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Kentucky State Plan

Department for Aging and Independent Living
Federal Fiscal Years 2022 – 2024

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Department for Aging and Independent Living

Vision and Mission Statement

Vision: All Kentuckians, regardless of age or ability, will have access to the information and supports necessary to live independently.

Mission: To promote the welfare, dignity, and independence of older adults, individuals with physical disabilities, and adults in need of a guardian.

DRAFT

Verification of Intent

The State Plan on Aging is hereby submitted for Kentucky for the period of October 1, 2020 through September 30, 2023. The State Plan includes all assurances and plans to be conducted by the Department for Aging and Independent Living under the provisions of the Older Americans Act, as amended, during the period identified above.

The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act and is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated service systems and nutrition services, and to serve as the effective and visible advocate for older Kentuckians.

Between October 1, 2020 and September 30, 2023, our goals include:

- **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.
- **Goal 2.** Ensure older Kentuckians, persons with disabilities, caregivers and families have access to person-centered planning and options counseling for their long-term services and supports.
- **Goal 3.** Increase the development and implementation of business-related strategies that promote innovation, collaboration, and sustainability of aging and disability network partners.
- **Goal 4.** Prevent abuse, neglect, and exploitation while protecting the rights of older Kentuckians and persons with disabilities.
- **Goal 5.** Ensure continuous quality improvement principles to ensure the State Unit on Aging operates efficiently and effectively.
- **Goal 6.** Ensure that all Kentucky elders and individuals with disabilities have equitable access to services regardless of any social, cultural, or geographic barriers.

The plan is hereby approved by the Governor of Kentucky and constitutes authorization to proceed with activities under the plan upon approval by the Assistant Secretary on Aging.

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

Victoria Elridge
Commissioner
Department for Aging and Independent Living

The Honorable Andy Beshear
Governor of Kentucky

Executive Summary

The Kentucky Department for Aging and Independent Living (DAIL) is required by the Older Americans Act of 1965, as amended, to develop a State Plan on Aging every two to four years. This plan on aging is for the time period beginning October 1, 2020 through September 30, 2023.

The Older Americans Act (OAA) supports a wide range of social services and programs for individuals aged 60 years or older. OAA Title III services are available to all persons aged 60 and older but are targeted to those with the greatest economic or social need, particularly low-income and minority persons, older individuals with limited English proficiency, and older persons residing in rural areas. While this State Plan on Aging addresses needs of, and services for, adults with disabilities who are under age 60, DAIL acknowledges that the Older Americans Act contains limitations on the use of OAA funds for individuals under age 60, and DAIL will comply with those limitations.

The State Plan on Aging functions as DAIL's contract with the Administration for Community Living (ACL). It allows the State of Kentucky to receive funding under OAA Titles III and VII. Titles III and VII provide for funding for important services for older Kentuckians, known as "core" programs, such as:

- Personal Care
- Respite
- Legal Services
- Case Management
- Congregate and Home-Delivered Meals
- Preventative Care
- Transportation
- Long-Term Care Ombudsman

This state plan lays the foundation for building a successful infrastructure for a wide spectrum of community-based services while also ensuring a full continuum of care across the lifespan, which includes nursing homes and other specialized skilled nursing facilities. The Kentucky plan provides a platform to build quality measures and value into every program and service, regardless of the setting.

Four basic focus areas are used as Kentucky's foundation of care and support for older adults, individuals with disabilities, and their caregivers. The Kentucky State Plan on Aging reflects the focus areas outlined by the Administration for Community Living. The focus areas include:

- Older Americans Act (OAA) Core Programs
- ACL Discretionary Grants
- Participant-Directed/Person-Centered Planning

- Elder Justice

The plan also provides leadership and guidance in rebalancing the long-term care system and development of a comprehensive and coordinated infrastructure for home and community-based services. DAIL will provide the leadership for accomplishing the goals in collaboration with the aging services network and other federal and state agency partners. Specific objectives and strategies to achieve the goals along with metrics to measure performance in reaching the goals, are specifically outlined in the Goals and Objectives section of this plan.

Vision:

All Kentuckians, regardless of age or ability, will have access to the information and supports necessary to live independently.

Mission:

The mission of the Department for Aging and Independent Living is to promote the welfare, dignity, and independence of older adults, individuals with physical disabilities, and adults in need of a guardian.

Kentucky's Department for Aging and Independent Living's goals for Federal Fiscal Years 2020 through 2023 are:

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.

Goal 2. Ensure older Kentuckians, persons with disabilities, caregivers and families have access to person-centered planning and options counseling for their long-term services and supports.

