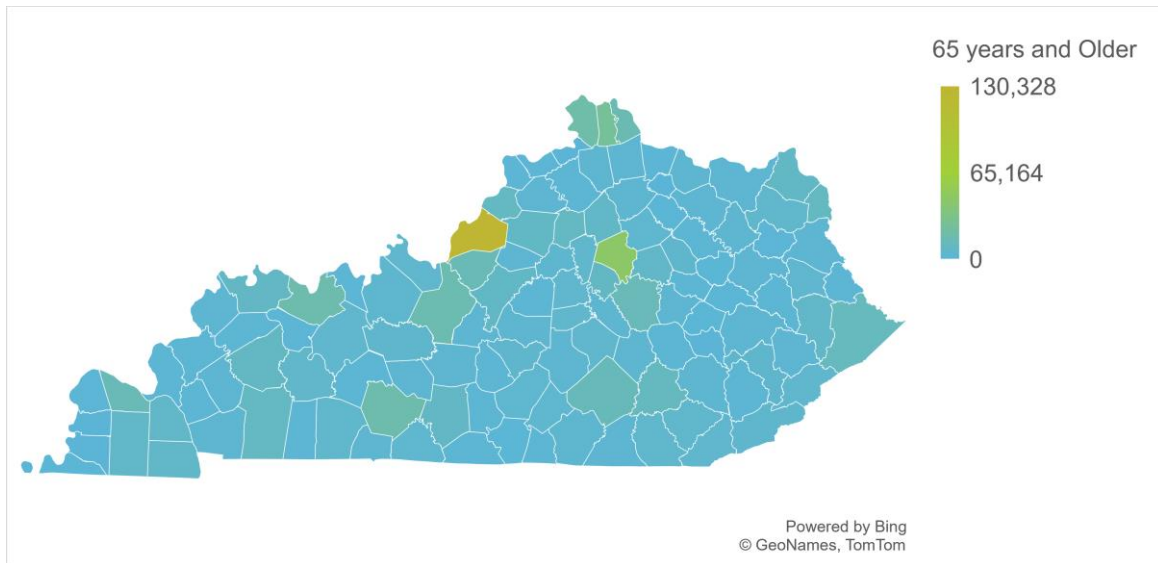


Figure 15 on the following page shows that Kentucky's aging population is well distributed across the state, with a few areas with high population density (e.g., Louisville). This distribution

²² Economic Research Service. 2024. "Rural-Urban Continuum Codes." *U.S. Department of Agriculture*. [ers.usda.gov](https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/#referencedate). <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/#referencedate>

challenges DAIL programs and services, as the population is widely spread across the state, limiting the availability of resources and access to care for DAIL’s population.

Figure 15: Kentucky’s Aging Population in Urban and Rural Communities



PEOPLE OF COLOR

Overall, Kentucky remains a homogenous state, with 83.2% of Kentucky’s total population identifying as white. Black/African Americans are the second most prevalent race in Kentucky, accounting for 7.9% of the total population, 7.0% of the disabled population, and 6.1% of the aging population. The remaining percentage of the population identifies as one of the following categories: American Indian, Alaskan Native, or Asian.

Kentucky’s limited racial and ethnic diversity negatively impacts the health and well-being of all Kentuckians. Researchers show that a diverse community fuels economic growth, raising everyone’s standard of living and resulting in improved job opportunities, infrastructure, education, health, and overall prosperity.²³

LOW-INCOME INDIVIDUALS

Low-income individuals in Kentucky often face significant challenges when it comes to accessing healthcare services, leading to disparities in health outcomes. Economic barriers such as lack of insurance coverage, high out-of-pocket costs, and limited transportation options can prevent many low-income residents from seeking timely medical care or preventive services. Consequently, they may experience higher rates of chronic diseases, such as diabetes, heart disease, and obesity, as well as lower life expectancies compared to their more affluent counterparts. Additionally, factors such as inadequate housing, food insecurity, and limited access to healthy foods can exacerbate health disparities among low-income

²³ Rodríguez-Pose, Andrés, and Viola von Berlepsch. “Does Population Diversity Matter for Economic Development in the Very Long Term?” *European Journal of Population* 35(5): 873-911. doi:10.1007/s10680-018-9507-z

communities. Efforts to improve health outcomes among Kentucky's low-income population require comprehensive approaches that address not only healthcare access but also the social determinants of health, including poverty, education, and housing stability. Collaborative initiatives involving healthcare providers, community organizations, and policymakers are crucial in addressing these complex challenges and promoting health equity for all state residents.

According to the 2022 ACS report, Kentucky's poverty rate for the total population whose income is below 100% of the federal poverty level is 16.1%. Kentucky's poverty rate is higher than the national rate (12.5%) and neighboring states: Illinois (11.8%), Indiana (12.3%), Missouri (12.8%), Ohio (13.3%), Tennessee (14%), and Virginia (10%).

The impact of low income in Kentucky is seen throughout other health and wellness metrics, indicating that Kentuckians have fully realized the impact that low income has on a person's health. According to The American Association of Retired Persons (AARP's) Long-Term Services 2023 State Scorecard, state performance measures for affordability and access to care are categorized as Tiers 1 – 5, with Tier 1 being the best and most accessible and Tier 5 being the worst. Kentucky's performance falls into Tier 4. In the last AARP scorecard, Kentucky was in Tier 5. Other measures highlighting the impact of low income on Kentuckians' overall health and well-being include:

- 20% of adults aged 60+ years experienced food insecurity
- 5% of adults aged 65+ years avoided healthcare due to cost
- 57.9% of eligible Kentuckians are enrolled in Medicaid for Low-Income People with Disabilities

RELIGIOUS MINORITIES

Religious freedom in the U.S. has given rise to religious pluralism, where all denominations throughout the communities are considered minorities (<50% of the U.S. population). In Kentucky, there are 109 represented religious groups that make up anywhere between 20.1% of Kentucky's total population to less than .01%.²⁴

To define Kentucky's religious majority and minority, measures have been adjusted to consider community impact and saturation versus a simple majority. To do this, DAIL applied the Pareto Principle (or 80/20 Rule) to create a meaningful analysis that results in a manageable number of religious groups for Kentucky's majority and minority definitions. The Pareto Principle allows DAIL to find which religious groups have the greatest representation and impact on the community's policies, beliefs, and values. Applying the 80/20 Rule also helps narrow religious majority and minority priority populations from 109 denominations to six majority and 18 minority denominations. Table 7 on the following page provides additional details.

²⁴ Association of Statisticians of American Religious Bodies (ASARB). 2020. "U.S. Religion Census: Religious Congregations & Adherents Study." Association of Religion Data Archives (ARDA). <https://thearda.com/>

Table 7: Religious Majority and Minority in Kentucky

Religious Group	Number of Adherents	Percent of Total KY Population	Number of Counties with One or More Congregations
Kentucky's religious majorities are made up of 1,765,256 adherents, in total, from six denominations.			
Southern Baptist Convention	904,352	20.1%	120
Catholic Church	354,064	7.86%	113
United Methodist Church	176,747	3.93%	117
Non-Denominational Christian Churches	149,762	3.33%	103
Christian Churches and Churches of Christ	128,612	2.86%	90
Churches of Christ	51,719	1.15%	109
Kentucky's religious minorities are made up of 369,322 adherents, in total, from 18 denominations.			
National Missionary Baptist Convention, Inc.	38,306	0.85%	58
Church of Jesus Christ of Latter-Day Saints	35,460	0.80%	56
Church of God (Cleveland, Tennessee)	31,929	0.71%	77
Christian Church (Disciples of Christ)	29,511	0.66%	58
Progressive National Baptist Convention, Inc.	27,900	0.62%	7
Jehovah's Witnesses	25,982	0.58%	63
Assemblies of God	19,907	0.44%	82
Church of God (Anderson, Indiana)	19,078	0.42%	53
Presbyterian Church (U.S.A.)	18,917	0.42%	75
National Baptist Convention, USA, Inc.	18,572	0.41%	12
Church of the Nazarene	18,288	0.41%	60
Muslim Estimate	17,957	0.40%	18
Episcopal Church	13,827	0.31%	44
National Association of Free Will Baptists	13,631	0.30%	25
Amish Groups, Undifferentiated	13,013	0.29%	39
Cumberland Presbyterian	9,327	0.21%	35
Seventh-Day Adventist Church	8,974	0.20%	41
African Methodist Episcopal Church	8,743	0.19%	29

INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY

LEP can hinder access to healthcare, education, employment, and civic engagement, posing significant challenges for individuals and families. People with LEP may face challenges accessing high-quality healthcare services, which can lead to medical errors, difficulty understanding and following provider directions, decreased patient satisfaction, adverse effects, reduced medication adherence, worse clinical outcomes, and lower quality of care. These disparities are rooted in communication barriers, cultural differences, clinician biases, and ineffective systems. Providing timely access to language assistance can help to address these challenges. According to the National Center for Education Statistics (NCES), about one in five adults (ages 15 and older) have low literacy skills.²⁵ The NCES developed the Program for the International Assessment of Adult Competencies (PIAAC). The PIAAC measures adult competency levels for literacy, numeracy, digital problem-solving, and reading components to assess a person's abilities necessary for functioning in society. PIAAC categorizes adult literacy across three levels:

Level one or below are considered at risk for difficulties with reading, writing, and comprehending simple texts. Adults at this level may only be able to use and understand basic vocabulary and may be functionally illiterate.

Level two adults are nearing proficiency but struggle to perform tasks with text-based information. They may be able to read, write, and comprehend simple text, but they may still experience challenges with drawing inferences for complex ideas and successfully comparing or contrasting information.

Level three and above are considered proficient. Adults at this level or above are adept at working with information and ideas in the text; they have higher literacy skills and can understand, interpret, and synthesize information across complex texts. Adults in the highest range of this level may be able to evaluate the reliability of information and sources and infer sophisticated or profound meanings from information.

According to the PIAAC assessment results, Kentucky's literacy rates align with the national average with minimal or no differences at each level. 22% of Kentucky's population and 22% of the U.S. population are categorized as level one or below; 37% of Kentucky's population compared to 32% of the U.S. population are in level two; and 41% of Kentucky's population, compared to 46% of the U.S. population are level three or above.

The primary language spoken in Kentucky is English, with 94.1% of households speaking English only. The other 5.9% of languages spoken can be attributed to Kentucky's immigrant and refugee population nationalities and includes Spanish, Kinyarwanda, Swahili, Bembe, Pashto, Dari, Ukrainian, Haitian, Creole, Arabic, Chin, and others. According to 2022 ACS data, 2.4% of Kentucky's population self-report that they speak English "very well"; 1.2% of Kentucky's aging population report that they speak English "very well."

²⁵ National Center for Education Statistics. n.d. "Program for the International Assessment of Adult Competencies (PIAAC)." Nces.ed.gov. <https://nces.ed.gov/surveys/piaac/state-county-estimates.asp>

SERVICES AVAILABLE TO MEET THE NEEDS OF PRIORITY POPULATIONS

In partnership with Kentucky's AAAILs, community mental health centers, CILs, and other community partners, DAIL provides leadership. It addresses issues and circumstances that stand in the way of elders and individuals with disabilities achieving the best possible quality of life.

During the 2024 Kentucky-wide needs assessment, participants were asked what services are currently used to support their daily needs and what services are planned for use. Table 8 highlights participant responses.

Table 8: AAAIL 2022 Needs Assessment Service Use Counts

Service	Currently Use This Service	Plan to Use This Service
In-Home Assistance Services (Meals, Cleaning, Bathing)	517	215
Adult Day Care Services	52	111
Assisted Living Services	45	159
Retirement Community Services	23	138
Subsidized Housing	116	120
Nursing or LTC	33	143

Comparing Table 8 and services counts to the FY 2021 service counts (provided in Table 9 below) may indicate improvements in raising awareness of services or highlight the differences between private and public service use.

Kentuckians served by Title III services are shown in Table 9 below. Title III services are federal grant-funded services for State and community programs on aging and are regulated by the OAA.

Table 9: Kentucky Services Provided Under OAA Title III Funding

OAA Title III Services, 2021			
Kentuckians Served in FY 2021			
Personal Care Services	Homemaker and Chore Services	Assisted Transportation Services	Home-Delivered Meals
172	625	76	28,443
Adult Day Care	Case Management	Congregate Meals	Nutrition Counseling
1	1,853	5,516	6

ADVANCING ELDER JUSTICE AND EQUITY

The goals, objectives, and strategies of this State Plan must be tailored and culturally and linguistically adapted to meet the needs of Kentucky’s priority populations. The State Plan advances elder justice and equity by:

- Identifying priority populations for each goal based on available data
- Setting universal long-term targets across priority populations to eliminate disparities and inequities by 2029
- Indicating the strategies that are likely to reduce disparities and inequities based on research using this symbol

ELDER ABUSE, NEGLECT, AND EXPLOITATION

The National Center for Elder Abuse (NCEA) shows that the aging population and people living in nursing homes, healthcare facilities, or personal care homes are particularly vulnerable to abuse, including physical abuse, sexual abuse, physical and emotional neglect, and financial abuse, with one in ten seniors experience some form of abuse in the U.S.²⁶ Seniors are often the target of fraud attempts because of their “nest egg” savings. Nationwide, seniors lose more than \$3 billion annually to financial scams. AARP Kentucky reported \$15.8 million in losses by seniors in 2020.²⁷

During the COVID-19 pandemic, scams surged; extended periods of isolation and increased time online during this global health crisis have made older adults more vulnerable to fraud attempts. During this time, Kentucky’s seniors lost \$3 million to fraud and scams, including Social Security and identity theft scams, online romance scams (which accounted for more than \$867,000 in losses), gift card scams, grandparent scams, Medicaid fraud, and abuse, and Medicare discount prescription card scams.

COLLABORATING TO REDUCE ELDER ABUSE, NEGLECT, AND EXPLOITATION

Kentucky-wide needs assessment findings also highlighted the importance of a multi-disciplinary approach to help prevent and address elder abuse, neglect, and exploitation. Reducing elder maltreatment requires collaboration among various public and private partners at the State and local levels (see Figure 17).