Goal 3. Increase the development and implementation of business-related strategies that promote innovation, collaboration, and sustainability of aging and disability network partners.

Goal 4. Prevent abuse, neglect, and exploitation while protecting the rights of older Kentuckians and persons with disabilities.

Goal 5. Ensure continuous quality improvement principles to ensure the State Unit on Aging operates efficiently and effectively.

Goal 6. Ensure that all Kentucky elders and individuals with disabilities have equitable access to services regardless of any social, cultural, or geographic barriers.

Specific objectives and strategies are delineated for each of these goals. The State Plan on Aging also provides performance measures so that progress can be evaluated, and continual improvement can be made in reaching these goals. DAIL will continue to deploy innovative methodologies to efficiently and effectively expand capacity, foster collaborations, and drive

cost efficiencies to deliver a comprehensive system of programs and services to assist Kentuckians in living longer, safer, and healthier lives to meet their full human potential.

Introduction

The State Plan on Aging serves as the contract between Kentucky and the Administration for Community Living (ACL). It enables Kentucky to receive funds under Titles III and VII of the Older Americans Act. This funding provides needed services and programs for Kentuckians age 60 and older.

In addition to fulfilling this federal requirement, the State Plan on Aging also serves as a strategic planning guide for the Department for Aging and Independent Living for the next three years. It describes a vision for the future and lays out the goals, objectives, and strategies for meeting that vision.

Process

The goals included in the State Plan on Aging were developed by a robust stakeholder engagement process. This engagement included a regional needs assessment conducted by Kentucky's Area Agencies on Aging and Independent Living. A variety of methods were used to announce public meetings for community-based service providers, professionals, and consumers to offer contributions as how to best serve the needs of older Kentuckians, individuals with disabilities, and caregivers in the Commonwealth.

An online survey was also used to seek input on the development of the goals and objectives. The top three identified needs in the Commonwealth are:

- Transportation services
- Meals
- In-home services

Other needs identified were for information and assistance, home repair, affordable housing and financial assistance. While DAIL and the aging network strive to meet all the needs that have been identified, DAIL utilizes the aging and disability networks and partnerships with other state agencies and community based-service providers, to help bridge the gap of unmet needs.

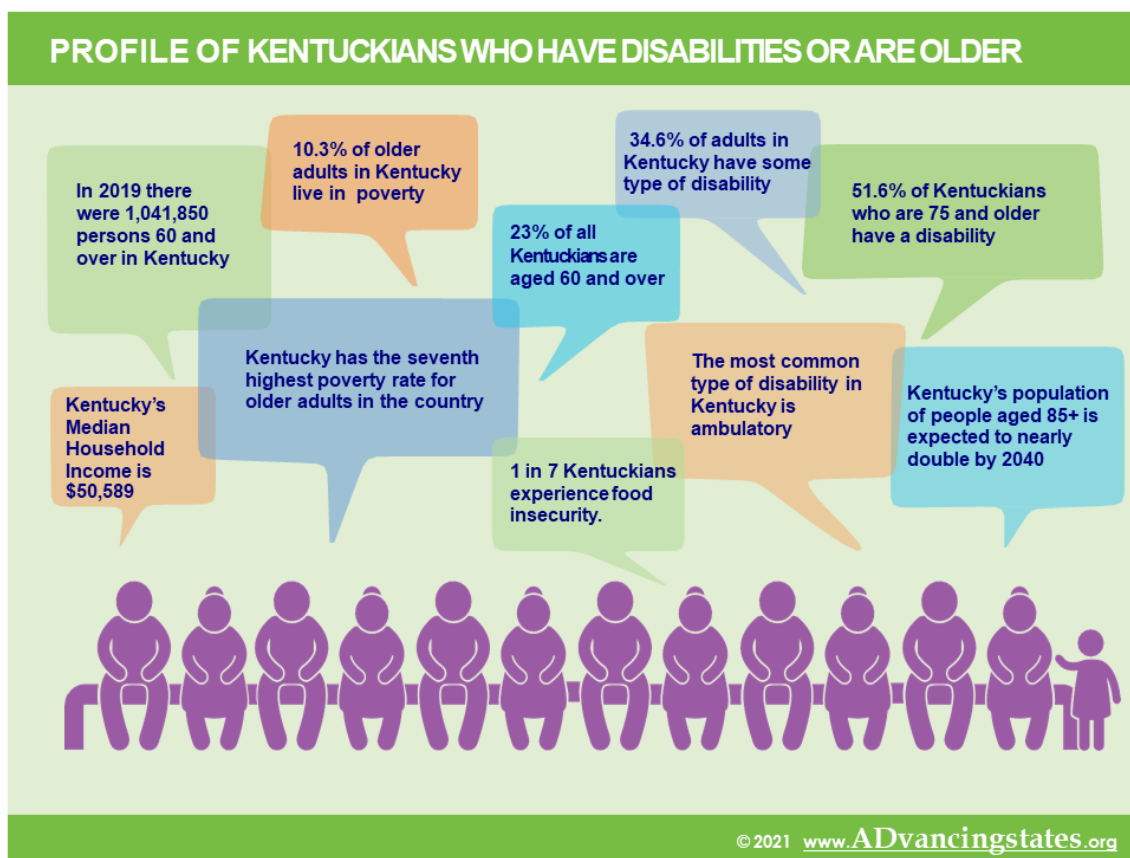
Additionally, in the winter of early 2020, ADvancing States, a national association representing state aging and disability agencies, such as DAIL, conducted in-depth stakeholder engagement related to the development of the state plan and broader long term services and supports (LTSS) redesign priorities. This included a cross-state listening session tour, with meetings in Lexington, Morehead, Hazard, Owensboro, Bowling Green, and Louisville. ADvancing States provided a written summary of these public events for the state in the form of a stakeholder