This includes engagement across State agencies and traditional aging network partners (such as AAAILs and ombudsman programs), along with partners within legal assistance programs, law enforcement, healthcare, financial institutions, and other essential organizations Kentucky-

²⁶ National Center of Elder Abuse (NCEA). 2023. "Defining Abuse." *ncea.acl.gov*. <https://ncea.acl.gov/elder-abuse>

²⁷ American Association of Retired Persons (AARP). n.d. "2023 State Scorecard Report: Kentucky." *states.aarp.org/Kentucky*. <https://ltsschoices.aarp.org/scorecard-report/2023/states/kentucky#toc-explore-data>

wide. Table 10 on the following page describes the collaborative steps DAIL will consider for addressing elder abuse, neglect, and exploitation.

Table 10: Collaborative Steps to Address Elder Abuse, Neglect, and Exploitation

As DAIL continues to monitor and engage in the activities below, it will also be important for DAIL and local partners in the public and private sectors to routinely collaborate and address elder abuse, neglect, and exploitation.

DAIL shall continue ongoing monitoring of regulations related to abuse, neglect, and exploitation.

DAIL shall continue to actively reach out to ombudsmen who are focused on abuse, neglect, and exploitation, establish routine meetings, discuss and share information, and explore joint initiatives.

DAIL shall continue to support compliance with Kentucky’s mandated reporting requirements.

DAIL shall seek to increase funding and resources focused on preventing and mitigating the impact of elder abuse, neglect, and exploitation.

Additional collaboration activities will include aligning efforts with Kentucky’s Office of Senior Protection within the Office of the Attorney General. The Office of Senior Protection believes every senior should be able to age safely and with dignity and is committed to protecting senior citizens from scams, abuse, and exploitation.²⁸ Kentucky’s Office of Senior Protection promotes the Shielding Seniors Scam Alerts, which allow Kentuckians to receive an email alert once a new or trending scam is verified in Kentucky. The Office of Senior Protection works with more than 170 Scam Alerts partner organizations to reach seniors throughout the Commonwealth.

The Office of Senior Protection’s outreach efforts have reached 22,000 senior Kentuckians, agencies, and families through visiting more than 232 locations in 47 counties. Outreach visits included senior centers, nursing homes, the Kentucky State Fair, cooperative extension offices, and churches. The Office of Senior Protection hosts an annual Senior Summit and recognizes World Elder Abuse Awareness Day each year.

²⁸ Commonwealth of Kentucky Office of Attorney General: Office of Senior Protection and Mediation. 2024. “Consumer Alerts.” *Ag.ky.gov*. <https://www.ag.ky.gov/Resources/Consumer-Resources/Consumers/Pages/Comsumer%20Alerts.aspx>

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SECTION 5.0 KENTUCKY-WIDE NEEDS ASSESSMENT

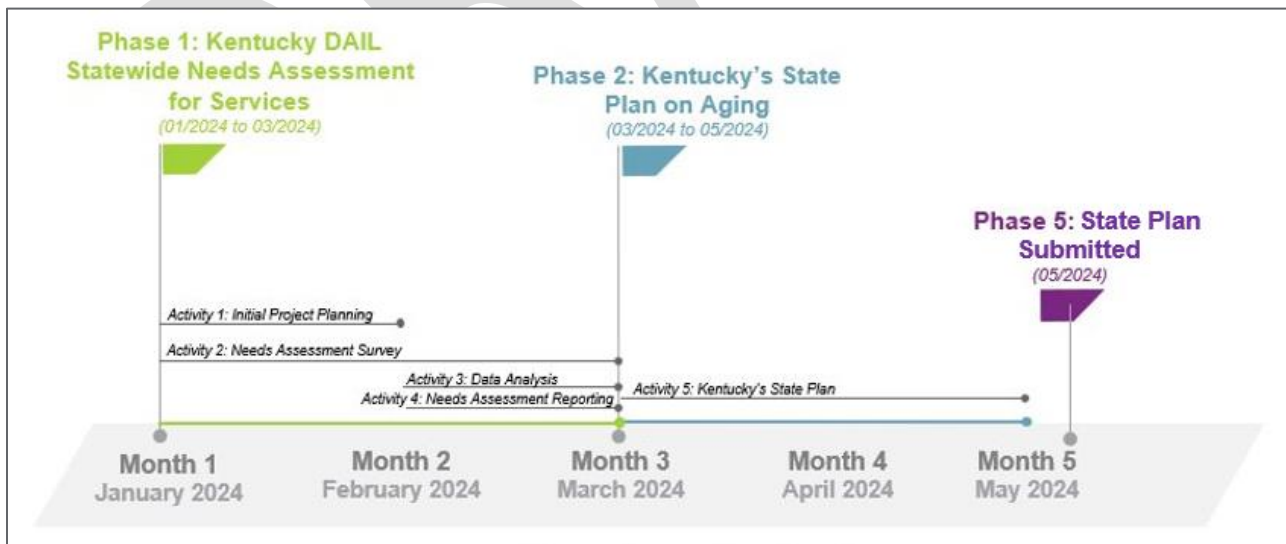
DAIL engaged BerryDunn, an independent consulting firm, to conduct a Kentucky-wide needs assessment. The Kentucky-wide needs assessment aimed to help DAIL identify strengths in the current environment and opportunities for change in the future. The results of the needs assessment informed the development of Kentucky’s 2025 – 2028 State Plan by:

- Recognizing the existing needs and challenges of DAIL program participants
- Identifying organizational and procedural changes to support the implementation of federal recommendations
- Building upon the existing collaborative partnerships between various organizations that provide aging and independent living services
- Providing recommendations to support DAIL in addressing the needs and challenges of program participants identified in the needs assessment

The State Plan provides goals, objectives, and strategies for assisting older Kentuckians, their families, and caregivers. It is the blueprint for coordination and advocacy activities the Commonwealth will undertake to meet the needs of older adults and support DAIL’s mission statement: **To promote the welfare, dignity, and independence of older adults, individuals with physical disabilities, and adults in need of a guardian.**

To help ensure the Kentucky-wide needs assessment captured the needs of the growing aging population, DAIL, in collaboration with BerryDunn, engaged in the stakeholder engagement activities depicted in Figure 16 over three months in early 2024.

Figure 16: Project Timeline



RESOURCE ANALYSIS

BerryDunn developed a background information request document to gather existing data and information from DAIL related to aging and independent living services in the Commonwealth. The background information provided was thoroughly reviewed and helped identify stakeholders, understand the current environment, and prepare questions for the surveys, listening sessions, peer-state interviews, and community forums.

BerryDunn also researched the Commonwealth's DAIL population, national and community partners, industry experts, and health initiatives for the DAIL population. Information gathered, publicly available data, and the data provided by the Commonwealth were cross-referenced and analyzed to inform evidence-based strategies and deliverables. Sources of information are cited where applicable. Data used to inform this State Plan and additional insights can be requested by contacting DAIL.

SURVEYS

DAIL developed surveys to collect confidential input from a broad group of stakeholders. DAIL distributed the surveys electronically using SurveyMonkey and in-person using paper, allowing participants to respond at their convenience and in a manner conducive to their needs.

The surveys and their target audiences are described below.

- **DAIL and other Commonwealth staff:** The purpose of this survey was to identify strengths and challenges within the DAIL staffing complement and to assess the availability of resources and training.
- **Program providers:** This survey aimed to identify strengths and challenges in meeting the needs of older adults or individuals with disabilities, promoting services, and partnering with other Commonwealth or local organizations.
- **Program participants and caregivers:** This survey aimed to identify awareness of available services, service needs, and challenges for participants receiving in-home and LTC services.
- **Community stakeholders:** This survey aimed to identify awareness of available services, preferred communication methods, and barriers to accessing services.

The survey responses were analyzed using visualization and other tools, such as bar graphs and pie charts, and the results have been incorporated throughout this State Plan. Detailed information regarding the data, analyses, and visualizations can be requested by contacting DAIL.

COMMUNITY FEEDBACK

“Eastern Kentucky is very prideful, and we are not going to say that we need help.”

— Big Sandy Region
Community Forum
Participant

PEER-STATE INTERVIEWS

DAIL contacted four states—Alabama, Mississippi, Ohio, and Virginia—to request a conversation regarding their state plans and to gain a better understanding of the existing services and best practices. DAIL requested to meet with the states to better understand the existing services and best practices. After receiving responses from three states, DAIL engaged with Mississippi, Ohio, and Virginia. DAIL drafted discussion questions prior to the meetings, and BerryDunn facilitated the discussions to gather insights.

LISTENING SESSIONS

BerryDunn conducted virtual listening sessions with DAIL and Commonwealth staff to discuss the current environment's needs, strengths, and opportunities for change and document their recommendations for improving services in the future. DAIL purposefully selected the participants for each listening session to include representatives from organizations and agencies directly involved in serving program participants. BerryDunn and DAIL scheduled nine listening sessions and invited department staff as well as members of the Cabinet.

COMMUNITY FORUMS

BerryDunn conducted in-person community forums with critical stakeholders in Kentucky's 15 service regions throughout the Commonwealth to gather information on current needs, strengths, opportunities for change, and future needs for program participants. DAIL purposefully selected meeting locations where seniors and individuals with disabilities frequent or reside. The key stakeholders included seniors, individuals with disabilities, caregivers, public officials, program providers, facility directors, and staff. In addition, BerryDunn developed flyers promoting the various community forums Kentucky-wide, which were shared with AAAILs that assisted in communicating with other community members to help create awareness among program participants. The engagement of program participants in community forums was a high priority for DAIL to help confirm the challenges and needs of Kentuckians that need to be addressed throughout the Commonwealth.

An experienced group of facilitators skilled in creating a supportive and inclusive environment for open discussions led the in-person community forums. Forum participants learned of the purpose and objectives of the community forums to provide context and guide the discussions. DAIL followed best practices for in-person meetings, such as providing a sign-in sheet, establishing a welcoming environment, ensuring audience members felt heard by reiterating their feedback, utilizing microphones so that participants could hear and be heard, capturing notes to create findings and drive programming improvements, and collecting various resources from providers and community members.

COMMUNITY FEEDBACK WE CARE.







“It takes a village to meet the needs of seniors.”

— Big Sandy Region
Community Forum
Participant

NEEDS ASSESSMENT FINDINGS

The key findings in Table 11 emerged from the 2024 Kentucky-wide needs assessment activities described above. These key findings were recurring discussion topics among Kentuckians and were identified as significant barriers to receiving high-quality services and living a healthy life.

Table 11: Key Findings Derived from Kentucky-Wide Needs Assessment

Key Findings	
	The lack of available and affordable transportation options places an extreme burden on older Kentuckians, especially those in rural areas, as many are unable to attend medical visits or acquire essential resources.
	The accessibility of readily available and nutritious meals has decreased due to the higher demand for meals following the COVID-19 pandemic, low availability of staff to deliver meals to homes, and poor transportation access for individuals to reach senior centers.
	There is a lack of adequately trained personnel available to meet the needs of older Kentuckians requiring in-home care services.
	The lack of internet access, especially in rural regions, is a significant barrier for older Kentuckians and individuals with disabilities, as they are unable to access virtual services provided by senior centers and program providers.
	Older Kentuckians and individuals with disabilities often face challenges in securing affordable housing and keeping up with the cost of maintenance and home repairs.
	There has been a significant demand for a variety of services available for older Kentuckians and individuals with disabilities following the pandemic, which has resulted in extensive waitlists.

Key Findings



There is a growing workforce shortage of senior center staff, medical providers, and care specialists that has affected the delivery and quality of services available for older Kentuckians and individuals with disabilities.

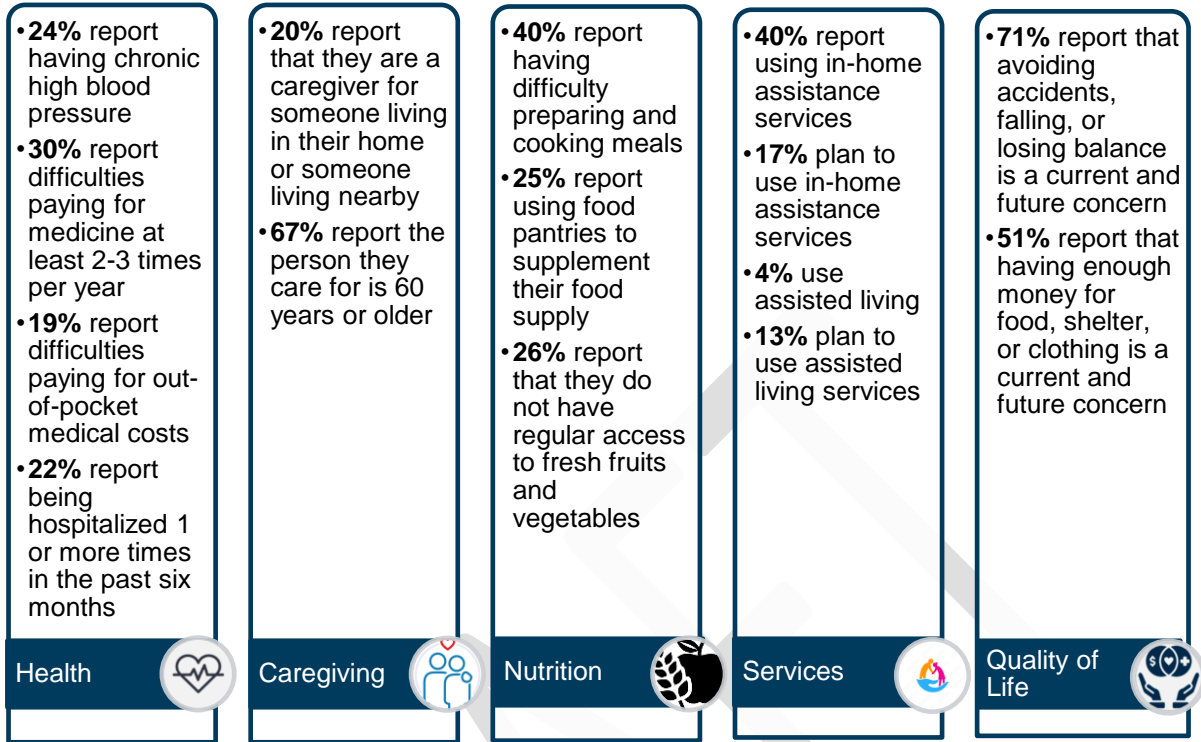
Analysis of the information gathered during the 2024 Kentucky-wide needs assessment confirmed key themes, and the themes were used to inform data-driven goals, objectives, and strategies for Kentucky's 2025 – 2028 State Plan. Primary sources of information for the 2024 Kentucky-wide needs assessment include the AAAIL 2022 Kentucky-wide needs assessment results, survey results, peer-state interviews, listening sessions, community forums, U.S. Census Bureau surveys, and the Centers for Disease Control and Prevention's (CDC's) BRFSS; additional sources of data were included when these primary sources of information were not sufficient.

Combining information from multiple sources and cross-referencing siloed datasets poses challenges that many health agencies regularly face. Limitations and assumptions for the data used to inform this State Plan include:

- Data available from each source may not cover the same reporting years. For example, the 2020 Census Demographic and Housing Characteristics Survey is collected every 10 years and was made available in 2023; the ACS collects data monthly and reports annually. These differences in reporting years create inconsistencies in population counts and demographics.
- Various data sources collect and report the same information in separate ways. For example, data by age may be grouped into five—or 10-year age ranges, limiting the ability to compare data points.
- Area Development Districts (ADDs) shared 2022 Kentucky-wide needs assessment results in formats with images, word clouds, and data visualizations without data labels, limiting data analysis and Kentucky-wide data summaries.

Where appropriate, inconsistencies are noted between data sources used to inform this State Plan. Data used to inform this State Plan and additional insights can be requested through DAIL. Figure 17 summarizes the highest-reported needs and challenges across all ADDs.

Figure 17: AAAIL 2022 Kentucky-Wide Needs Assessment Overview





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SECTION 6.0 STATE PLAN PRIORITIES

The State Plan priorities are informed by and align with the ACL's Administration on Aging and information gathered during the 2024 Kentucky-wide needs assessment. The goals, objectives, and strategies support older adults' health and well-being.

Additionally, the State Plan priorities are informed by common findings collected during the 2024 Kentucky-wide needs assessment. Findings included the need for improved communication, education, and awareness of services and resources available to older Kentuckians, individuals with disabilities, and caregivers, as well as improved communication among providers, AAAILS, and DAIL.

ACHIEVING KENTUCKY'S STATE PLAN ON AGING MISSION AND VISION

In accordance with ACL requirements, Kentucky has developed a detailed path forward to enhance the overall health and well-being of its older population. Grounded in collaborative efforts between public and private entities, this plan helps to ensure alignment among all partners. Figure 18 describes DAIL's guiding mission and vision for the Commonwealth and State Plan on Aging.

Figure 18: Mission and Vision



By prioritizing evidence-informed strategies, DAIL's State Plan on Aging will establish achievable and measurable goals and objectives.

The OAA consistently emphasizes these principles and mandates targeted funding for those with the most significant economic and social needs. DAIL's State Plan underscores the importance of advancing elder justice and equity, which are fundamental guiding principles.

DAIL believes compassion, inclusivity, and empowerment are the three pillars of ensuring all Kentuckians' sense of belonging and equity (see Figure 19 on the following page). DAIL will

demonstrate compassion, inclusivity, and empowerment both internally within the agency and externally across the Commonwealth.

Figure 19: The Three Pillars of Connection



COMPASSION. DAIL cares about its colleagues and the individuals served, including their well-being for life’s big and small events. DAIL will meet Kentuckians where they are by demonstrating empathy, sympathy, and understanding for every individual’s unique journey. DAIL will be a beacon for unity and support to all.

INCLUSIVITY. DAIL will demonstrate a sense of belonging by developing policies that increase access to opportunities while respecting every Kentuckian’s differences. DAIL will expand its reach into communities by collaborating with community members and partners. Every person will be provided individualized resources to make informed decisions to ensure an inclusive community.

EMPOWERMENT. Through trust and confidence, DAIL will cultivate a culture of empathy to meet each colleague and individual served where they are. Each Kentuckian has the power and freedom to make individualized decisions and will be served with respect and support to thrive in their community. DAIL will foster policies and procedures that provide guidance to help ensure all colleagues and community partners provide individuals with autonomy.







KENTUCKY’S 2025 – 2028 STATE PLAN ON AGING PRIORITIES

In developing Kentucky’s framework for the new State Plan, Kentucky acknowledged the significance of empowering individuals and promoting their dignity and independence through diverse channels. Concurrently, DAIL recognized that by strengthening Kentucky’s economic base, DAIL not only fosters growth prospects but also guarantees prudent and effective use of public funds. Prioritizing partnerships and improving the lives of both urban and rural

communities, including addressing rural disparities and celebrating the richness of diverse cultural regions, became central to DAIL’s strategy. By concentrating on these core priorities, DAIL can consistently assess the plan’s impact, make essential adaptations, and explore innovative avenues to enhance its support to all Kentuckians.

Through the findings listed in the 2024 Kentucky-wide needs assessment, along with capacity building from previous State Plan goals, and the new initiative of moving forward together, DAIL selected the six areas listed in Table 12 as key priorities to focus.

Table 12: DAIL’s 2025 – 2028 State Plan on Aging Priorities

	Infrastructure – Transportation, Technology		Well-Being
	Community Partnerships		Caregiver Support
	Workforce Development		Quality

FIVE PRINCIPAL ACTIVITIES TO ACHIEVE KENTUCKY'S VISION AND GOALS

The State Plan necessitates a collective response across various sectors. It depends on collaboration, utilizing community assets and strategic partnerships, and actively involving and enabling communities to realize the shared vision and goals. All residents of Kentucky, including both public and private sector partners at the state and local levels, can put the State Plan into action through one or more of the activities outlined in Figure 20 below.

Figure 20: Activities to Achieve Goals and Objectives

COLLABORATE	Collaborate and partner within and across sectors.
EXECUTE	Execute the defined State Plan goals and tasks efficiently and within timelines.
EMPOWER	Empower individuals and communities by providing them with the knowledge, resources, and support needed.

INVEST	Invest in legislative initiatives to foster awareness and establish strategic partnerships that drive funding.
ASSESS	Assess progress on the State Plan goals.

This plan includes short-, intermediate-, and long-term targets for each goal with available data. By setting these targets, this State Plan articulates a clear path for achieving goals and provides benchmarks for measuring progress.

The priorities encompass various critical areas that promote health, dignity, well-being, and equity. It is important to seek to bridge the gaps in social, health, and economic environments to allow Kentuckians to live healthy lives holistically across all life stages and abilities. Collaboration across diverse sectors and stakeholders is not only needed but essential for Kentuckians to achieve their full potential of health and well-being.

 **PRIORITY: INFRASTRUCTURE**

Investing in a robust infrastructure is not only essential for economic growth but also crucial for enhancing resilience, sustainability, and equity. By collaborating with internal state agencies and external partners, Kentucky can modernize transportation networks, expand broadband access, and upgrade public facilities. We create a foundation that benefits communities, businesses, and individuals.

GOAL AND OBJECTIVES | INFRASTRUCTURE

Based on information gathered from key stakeholders, Table 13 below describes the goal and objectives regarding infrastructure.

Table 13: Infrastructure Goal and Objectives

Goal 1: Increase access to public transportation and internet services, especially for those in rural communities and for individuals with disabilities.	
Objective 1.1	Expand volunteer services Kentucky-wide: Broaden volunteer services throughout the Commonwealth by extending opportunities that emerged during the pandemic, such as using the platform developed by the Made to Stay program that provides volunteer rides to medical and other appointments beginning in 30 counties, prioritizing organizations closest to the original service area.
Objective 1.2	Understand funding opportunities: Engage quarterly with the ACL to discuss current and future funding opportunities to improve transportation access.
Objective 1.3	Sponsor a training program: Help sponsor at least one technology literacy program in each region to address gaps in education and promote the use of technology.
Objective 1.4	Explore use options: Advocate and collaborate with utility agencies in five AAA regions on the need for increased internet to support access to services.

STRATEGIES | INFRASTRUCTURE

DAIL will implement and invest in the strategies in Table 14 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

Table 14: Infrastructure Objectives and Strategies

Objectives	Strategies
Expand volunteer services Kentucky-wide	Partner with volunteer programs in various counties, targeting those of a more rural nature first, to expand services (e.g., Made to Stay transportation and medical appointment support).
Understand funding opportunities	Seek out and understand how agencies can provide the 10% funding match that is required for assisted transportation services (e.g., Title III-B funds, grants that are specifically tied to transportation or technology support, such as those offered by the U. S. Department of Transportation https://www.transportation.gov/buildamerica/innovativefinancegrants).
Sponsor a training program	Collaborate with community colleges and the Department of Labor to create training opportunities to gain experience using technology devices, such as smartphones, laptops, and tablets.
Explore use options	<ul style="list-style-type: none"> • Explore alternate respite models allowed under the Lifespan Respite Care Program and the National Family Caregiver Support Program (e.g., volunteer and fee-for-service models, mobile adult day care models) for rural communities where transportation is not feasible. • Explore the use of assistive devices to increase access to the internet for those with disabilities. • Explore additional devices that could be used in emergency situations (e.g., donated cell phones). • Utilize available funding (e.g., American Connection Corps grant, POWER Initiative, Community Infrastructure Fund) to improve internet and landline infrastructure in rural regions.

LONG-TERM GOALS | INFRASTRUCTURE

DAIL shall seek to implement and prioritize the following goals, ensuring that they are integrated into legislation and prioritized efforts supported by funding.

1. Increase the reimbursement rate for transportation providers to incentivize them to participate in DAIL programs.
2. Support DAIL programs by increasing incentives for bus drivers and volunteers to maintain the availability of transportation providers.
3. Incentivize medical providers who provide critical services for older adults (e.g., who provide services for Alzheimer's, dementia, and geriatrics) to accept Medicaid patients

and to establish practices in rural regions through grants/opportunities (e.g., Appalachian Regional Commission [ARC] J-1 Visa Waiver Program).

4. Help ensure public transportation accommodates the needs of older Kentuckians and individuals with disabilities (e.g., Americans with Disabilities Act [ADA] accommodations such as wheelchair-accessible ramps, zero curbs, accessible stop request buttons, accessible bus stops, and handicap parking at ride-and-share locations).
5. Seek to increase funding for the State-sponsored Affordable Connectivity Program, which provides eligible participants reimbursable or subsidized internet access.
6. Explore alternate respite models allowed under the [Lifespan Respite Care Program](#) and the [National Family Caregiver Support Program](#) (e.g., volunteer and fee-for-service models, mobile adult day care models) for rural communities where transportation is not feasible.



PRIORITY: COMMUNITY PARTNERSHIPS

Community partnerships are crucial in supporting DAIL’s efforts to ensure that the needs of older Kentuckians, individuals with disabilities, and caregivers are met. Community partners can achieve a wider reach and greater impact in amplifying DAIL’s goals through their resources, networks, and expertise.

GOAL AND OBJECTIVES | COMMUNITY PARTNERSHIPS

Based on information gathered from key stakeholders, Table 15 below describes the goals and objectives regarding community partnerships.

Table 15: Community Partnerships Goal and Objectives

Goal 2: Improve communication and collaboration among Kentucky agencies, AAAILs, program providers, and community-based organizations.	
Objective 2.1	Enhance relationships with partners: Establish, at minimum, quarterly standing meetings with at least two State and federal agencies, all 15 AAAILs, at least 20 program providers, and five community-based organizations to strengthen and create transparency in new and existing relationships and enhance communication.
Objective 2.2	Encourage networking between partners: Encourage monthly connections and communication among State agencies, AAAILs, program providers, and community-based organizations (e.g., senior centers, both urban and rural) to help ensure that collaboration and regular information sharing occurs between partners. Document the meeting purpose, goals, outcomes, and action items to improve quality and follow-through.
Objective 2.3	Elicit feedback and input from partners: Collaborate with at least three State agencies, all AAAILs, five program providers, and three community-based organizations per region to identify common goals and objectives.

STRATEGIES | COMMUNITY PARTNERSHIPS

DAIL will implement and invest in the strategies in Table 16 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

Table 16: Community Partnerships Objectives and Strategies

Objectives	Strategies
Enhance relationships with partners	<ul style="list-style-type: none"> Establish monthly provider meetings with AAAILs and providers to discuss topics and share guidance. Collaborate with community-based organizations to expand preventive educational services and recreational activities to older Kentuckians, individuals with disabilities, and caregivers. Collaborate with neighboring peer states to improve practice across State lines, e.g., key areas that can yield significant benefits, sharing of best practices, joint training, addressing shared challenges, and evaluating the impact of efforts. Seek opportunities to partner with Medicaid, not only on funding initiatives but also for ways in which to ease the burden of the process for older adults and those with disabilities.
Encourage networking between partners	<ul style="list-style-type: none"> Ensure AAAILs, program providers, and community-based organizations are active participants in Kynect Resources. Establish quarterly partner meetings to encourage networking, brainstorming, innovation, and problem-solving of issues faced by older Kentuckians, individuals with disabilities, and caregivers.
Elicit feedback and input from partners	<ul style="list-style-type: none"> Establish communication channels to regularly receive feedback and input from partners. Foster a collaborative approach to actively engage AAAILs and program providers in collecting their input on data collection methods, performance monitoring, and solutions to help ensure their needs and perspectives as local leaders are included.

LONG-TERM GOALS | COMMUNITY PARTNERSHIPS

DAIL understands the importance of community partnerships and is committed to working collaboratively to improve communication and increase awareness of resources for Kentuckians. DAIL has recognized that community partnerships can help address challenges such as access to affordable housing, transportation, emergency planning preparedness, and other barriers faced by older Kentuckians, individuals with disabilities, and caregivers. There is a need to provide a space for providers to brainstorm solutions locally and for DAIL to provide additional guidance, as needed.

To thoroughly address the needs for increased collaboration, communication, and awareness of resources, DAIL will:

1. Collaborate with community partners on developing funding proposals to present to the Commonwealth legislature that outline the needs for increased funding to address issues faced by older Kentuckians, individuals with disabilities, and caregivers.
2. Collaborate with community partners to encourage local-level networking and brainstorming solutions to address immediate needs and barriers faced by older Kentuckians, individuals with disabilities, and caregivers.
3. Establish a performance measuring and monitoring plan in collaboration with AAAILs to determine success measures and data collection methods.



PRIORITY: WORKFORCE DEVELOPMENT

Workforce development is an area that DAIL wants to prioritize by empowering AAAILs and providers with the right skills, knowledge, and opportunities to create a workforce that supports economic growth and social progress but also improves the coordination of care for older Kentuckians and individuals with disabilities. This outcome is particularly important given that Kentucky's rate of geriatric providers (providers per 100,000 adults ages 65+) is lower than the national rate at 25.1 providers per 100,000 aging adults. The national rate is 36.4 providers per 100,000 aging adults. Additionally, Kentucky's access to and availability of direct care workers is nearly half that of the national rate. Kentucky has 27.5 home health care workers per 1,000 adults ages 65+, making workforce development a top priority for DAIL.

GOAL AND OBJECTIVES | WORKFORCE DEVELOPMENT

Based on information gathered from key stakeholders, Table 17 below describes the goal and objectives regarding workforce development.

Table 17: Workforce Development Goal and Objectives

Goal 3: Expand and strengthen the workforce.	
Objective 3.1	Improve workforce policies: Collaborate with at least four community partners to update workforce policies to help ensure relevancy and capacity for the older Kentuckians and individuals with disabilities.
Objective 3.2	Increase engagement with the workforce: Increase awareness of workforce challenges by establishing quarterly provider meetings and creating an annual workforce-specific survey to gain insights on workforce challenges and to help guide future initiatives.
Objective 3.3	Expand the coordination of HCBS and LTC services: Improve the process of connecting available direct care workers with individuals seeking HCBS and LTC services by establishing a registry of available direct care workers and LTC facilities.
Objective 3.4	Increase recruitment: Develop and implement at least two workforce recruitment strategies that will help improve the availability of direct care workers for older Kentuckians and individuals with disabilities.

Goal 3: Expand and strengthen the workforce.	
Objective 3.5	Implement retention strategies for direct care workers: Create at least two new career paths for direct care workers that will lead to opportunities for leadership positions and improve retention.
Objective 3.6	Improve direct care worker training/onboarding: Develop and provide two new in-person training courses to address gaps in knowledge for direct care workers.

STRATEGIES | WORKFORCE DEVELOPMENT

DAIL will implement and invest in the strategies in Table 18 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

Table 18: Workforce Development Objectives and Strategies

Objectives	Strategies
Improve workforce policies	<ul style="list-style-type: none"> Partner with local colleges and universities to promote workforce advancement programs. Focus and organize advocacy efforts related to workforce improvements. Participate in an apprenticeship program that addresses both unemployment and shortage of direct service professionals.²⁹
Increase engagement with the workforce	<ul style="list-style-type: none"> Continue to recognize the value and importance of the direct care workforce by prioritizing engagement with this group. Assess workforce engagement through surveys and during provider meetings. Utilize workforce feedback to inform future initiatives and policies.
Expand the coordination of HCBS and LTC services	<ul style="list-style-type: none"> Develop a registry of available direct care workers and LTC facilities in Kentucky. Promote the use of the registry through community partnerships.
Increase recruitment	<ul style="list-style-type: none"> Partner with high school programs or community colleges to recruit younger staff interested in the health and human services field.³⁰ Increase advertisement of direct care opportunities and benefits through popular events such as college basketball tournaments, health fairs, and other public events. Explore funding opportunities through local, state, and federal levels to support workforce development such as sign-on bonuses.

²⁹ Quality Improvement in Long Term Services and Supports (QuILTSS). 2019. "Direct Support Professionals Apprenticeship Program." *Quilts.org*. <https://quiltss.org/apprentice/>

³⁰ Health Occupations Students of America (HOSA). 2022. "HOSA Future Health Professionals." *Hosa.org*. <https://hosa.org/what-is-hosa/>

Objectives	Strategies
Implement retention strategies for direct care workers	<ul style="list-style-type: none"> • Identify opportunities to promote the increase of Competitive Integrated Employment (CIE) based on recommendations from the Department of Labor and present to the State legislature.³¹ • Implement direct care quality of care measures to assess efficiency and quality in direct care provided to older Kentuckians and individuals with disabilities. • Provide incentives for improved and efficient quality of care provided.³²
Improve direct care worker training/onboarding	<ul style="list-style-type: none"> • Expand and improve training for direct care workers. • Create career paths for direct care workers to clearly define training requirements and opportunities for growth in this field.

Additionally, DAIL is leveraging additional funding streams to invest in innovative Kentucky-wide training and education for people caring for individuals with dementia, paid and unpaid. Senior centers can support the continued development of program participants’ work-related skills and technical literacy by enrolling them in the Senior Community Service Employment Program (SCSEP), intended to find program participants employment for up to two years.³³

Senior centers have incorporated technical education classes as a part of the programmatic services they offer using American Rescue Plan Act (ARPA) funds. This has helped provide educational support for program participants interested in using laptops and tablets.

LONG-TERM GOALS | WORKFORCE DEVELOPMENT

The Commonwealth continues to expand its comprehensive and coordinated system of HCBS LTC services responsive to the current and future needs and preferences of older Kentuckians, individuals with disabilities, and their caregivers. The current and future needs of older Kentuckians and individuals with disabilities include increased quality, accessibility, and affordability of LTC services and support in residential settings.

The AARP 2023 Long-Term Services and Supports (LTSS) State Scorecard indicates that Kentucky’s LTC supply of assisted living and residential care units is 43 per 1,000 eligible citizens aged 75 years and older, which is worse than the national average of 55 units per 1,000 eligible citizens. Kentucky’s LTC workforce sees 56.7% turnover rates in nursing homes

³¹ Office of Disability Employment Policy. n.d. “Competitive Integrated Employment.” *Department of Labor*. <https://www.dol.gov/agencies/odep/program-areas/cie>

³² Centers for Medicare and Medicaid Services (CMS). 2024. “Expanded Home Health Value-Based Purchasing Model”. *CMS.gov*. <https://www.cms.gov/priorities/innovation/innovation-models/expanded-home-health-value-based-purchasing-model>

³³ Commonwealth of Kentucky: Cabinet for Health and Family Services: Department for Aging and Independent Living (DAIL). 2024. *CHFS.KY.GOV*. <https://www.chfs.ky.gov/agencies/dail/Pages/scsep.aspx>

compared to the national rate of 53.9%.³⁴ Additionally, Kentucky's rate of nursing home staff is 3.08 staff per resident, per day and 10.8 home health aides per 100 eligible citizens, indicating staff shortages and an overburdened workforce. The staffing rate per resident has lasting impacts on quality of care for residents and LTC facility operations. In Kentucky, LTC facilities with inadequate staffing see higher rates of residents being hospitalized and residents using antipsychotics inappropriately.

To address the needs for increased quality, accessibility, and affordability of LTC supports and services, DAIL shall:

1. Create quality incentive payments for program providers that maintain quality services.
2. Develop a funding proposal to present to the State legislature that outlines the needs for incentives to maintain and increase the LTC workforce and includes the projected impact.
3. Assess current access to aging network services by Kentuckians and evaluate the impact of incorporating these services with HCBS funded by other entities, such as Medicaid and Health Resources and Services Administration (HRSA).³⁵

To support the provision of quality, accessibility, and affordability of LTC supports and services, the AAAILs and community partners will collaborate and support DAIL in their implementation of the strategies outlined above.

³⁴ American Association of Retired Persons (AARP). n.d. "2023 State Scorecard Report: Kentucky." *states.aarp.org/Kentucky*. <https://ltsschoices.aarp.org/scorecard-report/2023/states/kentucky#toc-explore-data>

³⁵ Health Resources and Services Administration (HRSA). 2024." Health Center Resource Clearinghouse." *HRSA.gov*. <https://www.hrsa.gov/library/health-center-resource-clearinghouse>



PRIORITY: WELL-BEING

Well-being is not just the absence of illness but the positive state of living well. Just as health is a resource for daily life, well-being contributes to quality of life and one’s ability to find meaningful purpose. In Kentucky, 12.2% of adults ages 65+ have frequent mental distress, and 19.6% of deaths per 100,000 adults ages 65+ are by suicide, making mental health awareness a top priority. The aging population in Kentucky has an exceedingly high risk of social isolation, with a risk score of 85 on a scale from 1 – 100 for adults ages 65+. Additionally, only 10.5% of the aging population exercises regularly. By prioritizing well-being, DAIL empowers individuals and communities alike to not just exist but to thrive.

GOAL AND OBJECTIVES | WELL-BEING

Based on information gathered from key stakeholders, Table 19 below describes the goal and objectives regarding well-being.

Table 19: Well-Being Goal and Objectives

Goal 4: Ensure the mental, physical, social, and emotional well-being of older Kentuckians and individuals with disabilities.	
Objective 4.1	Increase mental health awareness: Implement a Kentucky-wide educational campaign to reduce mental health stigma among at least 30% of the population through surveys that collect data on engagement levels
Objective 4.2	Increase access to nutritional foods: Provide nutrition services and support for older Kentuckians, their families, and individuals with disabilities to increase food security and food access for at least 45% of the population to decrease the risk of malnutrition.
Objective 4.3	Increase awareness and encourage seeking resources: Develop a single comprehensive directory that contains information related to available programs and support services across the Commonwealth.
Objective 4.4	Expand the reach of resources and services: Improve the process of connecting Kentuckians to community resources in urban and rural settings by establishing an awareness campaign that reaches at least 40% of the population through surveys that collect data on engagement levels.
Objective 4.5	Expand culturally relevant and equitable services: Increase the cultural relevancy of services, improve their equitability, and provide support by meeting with at least two leaders of underserved communities every quarter.

STRATEGIES | WELL-BEING

DAIL will implement and invest in the strategies in Table 20 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

Table 20: Well-Being Objectives and Strategies

Objectives	Strategies
<p>Increase mental health awareness</p>	<ul style="list-style-type: none"> • Develop anti-stigma interventions to encourage participation in mental health services.³⁶ • Identify people willing to engage in storytelling. • Help organize presentations of people with lived experience to key targeted groups. • Encourage individuals to participate in a stigma-free pledge.³⁷ • Develop guidance for AAAILs and providers on implementing effective interventions to reduce social isolation and loneliness. • Develop guidance for AAAILs and providers on how to implement effective suicide risk screenings and trauma-informed interventions to reduce suicide. • Share resources for mental health services using face-to-face communication.
<p>Increase access to nutritional foods</p>	<ul style="list-style-type: none"> • Provide nutritious meals through the OAA Senior Nutrition Program through congregate or home-delivered meal programs. • Provide nutritious meals through the HCBS Waiver Program for individuals with disabilities. • Strengthen outreach and advocacy regarding nutrition and malnutrition risks throughout the senior population in Kentucky. • Increase food availability in Kentucky among older adults. • Provide food/commodity boxes to eligible older adults. • Increase access to nutritious food by attracting new grocery stores and leveraging corner stores to carry fresh produce and healthier food options in underserved areas. • Conduct malnutrition screening at initial assessments and annual reassessment dates. Record scores and provide referrals to primary care providers, registered dietitians, local food banks, food pantries, etc., as needed. Follow up to ensure client is addressing malnutrition risk(s). • Provide nutrition education on several topics that older Kentuckians and individuals with disabilities could benefit from. • Increase awareness of malnutrition risk in Kentucky’s older adults. • Develop Kentucky-specific infographics regarding malnutrition risk and occurrence rates among Kentucky’s older adults to increase awareness.

³⁶ National Alliance on Mental Illness (NAMI). 2022. “Developing Effective Anti-Stigma Interventions.” NAMI.org. <https://www.nami.org/Blogs/NAMI-Blog/April-2022/Developing-Effective-Anti-Stigma-Interventions>

³⁷ National Alliance on Mental Illness (NAMI). n.d. “Pledge to be StigmaFree.” NAMI.org. <https://www.nami.org/Get-Involved/Pledge-to-Be-StigmaFree>

Objectives	Strategies
	<ul style="list-style-type: none"> • Develop a referral process where local primary care providers, hospitals, health departments, faith-based organizations, and other local partners can refer individuals to the OAA program and/or other relevant programs in the community. • Provide technical assistance to referring organizations and Kentucky’s ADDs to help ensure a successful referral process for older individuals to gain access to programs and benefits. • Expand DAIL’s partnership with AAAILs, SNAP, food banks, and other community organizations.
<p>Increase awareness and encourage seeking resources</p>	<ul style="list-style-type: none"> • Develop a public relations campaign to introduce and increase awareness of the services and supports available through DAIL. <ul style="list-style-type: none"> ○ Identify the targeted audience, preferred communication type, and communication tools. ○ Include multi-language flyers to reach multicultural or immigrant communities and family caregivers with LEP. • Reduce the stigma regarding individuals seeking government aid through storytelling (e.g., share the challenges faced and the success that ensued). • Reduce the stigma regarding grandparents raising grandchildren seeking supportive services. • Encourage initiative-taking care planning for both future program participants and caregivers.
<p>Expand the reach of resources and services</p>	<ul style="list-style-type: none"> • Improve participant-directed and person-centered planning by aligning services and resources that give full access to full benefits to older Kentuckians, individuals with disabilities, and their caregivers. <ul style="list-style-type: none"> ○ Ensure AAAILs coordinate HCBS and LTC services for older Kentuckians and individuals with disabilities who are at risk for institutionalization or for those who wish to return to a home setting but require HCBS. • Develop a single comprehensive directory of services and supports available throughout the Commonwealth. • Dedicate resources to maintain and distribute the directory. • Establish relationships with local and Commonwealth organizations that can help ensure the directory reaches the target audience. • Ensure the directory is culturally competent and linguistically appropriate and help ensure the directory is accessible to older Kentuckians and individuals with disabilities. • Share the directory online to reach a wider audience.
<p>Expand Culturally relevant and equitable services</p>	<ul style="list-style-type: none"> • Partner with leaders in unserved and underserved communities to understand the unique needs of unserved and underserved older Kentuckians, individuals with disabilities, and caregivers. • Collaborate with local and national advocacy organizations to develop culturally appropriate toolkits and resource guides for participants.

Objectives	Strategies
	<ul style="list-style-type: none"> • Collaborate with the Office of the Ombudsman to promote an elder abuse and fraud prevention program that provides education, outreach, and advocacy. • Promote services, supports, and resources for ethnically diverse communities. • Sponsor diversity, equity, and inclusion training for program providers to address gaps in knowledge and awareness.

LONG-TERM GOALS | WELL-BEING

DAIL understands the importance of the mental, physical, social, and emotional well-being of older Kentuckians and individuals with disabilities. DAIL is committed to improving the well-being of Kentuckians and recognizes that stigmas regarding asking for help might contribute to Kentuckians facing challenges that affect well-being.

To thoroughly address the needs for increased accessibility to resources that promote well-being, DAIL shall:

1. Increase funding to regional programs to continue to serve local older Kentuckians, individuals with disabilities, and caregivers in the community.
 - a. Highlight and expand the Grandparents Raising Grandchildren Program.
 - b. Collaborate with National Technical Assistance Center on Grand families and Kinship Families to identify additional improvements.
2. Provide additional funding to allow program directors to customize how they market and promote their programs and services in their regions to increase reach.

To support well-being and accessibility of resources and services, the AAAILs and community partners will collaborate with and support DAIL in implementing the strategies outlined above.

PRIORITY: CAREGIVER SUPPORT

DAIL honors those who tirelessly give of themselves and care for others. Their resilience, empathy, and commitment form the cornerstone of our communities. We are committed to providing for those who are consistently providing for others.

Throughout events such as the annual caregiver conference demonstrated in Figure 21 below, DAIL made great strides in gathering information from stakeholders among all communities Kentucky-wide to help inform this plan and be as comprehensive as possible in addressing the needs of aging Kentuckians.

Figure 21: 2023 Kentucky Annual Caregiver Conference



The 2023 Kentucky Annual Caregiver Conference. This event spanned three days, from November 14 to 16, featuring 33 informative sessions along with an expo showcasing more than 100 goods and services relevant to the caregiving profession.

GOAL AND OBJECTIVES | CAREGIVER SUPPORT

Based on information gathered from key stakeholders, Table 21 below describes the goal and objectives regarding caregiver support.

Table 21: Caregiver Support Goal and Objectives

Goal 5: Increase outreach and awareness to address the needs of caregivers.	
Objective 5.1	Engage with caregivers: Develop a communication plan inclusive of at least three methods of communication for caregivers to routinely provide feedback.
Objective 5.2	Improve caregiver policies: Collaborate with at least two community partners to update caregiver policies to help address feedback.
Objective 5.3	Promote free training: Provide at least five free and accessible training opportunities for caregivers to enhance and learn new skills based on feedback collected.
Objective 5.4	Identify a caregiver liaison: Designate a point of contact between caregivers and available resources to improve assistance to caregivers.
Objective 5.5	Increase awareness: Partner with and educate at least two health care systems, two Managed Care Organizations (MCOs), five hospitals, and 30 case managers on the roles and needs of caregivers to help inform best practices. Health care providers can also help share resources and services available to caregivers.

STRATEGIES | CAREGIVER SUPPORT

DAIL will implement and invest in the strategies in Table 22 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

Table 22: Caregiver Support Objectives and Strategies

Objectives	Strategies
Engage with caregivers	<ul style="list-style-type: none"> • Develop a communication plan between caregivers and DAIL to collect feedback via different methods (e.g., surveys, meetings, town halls, etc.). • Ensure the communication plan includes various formats and languages to ensure language and communication access for diverse caregivers. • Routinely review data to identify trends, gaps, and areas for improvement.
Improve caregiver policies	<ul style="list-style-type: none"> • Identify ways to acknowledge family caregivers' importance across all patient populations and develop guidelines that acknowledge the role of caregivers.
Promote free training	<ul style="list-style-type: none"> • Collaborate with local organizations to help raise awareness for free trainings and supports available that target: <ul style="list-style-type: none"> ○ Dementia care ○ Traumatic brain injury (TBI) ○ Preventing caregiver fatigue
Identify a caregiver liaison	<ul style="list-style-type: none"> • Utilize the state-level caregiver liaison to continue engaging with caregivers and identify key needs to share with DAIL when developing policies, addressing issues, and identifying programs. • Develop and issue surveys to caregivers that provide key characteristics of caregiving situations to help inform future initiatives and policies.
Increase awareness	<ul style="list-style-type: none"> • Utilize the centralized directory to share information about the available services and support. • Establish efficient communication methods, such as mailing paper-based directories, to increase caregivers' use of directories. • Encourage health care providers to create an inventory of best practices and create policies that ensure caregiver needs are considered. • Utilize health care providers and other partnerships to help distribute the directory.

LONG-TERM GOALS | CAREGIVER SUPPORT

DAIL understands the importance that caregivers play in the well-being of older Kentuckians and individuals with disabilities. DAIL is committed to improving its engagement with caregivers, understanding their needs, and implementing policies that support caregivers. Improving the services and supports available to caregivers is at the forefront of this State Plan. To thoroughly address the needs of caregivers, DAIL will:

- 1) Identify a task force to develop funding proposals to present to the Commonwealth legislature that outline the need for increased funding to address caregiver issues.
 - a) The task force will also advocate for legislative support of caregiver needs and opportunities.

- 2) Create career paths for direct care workers that include opportunities to transition into leadership positions.
- 3) The Quality Improvement in Long-Term Services and Supports (QuILTSS) Institute’s Career & Education Pathway
- 4) Create and maintain a statewide registry of caregivers to access additional needs in areas, track training, etc.
- 5) Illinois Department of Public Health, Health Care Worker Registry

 **PRIORITY: QUALITY**

In an environment where integrity translates to action and action leads to impact, DAIL recognizes that progress necessitates commitment and ownership. By holding ourselves and others accountable, DAIL steadfastly upholds its commitment to collaborative performance measures and helping to improve quality assurance.

GOAL AND OBJECTIVES | QUALITY

DAIL shall utilize the specified goal and outcomes to track quality and assess measures that benefit older residents and those with disabilities. Table 23 below describes Goal 6 and its objectives.

Table 23: Quality Goal and Objectives

Goal 6: Foster effective communication and collaboration while ensuring quality outcomes.	
Objective 6.1	Collaboration: Foster partnerships with at least three other state agencies, such as the Departments of Education, Transportation, and Housing. This can help ensure alignment in legislative direction and funding strategies for transportation and housing to effectively address the needs of older Kentuckians and individuals with disabilities.
Objective 6.2	Improve communication channels: Focus on establishing four new communication channels to connect DAILs, AAAILs, and program providers with program participants, caregivers, service providers, and community organizations.
Objective 6.3	Feedback opportunities: Create and roll out three new ways for program providers, program participants, and community organizations to provide continuous feedback.
Objective 6.4	Comprehensive directory: Develop a standard Kentucky-wide directory of programs, services, and resources that are culturally competent and linguistically appropriate for distribution in electronic and paper form and that are ADA-compliant.
Goal 6.5	Enhanced communication: Provide communication in a timely and effective manner (e.g., 45 days in advance on new policies, initiatives, and training to ensure time for questions, suggestions, and implementation). Establish a policy or best practice around this and publish it so that others are aware of the commitment.

STRATEGIES | QUALITY

DAIL will implement and invest in the strategies in Table 24 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

Table 24: Quality Objectives and Strategies

Objectives	Strategies
Collaboration	<ul style="list-style-type: none"> • Schedule routine/standing meetings to discuss top priorities (e.g., transportation and housing needs). • Develop committees to research and develop legislation, seek funding, and make proposals related to transportation and housing.
Improve communication channels	<ul style="list-style-type: none"> • Schedule program provider meetings and forums • Distribute newsletters and website announcements • Utilize social media platforms (e.g., Facebook [state page])
Feedback opportunities	<ul style="list-style-type: none"> • Establish dedicated email addresses geared specifically for feedback • Implement suggestion boxes • Coordinate focus group and town hall meetings
Comprehensive directory	<ul style="list-style-type: none"> • State services, Medicaid, Temporary Assistance for Needy Families (TANF), SNAP – application process, qualification for services • Regional services – AAAILs, senior and cultural centers, medical services, transportation services • Local services – faith-based organizations, local government, food banks, advocacy groups
Enhanced communication	<ul style="list-style-type: none"> • Send electronic and written notifications. • Provide timelines that include opportunities for feedback. • Provide training tools and resources.

LONG-TERM GOALS | QUALITY

DAIL understands the importance of holding itself and others accountable for implementing the goals, objectives, and strategies. To be able to effectively enhance quality, DAIL will seek to:

- 1) Establish a comprehensive software solution and user-friendly database that can integrate Commonwealth-level, regional, and local data and help facilitate outcome reporting more meaningfully.
- 2) Utilize existing program data to make evidence-based decisions and conduct performance measurements to help assess the impact using nationally recognized standards.

- 3) Enhance data collection methods to capture relevant information about older adults' needs, preferences, and outcomes (e.g., increase participant satisfaction reporting to quarterly from annually, engage in in-person assessments and evaluations semiannually). Establish clear performance metrics and benchmarks for aging programs and regularly assess them for effectiveness against these standards (e.g., use of federal, state, and grant funding, gap assessment and trends, and innovative planning).
- 4) Create a strategic plan that aligns with the State Plan and outlines a clear purpose and direction for fostering collaboration and partnerships while maintaining a forward-focused vision.
- 5) Create data-driven continuous quality improvement (CQI) strategies that focus on measurability, demonstrate impact, and provide necessary support.
- 6) Identify the primary data metrics to gather data on individuals served by DAIL programs to create a Kentucky Aging and Disability profile and align them with the goals and objectives of the Commonwealth of Kentucky State Plan on Aging.

DRAFT

A woman with glasses and a white headband, wearing a plaid sleeveless shirt and a matching plaid apron, is smiling and holding a tray of food. The tray contains several items: a carton of '1% LOW FAT MILK' with 'VITAMIN A, D' and 'LOCAL FRESH' labels, a carton of 'Prairie Farms' milk with 'VITAMIN A & D' and 'LOCAL FRESH' labels, and two white containers. The background shows a wooden deck and a building with vertical siding.

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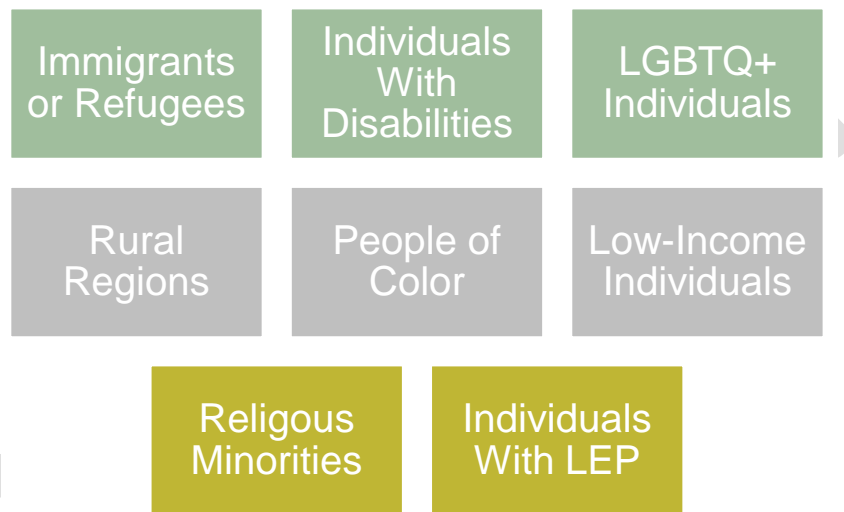
OTHER CONSIDERATIONS

SECTION 7.0 OTHER CONSIDERATIONS

STRATEGY IMPLEMENTATION CONSIDERATIONS FOR PRIORITY POPULATIONS

Priority populations—as identified by the Administration for Community Living (ACL)—are increasingly vulnerable to experiencing personal and environmental stressors, such as discrimination (e.g., racism, ableism, xenophobia, homophobia, transphobia, etc.), poverty, and exposure to trauma. The priority populations provided in Figure 22 may also be burdened by obstacles hindering their ability to access programs and services; examples of these burdens include limited public transit, lack of nearby service providers, and inadequate internet connectivity.

Figure 22: ACL-Identified Priority Populations



The equity considerations in Table 25 will inform the implementation of State-planned strategies to help ensure that policies, programs, and services effectively and equitably address the needs of these priority populations. These considerations are based on the most prominent challenges and service-related themes Kentuckians identified during the information-gathering activities DAIL and BerryDunn facilitated.

Table 25: Equity Considerations to Inform the Implementation of State Plan Strategies

Equity Considerations Informing the Implementation of State Plan Strategies
DAIL shall consider promoting and engaging in tailored outreach and messaging efforts to increase the use and accessibility of available services; these efforts should be inclusive of languages other than English that are spoken in Kentucky.
DAIL shall consider promoting and supporting the virtual delivery services, as allowable, to increase the accessibility and delivery of services provided by senior centers and/or providers.

Equity Considerations Informing the Implementation of State Plan Strategies

DAIL shall consider collaborating with AAAILs to promote and incentivize the completion of cultural competency and implicit bias training, which would improve knowledge and increase awareness of best practices for serving priority populations.

DAIL shall consider increasing its collaboration and engagement with various organizations and local community groups to improve DAIL's understanding and awareness of the culturally and socially diverse needs of program participants.

DAIL shall consider collaborating with AAAILs to reduce burdens for older Kentuckians with disabilities or conditions that limit their mobility by providing accommodations (e.g., ramps, wheelchairs, handrails, etc.) to enable their participation in activities.

DAIL shall consider collaborating with AAAILs and transportation providers to determine the potential strategies that can be taken to address the lack of affordable and available transportation options, especially in rural regions.

DAIL shall consider collaborating with AAAILs to address the complex housing issues and rising cost-of-living expenses in the Commonwealth.

DAIL and AAAILs shall collaboratively consider bolstering existing training and education opportunities to help ensure staff are well equipped and informed to provide evidence-based services promoting sustainable care for all older Kentuckians.

DAIL shall consider engaging in advocacy efforts at a state level to allow AAAILs and programs flexibility related to the services that are reimbursable; this will allow AAAILs to allocate funding in a manner that meets the needs and preferences of diverse participants.

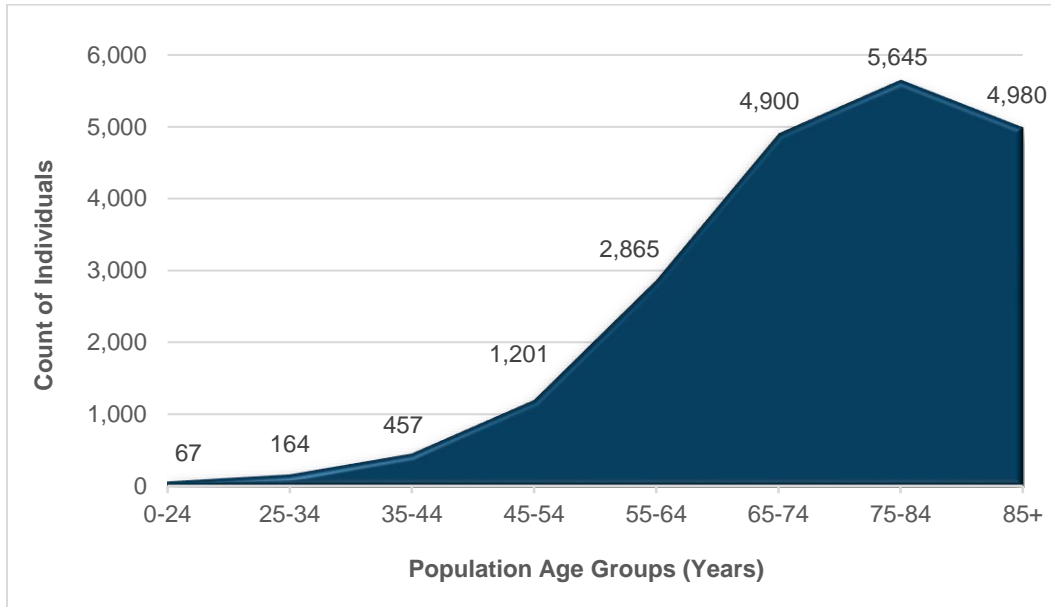
PREPARING FOR FUTURE PUBLIC HEALTH EMERGENCIES

The global COVID-19 pandemic has underscored the unique needs and challenges faced by older Kentuckians and their caregivers. It has also revealed opportunities for improvement in existing systems and infrastructure while highlighting the resilience of communities and the aging network. DAIL remains committed to long-term preparedness planning for future public health emergencies. DAIL will incorporate lessons learned from the COVID-19 pandemic, including innovative practices that have emerged to extend service access to priority populations, as well as ensure quality, long-term emergency preparedness plans are established among Kentucky's AAAILs.

Older Kentuckians, both inside and outside of congregate settings, face an increased risk for severe COVID-19 illness. As of September 23, 2023, 15,525, or 76.5%, of Kentucky's COVID-19 deaths were among ages 65 and older, with 25% of total deaths occurring among Kentuckians ages 85 and older.³⁸ Figure 23 highlights mortality trends for all ages of Kentuckians who died due to COVID-19.

³⁸ USA Facts. 2023. "U.S. COVID-19 Cases and Deaths by State." *USAFacts.org*. <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/>

Figure 23: Kentucky COVID-19 Deaths by Age, 2020 – 2023



One area of focus for DAIL's future preparedness practices is minimizing severe morbidity and mortality from COVID-19 and other vaccine-preventable diseases. Vaccination campaigns promote herd immunity among vulnerable populations and will help lessen the morbidity and mortality seen during the COVID-19 pandemic. According to the CDC's interactive LTC vaccination dashboard, as of April 21, 2024, data shows that 35% of Kentucky's LTC residents and only 5% of LTC staff are up to date with COVID-19 vaccinations.³⁹ For vaccine-preventable influenza and pneumonia, LTC residents' vaccination rates were 74% and 62.7%, respectively.⁴⁰ Table 26 below provides examples of what DAIL shall incorporate during public health emergencies.

Table 26: Examples of Practices to Incorporate in Public Health Emergencies

Practices to Incorporate in Public Health Emergencies
DAIL shall continue to ensure that the Kentucky Department of Public Health (DPH) collaborative emergency preparedness document , i.e., currently in place, will be available and updated regularly based on the conditions brought on by national emergencies (e.g., COVID-19).
DAIL shall continue to partner and collaborate with the multi-agency workgroups within DPH that collaborate on varying priorities (e.g., substance abuse, vaccination coverage). This is the valuable insight provided to DAIL regarding emergency preparedness planning.

³⁹ The Centers for Disease Control and Prevention (CDC), National Healthcare Safety Network (NHSN). 2024. "Nursing Home COVID-19 Vaccination Data Dashboard." *Centers for Disease Control and Prevention*. <https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>

⁴⁰ The Centers for Disease Control and Prevention (CDC). 2024. "About the National Immunization Surveys" *Centers for Disease Control and Prevention*. <https://www.cdc.gov/vaccines/imz-managers/nis/about.html#current-surveys>

Practices to Incorporate in Public Health Emergencies

DAIL shall consider duplicating the efforts some senior centers have undertaken, such as distributing physical resource guides across the region to help ensure program participants have access to services and contact information in the event of an emergency.

DAIL shall consider having backup systems in senior centers, such as paper copies of program participants' information, in case they are unable to access their online database during an emergency.

DAIL shall collaborate with Commonwealth and local governments to advocate for funding and establish cross-county support. Given that some counties lack an established emergency department, private emergency response and preparedness entities remain the sole option during emergencies.

DAIL shall consider working with adult day programs and senior centers to set up routine nursing visits to provide education training and assist with the screening and administration of immunizations, blood pressure, and diabetes checks.

In the months and years ahead, DAIL will stay apprised of promising practices for disaster and emergency preparedness and response among aging and disability programs identified and shared at the Commonwealth and national levels, including by ACL and the National Information and Referral Support Center.

DAIL serves as Kentucky's federally designated State Unit on Aging to carry out OAA core programs found in Titles III, V, and VII. OAA programs serve as the foundation of the aging services network and include:

- Supportive services, nutrition, disease prevention/health promotion, and caregiver programs following Title III
- Economic self-sufficiency, community service, and work-based job training in accordance with Title V
- Elder rights programs, including the State LTC Ombudsman (SLTCO) Program, in accordance with Title VII

Authorized by Title V and administered through the U.S. Department of Labor, the SCSEP fosters and promotes opportunities in community service for unemployed, low-income older adults. SCSEP extends training and education to develop and enhance a person's skills to promote financial stability and encourage their success in the workforce.

OAA Titles III, V, and VII services will be strengthened in Kentucky's aging services network by leveraging the multi-sector partnerships and concerted efforts identified in this State Plan, including the partnerships illustrated previously in Tables I to III in Section 1.

Additionally, Kentucky has been fortunate to receive substantial supplemental funding in response to the COVID-19 pandemic. Kentucky will continue to leverage these supplemental relief funds strategically by concentrating resources and aligning service delivery with the priorities in this State Plan. Supplemental funds have also afforded Kentucky the opportunity to invest in the aging network infrastructure. Kentucky's aging network will continue to expend ARPA funding and other supplemental funding available by exploring options for expanding service delivery, reducing waitlists, and developing greater capacity to foster ongoing development and implementation of a comprehensive and coordinated system.

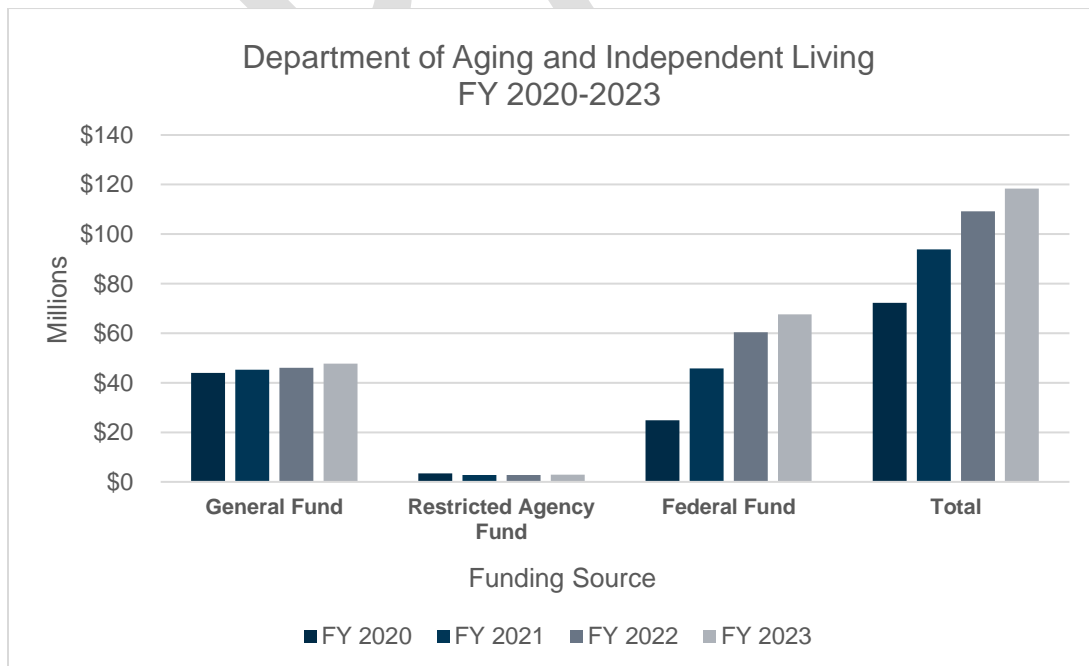


BRADD hosted a vaccine event in Fall 2023 to provide flu, shingles, and COVID-19 vaccines for individuals aged 55 or older. The twenty-four participants received a total of 28 vaccines.

INTEGRATING ACL NON-FORMULA-BASED GRANT PROGRAMS

DAIL will incorporate ACL non-formula-based grants and other discretionary funds into the administration of core OAA programs by aligning all funds with the priorities set forth in this State Plan framework and with consideration of its aging services network, AAAILs, and local/regional needs.

Figure 24: DAIL Funding Sources FY 2020 – 2023



DAIL is not currently awarded any non-formula-based ACL grants; however, in all funding received, DAIL aligns grants with the priorities and strategies identified in the State Plan and allocates funding in accordance with priority populations and areas of the Commonwealth with greatest need. In some cases, e.g., DAIL selects to utilize the Interstate Funding Formula (IFF) for distribution of Commonwealth-funded grants such as Kentucky's Senior Community Services Block Grant and Alzheimer's Respite Line Item. This ensures equitable distribution and integration of these additional funds with core OAA programs. Kentucky AAAILs also develop their Regional Area Plans by incorporating funds allocated via the IFF into their operational budgets and related Regional Area Plan components. This positions the Commonwealth to become strong applicants in future ACL grant opportunities.

In addition, DAIL continuously collaborates with other agencies and organizations to ensure the inclusion of the priorities set forth in this framework. For example, DAIL collaborates closely with other Commonwealth agencies, local agencies, and community-based organizations. Several of our partners have current ACL grant awards, including:

- Alzheimer's Disease Programs Initiative
- Falls Prevention Grant
- Innovations in Nutrition Programs and Services



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**STATE PLAN
QUALITY
MANAGEMENT**

SECTION 8.0 STATE PLAN QUALITY MANAGEMENT

DAIL shall work to assure the quality of the strategies of this State Plan through comprehensive evaluation activities and quality management practices to guide system and service improvements where needed. These activities include:

- Tracking State Plan implementation
- Tracking progress on State Plan objectives
- Collecting information through the AAAIL Regional Area Plans and Annual Updates
- Additional data collection and remediation activities

TRACKING PROGRESS ON STATE PLAN IMPLEMENTATION

DAIL will collect data and information from AAAILs and other aging network partners regarding State Plan alignment on:

- Issues and priority populations
- Strategy selection
- Strategy implementation

Local partners can collaborate to identify State Plan strategies that align with their community's needs and oversee their execution by various organizations. Consistent reporting on the number of organizations implementing these strategies, the reach of programs and services among older Kentuckians, outreach efforts to priority populations, and other process evaluation metrics can inform quality enhancements for both organizational and community-wide initiatives.

Lastly, DAIL does not directly provide supportive services, nutrition services, or in-home services under OAA. Instead, Kentucky's designated AAAILs manage service delivery within the aging and disability network established in their respective planning and service areas, and this information is captured in DAIL's data reporting system. DAIL develops, manages, and enforces policies and systems to ensure that quality and efficiency of service delivery occurs through the following:

- Monthly fiscal monitoring
- Monthly provider call to assist with technical issues
- Quarterly programmatic calls to assist with technical issues
- Annual and as-needed reviews of agency policies

COMMUNITY FEEDBACK

“Lincoln Family Center is the best place to go to since my husband passed away.”

– Kentucky River Region
Community Forum
Participant

- Annual program monitoring
- Annual review of programmatic operations

TRACKING PROGRESS ON STATE PLAN OUTCOMES

The State Plan provides a data reporting and evaluation framework for DAIL, AAAILs, and other public and private Commonwealth partners across the aging network. Specifically, this plan articulates six goals and 23 objectives for all State Plan priorities.

To assess progress toward the State Plan priorities, goals, and objectives, DAIL will:

- Incorporate some State Plan objectives into AAAIL regional Area Plans and specify outcomes within contracts.
- Complete quarterly performance-level evaluations for all priorities, goals, and objectives, including data for priority populations.
- Make local-level data on indicators accessible to AAAILs and other local partners when available.
- Use SMART-level (Specific, Measurable, Achievable, Realistic, and Time-Bound) goals to develop specific data around goals and objectives.

In addition to the primary State Plan goals and objectives identified, DAIL and AAAILs will track other programmatic indicators and outcomes.

AAAIL REGIONAL AREA PLANS

DAIL has standardized templates and guidelines for AAAILs to create and submit their 2025 – 2028 Regional Area Plans and Area Plan Annual Updates. Each Regional Area Plan serves as a strategic document, outlining services for older adults and caregivers within specific planning and service areas. This involves assessing service needs, evaluating resource utilization, and establishing agreements with service providers.

The Regional Area Plan templates encompass key elements, including OAA assurances, regional and Kentucky-wide needs assessments, and detailed goals, objectives, and strategies with measurable action steps. These templates facilitate the consolidation and summarization of Kentucky's 15 Regional Area Plans, informing quality management activities and progress reporting across the Commonwealth.

AAAILs have committed to implementing strategies across various categories to achieve the State Plan goals. During the 2025 – 2028 State Plan period, AAAILs will be responsible for executing and reporting on their selected strategies. DAIL will collaborate closely with AAAILs and other identified partners to help ensure successful progress and effective implementation of these strategies.

ADDITIONAL DATA COLLECTION AND REMEDIATION ACTIVITIES

During this State Plan cycle, DAIL will collect, monitor, and report on program and service performance using both the OAA State Program Report and the newly implemented OAA Performance System. AAAILs and contracted service providers contribute detailed information on OAA program participants, services, and expenditures through these reporting mechanisms, with annual reporting.

This data offers insights into service levels, frequency, and demographics. Specifically, they reveal the number and percentages of different demographic groups and organizations receiving services, as well as the percentage of people with the greatest economic and social need within each demographic group.

In addition to these activities, DAIL will maintain its ongoing quality management initiatives. These efforts include person-centered HCBS and compliance monitoring of AAAILs, reinforcing assessment and oversight responsibilities.

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APPENDIX A: ACRONYMS AND TERMS

Table i lists the acronyms and terms referenced throughout the plan.

Table i: List of Acronyms and Terms

Acronym/Term	Definition
AAAIL	Area Agency on Aging and Independent Living
AARP	The American Association of Retired Persons
ACL	Administration for Community Living
ACS	American Community Survey
ADA	Americans with Disabilities Act
ADD	Area Development District
ADPI	Alzheimer's Disease Program Initiative
APS	Adult Protective Services
ARC	Appalachian Regional Commission
ARPA	American Rescue Plan Act
BRFSS	Behavioral Risk Factor Surveillance System
BOLD	Building Our Largest Dementia Infrastructure for Alzheimer's Act (P.L. 115-406)
CAL	Center for Accessible Living
CDC	Centers for Disease Control and Prevention
CIE	Competitive Integrated Employment
CIL	Centers for Independent Living
CMS	Centers for Medicare & Medicaid Services
Commonwealth	The Commonwealth of Kentucky
CQI	Continuous Quality Improvement
DAIL	Department for Aging and Independent Living
DCBS	Department for Community Based Services
DPH	Department of Public Health
FIVCO	Five County
FY	Fiscal Year
HCBS	Home and Community-Based Services
HHRP	Home Hazard Removal Program
HHS	Health and Human Services

Acronym/Term	Definition
HRSA	Health Resources and Services Administration
IFF	Interstate Funding Formula
KIPDA	Kentuckian Regional Planning & Development Agency
KY	Kentucky
LEP	Limited English Proficiency
LGBT	Lesbian, Gay, Bisexual, and Transgender
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning, and more
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and more
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
NCAPPS	National Center on Advancing Person-Centered Practices and Systems
NCES	National Center for Education Statistics
NFCSP	National Family Caregiver Support Program
OAA	Older Americans Act
ORR	Office of Refugee Resettlement
PACE	Programs for All-Inclusive Care for the Elderly
PIAAC	Program for the International Assessment of Adult Competencies
POWER	Partnerships for Opportunity and Workforce and Economic Revitalization Initiative
Program Participant	Individuals 60+ that may or may not be receiving support services from either DAIL or senior centers
PSA	Public service announcement
QuILTSS	Quality Improvement in Long Term Services and Supports
RUCC	Rural-Urban Continuum Code
SAGE	Services & Advocacy for LGBT Elders
SCSEP	Senior Community Service Employment Program
Senior	Individuals 60+ that may or may not be receiving support services from either DAIL or senior services
SLTCO	State Long-Term Care Ombudsman
SMART	Specific, Measurable, Achievable, Realistic, and Time-Bound

Acronym/Term	Definition
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
TBI	Traumatic Brain Injury
U.S.	United States
USDA	U.S. Department of Agriculture
WONDER	Wide-Ranging Online Data for Epidemiologic Research, a user-friendly menu-driven system that makes the CDC's information resources available to public health professionals and the public at large

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APPENDIX B: MEETINGS AND PARTICIPANTS

Tables ii and iii include the lists of meetings, participants, and community forums with which BerryDunn and DAIL engaged to gather information for the Kentucky-wide needs assessment report, which informed the State Plan.

Table ii: Listening Session Participants

Meeting	Date	State Participants
AAAIL Listening Session	01/31/2024	Nicole Davis, Caroline Ullery, Celeste Robinson, Amanda Stokes, Leslie Wilson, Carley Moore, Brooklyn Jolly, Kimberly McKinniss, Jasmine Jackson, Sarah Puttoff, Cissy Fox, Amanda Grooms, Anne Wildman, Amy Kennedy, Mandie Caudill, Jessica Elkin, Hollie Smith, Alecia Johnson, Cassie Lykins, Stacy Hall, Tricia Forbis, Leigh Powell, Angela, Rebekah, Brittney Shepherd
Provider Listening Session #1	01/31/2024	Jenny Sosh, Brenda Renfrow, Tiffany Hammond, Melissa Lawson, Cathy Milby, Melecia Wildharber, Sara Johnson, Jamie Simpson, Allyn Reinecke, Uppinder Mehan, Bill Rhodes, Joann Smith
Provider Listening Session #2	02/01/2024	Pam Thompson, Brad Newton, Casey Ellis, Frances Steurer, Megan, Kevin Seshar, Laurie Waller, Sara Scanlon, Melissa Polites, Bertha Brown
Provider Listening Session #3	02/01/2024	Amanda Hamilton, Tihisha Rawlins, Sophia Cropper, Tanya Brady, Tim Conroy, Stephanie Freeman, Mackenzie Wallace, Connie Baker, Angela Zeek, Elizabeth Rhodus, Sarah Teeters, Amanda Cowell, Jennifer Dale, Sameera Jackson, Anna Faul
Provider Listening Session #4	02/02/2024	Judy Craycraft, Kathy Fugate, Kimberly Embrey-Hill, Marlene W. Howard, Sarah Puttoff, Sheila Collins, Terea Plymesser, Jennifer Toribio Naas
Provider Listening Session #5	02/02/2024	Marchele Jenkins, Sean Wright, David Tucker, Lona Morton, Miranda Perkins, Becky Barnhart, Robin Florence
DAIL Staff and Sister Agencies Listening Session	02/05/2024	Sarah Puttoff, Amanda Caudill, Jennifer Craig, Laura Eirich, Andrea Flinchum, Melissa Hopkins, Lisa Lee, Christie McGlone, Brittany Young, Lala Williams, Heather Watson, Jennifer Toribio Naas, Amy Herrington, Veronica L Judy-Cecil, Laura Stephenson, Amanda Stoess, Sherry Culp, Edward Clark, Brittney Baines, David Lovely, Amber Collins, Keith Knapp, Amy Kostelic, Mike Handy

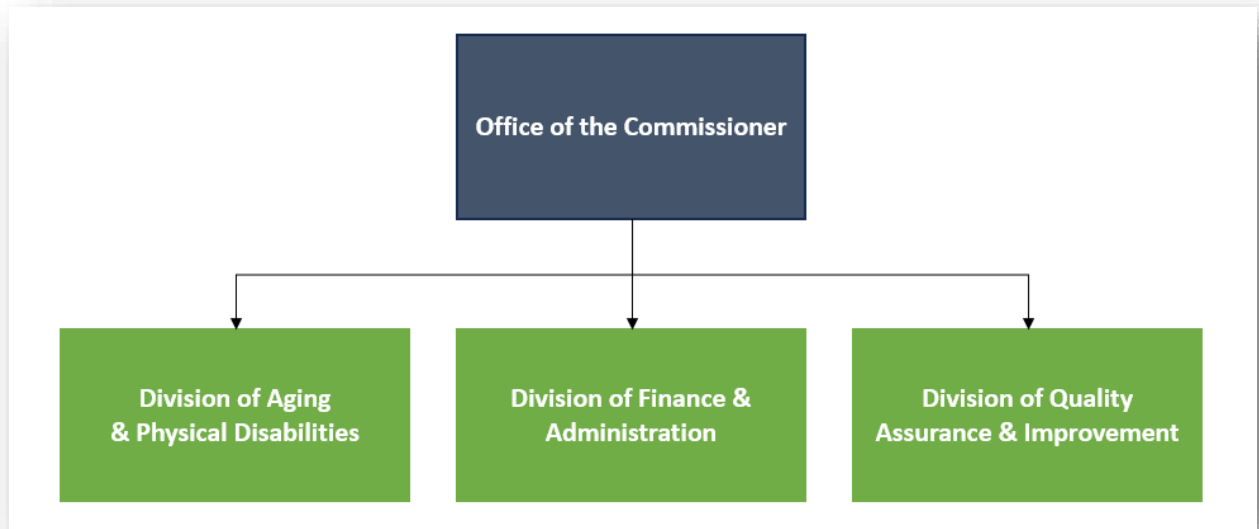
Table iii: List of Community Forums

Meeting	Date	AAA Participants
Community Forum	February 19, 2024	Buffalo Trace
Community Forum	February 20, 2024	Big Sandy
Community Forum	February 20, 2024	Kentucky River
Community Forum	February 20, 2024	KIPDA
Community Forum	February 20, 2024	Northern Kentucky
Community Forum	February 20, 2024	Pennyrile
Community Forum	February 20, 2024	Purchase
Community Forum	February 21, 2024	Barren River
Community Forum	February 21, 2024	Gateway
Community Forum	February 21, 2024	Green River
Community Forum	February 21, 2024	Lake Cumberland
Community Forum	February 22, 2024	Blue Grass
Community Forum	February 22, 2024	FIVCO
Community Forum	February 22, 2024	Lincoln Trail
Community Forum	February 23, 2024	Cumberland Valley

APPENDIX C: ORGANIZATIONAL CHARTS OF KENTUCKY GOVERNMENT

Figures i – v below include organizational charts for Kentucky's [DAIL](#) and [Cabinet for Health and Family Services](#).

Figure i: DAIL Organizational Chart



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Figure ii: DAIL's Division of Aging and Physical Disabilities Organizational Chart

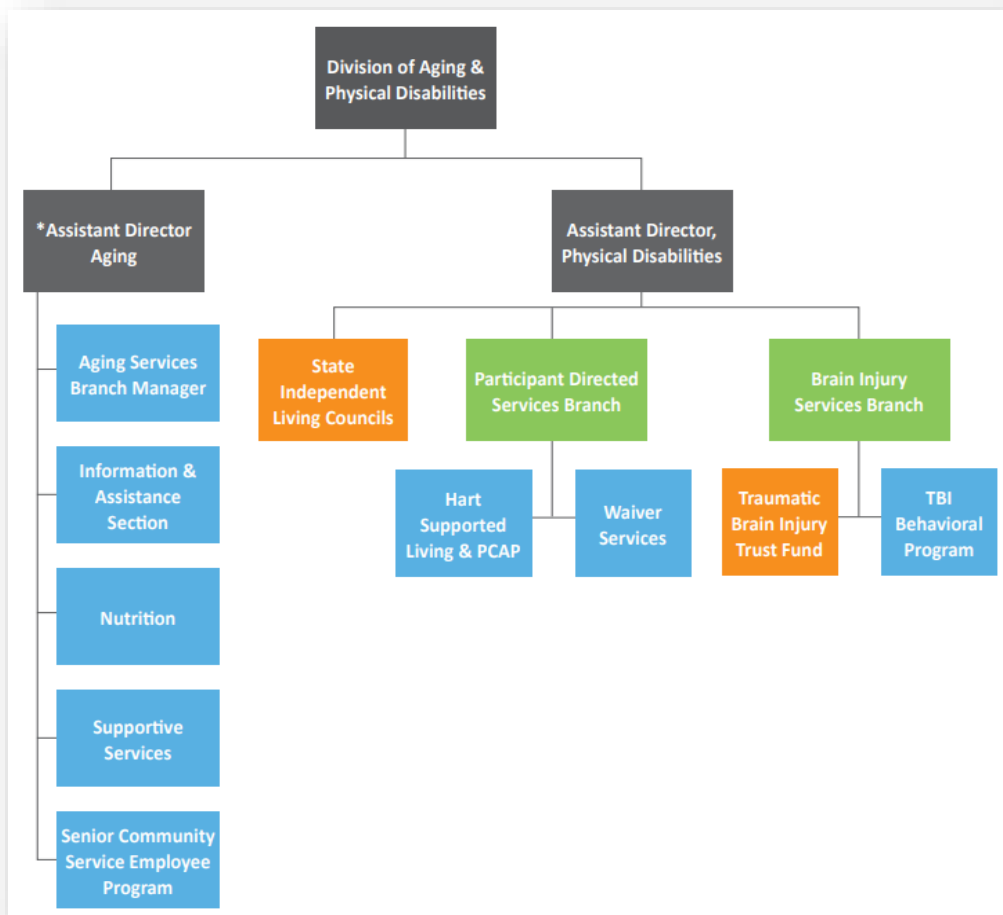


Figure iii: DAIL's Division of Finance and Administration Organizational Chart

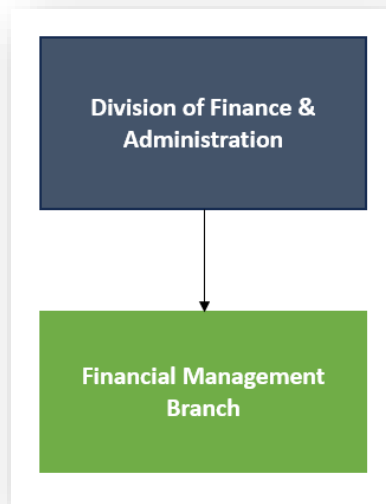
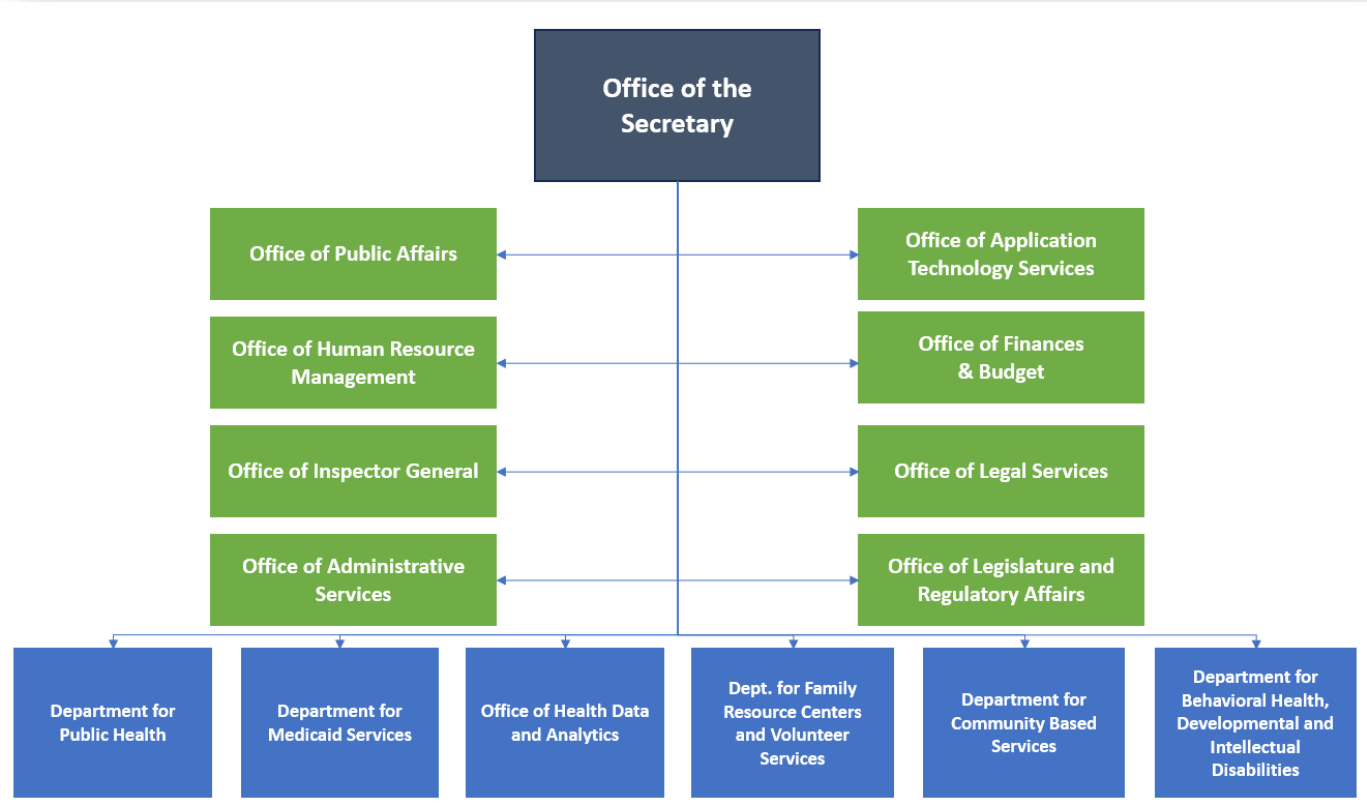


Figure iv: DAIL's Division of Quality Improvement Organizational Chart



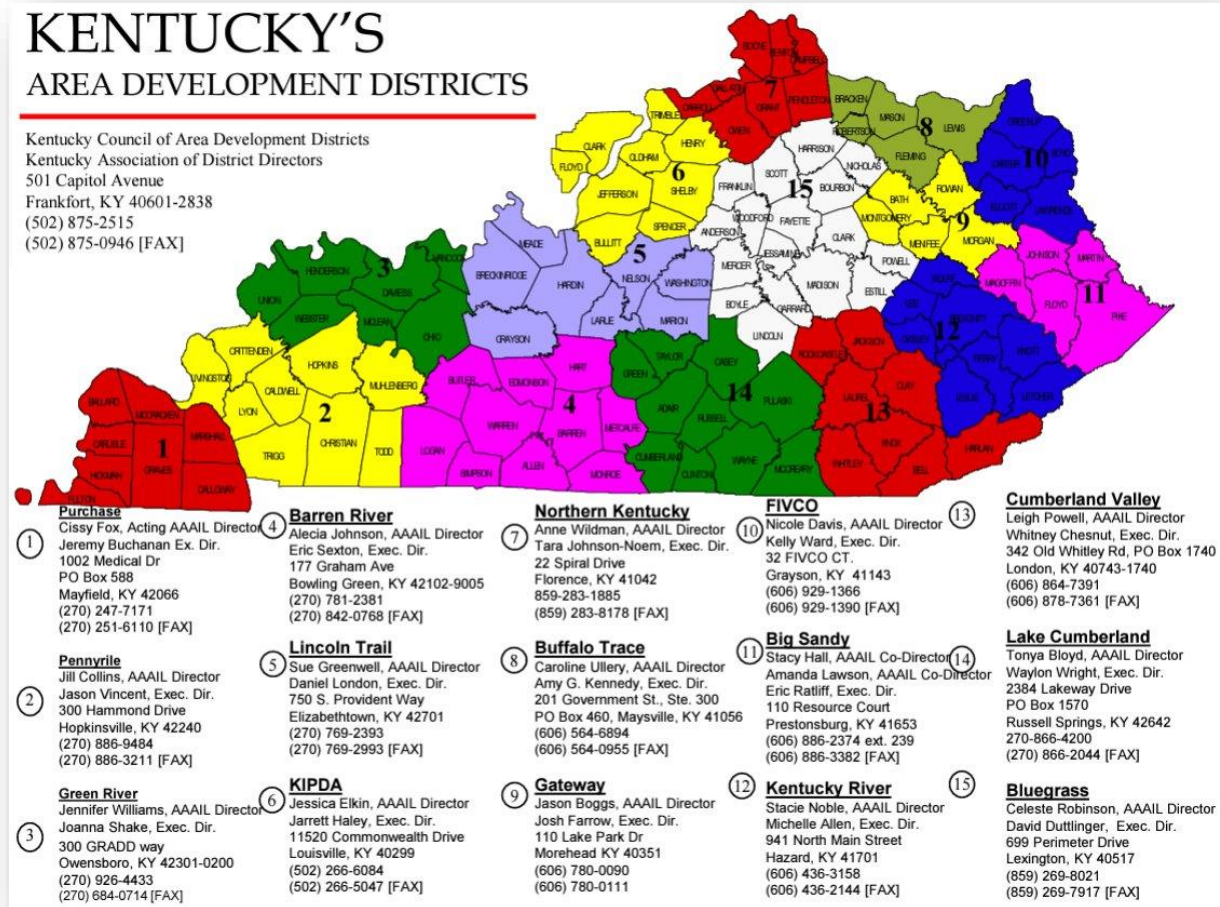
Figure v: Kentucky's Cabinet for Health and Family Services Organizational Chart



APPENDIX D: AREA DEVELOPMENT DISTRICT MAP

Figure vii below displays Kentucky's ADDs across the Commonwealth.

Figure vii: Kentucky's ADD Map



APPENDIX E: ASSURANCE FORMS

The following pages include copies of the Commonwealth's Assurances forms for AAILs

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STATE PLAN GUIDANCE ATTACHMENT A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES Older Americans Act, As Amended in 2016

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 2016.

ASSURANCES

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)(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;

(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.

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(a), AREA PLANS

(a) Each area agency on aging...Each such plan shall--

(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 who are victims of 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;

(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; 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;

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) 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;

(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;

(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;

Sec. 307, STATE PLANS

(a) . . . Each such plan shall comply with all of the following requirements: . . . (3) The plan shall-

-

(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...

(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.

(9) The plan shall provide assurances that 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 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance 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.

(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;...

(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...

(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 on— (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.

(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 child care, 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 funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.
- (27) 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.

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 (AS NUMBERED IN STATUTE)

(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...

State Plan Guidance Attachment A (Continued)

REQUIRED ACTIVITIES

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—

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

SEC. 306 – AREA PLANS

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—

(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 health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(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;

Sec. 307(A) STATE PLANS

(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.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF 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; . . .

- (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).

Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.

- (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 an area agency on aging, by a 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.

- (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.

- (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—

- (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.

- (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).

Authorized Official

Date

Signature and Title of

DRAFT

State Plan Guidance Attachment B

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

SECTION 305(A)(2)(E)

Describe the mechanism(s) for assuring 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;

SECTION 306(A)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

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.)

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.*

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.*

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.*

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.*

SECTION 307(A)(28)

- (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

SECTION 307(A)(29)

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.

SECTION 307(A)(30)

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.

SECTION 705(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--

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

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.

ATTACHMENT D INFORMATION REQUIREMENTS

Section 305(A)(2)(E)

Describe the mechanism(s) for assuring 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;

Response: The Interstate Funding Formula that DAIL will be using takes into account the priority areas listed above (Attachment E). Consensus was sought from the directors of the designated PSA to provide a weight to each of the categories. Using the most current information available from the Kentucky State Data center, funds will be allocated based on the weights and populations distribution. In turn, the designated PSA will be required to utilize the same factors to distribute funds in each community and develop specific objectives to serve the populations. DAIL will monitor the allocations and expenditures throughout the fiscal year. Additionally each designated PSA completes area plans every three years with a revision each year. In the plan they must address how they will provide services to the priority areas.

Section 306(A)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Response: Each designated PSA completes regional disaster plans every three years with a revision each year. In the plan they must address how they will continue services during a disaster and how they will assess the needs of those receiving services such as senior center services and in home services. The plan also includes a process for the storage of records and computerized documents and transfer to an alternate work space for department staff at a separate location in the event a disaster destroys its facility and contents of the facility and assure the protocol provides for resuming operations within 24 hours of a disaster. Additionally, the designated PSA work as a Functional Assessment Service Teams members to conduct assessments to evaluate resources necessary to support persons with functional and access needs within the general population shelters.

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: The designated PSA signs assurances that in accordance to the OAA, an adequate proportion of part B funds are expended in access services, transportation, health services, outreach, information and assistance, case management services, in-home services and legal assistance. Currently each AAAIL expends 65% of their allocated services funds on access, in-home, and legal assistance.

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 of the plan, not less than the amount expended for such services for fiscal year 2000.

Response: DAIL will not allocate less than the amount allocated in FY2000 for services for older individuals residing in rural areas. The new funding formula adds more importance to those living in rural areas. DAIL staff review monthly invoices to monitor that the designated PSA is expending all allocated funds and failure to do so for two consecutive years may result in a decrease in allocation to that designated PSA and reallocation to another designated PSA.

(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).

Response: Kentucky is predominantly a rural state and funding in the past was allocated based on where the 60+ population lived. The new funding formula adds more importance to those living in rural areas. As it stands now and in the past, each of the PSA serves rural areas and there are only pockets of metropolitan areas.

(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: Using the latest census information from the University of Louisville State Data Center, the rural population over the age of 60 is identified and used as a basis for the new funding formula. More

importance was placed on this factor in the new IFF. The designated PSA regional plans must include explanations of how they provide equitable allocations of funds for programs and services.

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: The DAIL IFF weights rural individuals who are 60+ the highest factor, 45%, in the IFF as compared to the 60+ population being weighted at 10%. The designated PSA regional plans must include explanations of how they provide equitable allocations of funds for programs and services.

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: Kentucky's 60+ minority population makes up 7.9% of the total 60+ population.

Of that, 19.9% are low income minority. Less than 1% of the state's 60+ population is limited English proficiency. To that extent, minority population is weighted at 8%, minority poverty s 2% and Limited English Proficiency is 4%.

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 (title III), if applicable, and specify the ways in which the State agency intends to implement the activities .

Response: Kentucky has very few Native Americans, with less than .3% reporting American Indian and Alaska Native race and origin alone. The designated PSA signs assurances that they shall provide information and assurances concerning services to older individuals who are older Native

Americans. They will pursue activities, including outreach, to increase access to programs and benefits provided under the Older Americans Act.

Section 307(A)(28)

(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 assessments 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.

Section 307(A)(29)

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: DAIL has a Disaster Coordinator who is the initial point of contact to initiate implementation of the disaster plan and protocol and assure the protocol includes the programs, documents, equipment, supplies and communications necessary to serve older adults and individuals with disabilities. The coordinator provides direction to staff to begin implementation of contact and information dissemination to regional and local agencies. DAIL will coordinate its 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. Each designated PSA completes regional disaster plans every three years with a revision each year. In the plan they must address how they will continue services during a disaster and how they will assess the needs of those receiving services such as senior center services and in home services. The plan also includes a process for the storage of records and computerized documents and transfer to an alternate work space for department staff at a separate location in the event a disaster destroys its facility and contents of the facility and assure the protocol provides for resuming operations within 24 hours of a

disaster. Additionally, the designated PSA work as a Functional Assessment Service Teams members to conduct assessments to evaluate resources necessary to support persons with functional and access needs within the general population shelters. Please see DAIL Disaster Preparedness Standard Operating Procedures in Attachment F.

Section 307(A)(30)

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: The Staff Assistant to the Commissioner of the Department is responsible for reviewing all emergency preparedness plans, policies and procedures. Recommendations are made to the Commissioner who has final approval of the plans. Implementation is conducted by designated staff who monitor the designated PSA for compliance.

DRAFT