report. The stakeholder report was reviewed with participants after development and no additional comments were submitted.

Context

The Current and Future Population of Older Kentuckians

According to the 2019 U.S. Census Bureau Population estimates, Kentucky's population is 4.4 million.¹ The Kentucky State Data Center estimated there were 1,041,850 persons 60 and older in 2019, which makes this the largest age group in Kentucky, comprising 23% of the state's total population.² The 60 and over age group has grown every year from 2010-2019 and is expected to increase to an estimated 1.31 million people by the year 2040, at which point this category would account for a projected 26.8% of the state's total population.³



¹ U.S. Census Bureau, Kentucky QuickFacts.

² Kentucky State Data Center, Data Downloads: Population by Sex and Age Group (2010-2019.)

³ Kentucky State Data Center, Projections: Vintage 2016 Age and Gender.

Figure 1. Profile of Kentuckians Who Have Disabilities or Are Older

In 2019, Kentucky's population aged 85 and over was estimated at 81,868 or approximately 1.8% of the total population.⁴ This age group has also increased in size every year from 2010-2019 and is expected to continue increasing.⁵ Population projections estimate that this age category will nearly double in size by 2040, when the projected 163,584 people in this group will represent 3.3% of Kentucky's total population.

Kentucky remains a fairly homogenous state, with the majority of residents identifying as Caucasian (87.5 percent).⁶ According to the U.S. Census Bureau, 8.5 percent of people in Kentucky identify as African American while 3.9 percent identify as Hispanic or Latino. The remaining percentage of the population identifies as one of the following categories: American Indian, Alaskan Native or Asian. Most importantly, Kentucky recognizes the inherent value of equitable service delivery under the OAA and state-funded programs. This vision is reflected in the state's sixth goal for the 2020-2023 performance period.

In contrast, diversity between the Appalachian areas of the state and the more metropolitan settings such as Louisville and Lexington is dramatic. The differences between these areas presents unique challenges; particularly in relation to transportation and the delivery of evidence-based practices and supportive services in rural, community-based settings. Geographic service challenges mean that many older adults are either underserved or unserved, depending on their location.

Compounding this issue, Kentucky is faced with the challenge of high poverty rates among their older adult population. According to the Administration on Community Living's *"A Profile of Older Americans: 2018,"* Kentucky has the seventh highest poverty rate for older adults, with 10.3% of older Kentucky residents experiencing poverty.⁷ This high rate of poverty in older adults increases the demand for much needed services and amplifies existing challenges such as geography.

Kentucky also ranks higher than the national average for individuals with a disability. While the CDC reports that 25.6% of adults in the U.S. have some type of disability, in Kentucky 34.6% percent of all adults have a disability⁸. According to the 2019 American Community Survey, 31.6% of Kentucky's population ages 65-74 have some form of disability.⁹ This percentage

⁴ Kentucky State Data Center, Data Downloads: Population by Sex and Age Group (2010-2019.)

⁵ Kentucky State Data Center, Projections: Vintage 2016 Age and Gender.

⁶ U.S. Census Bureau, Kentucky QuickFacts.

⁷ Administration for Community Living, 2018 Profile of Older Americans.

⁸ CDC, Disability & Health U.S. State Profile Data for Kentucky.

⁹ Census Bureau, American Community Survey: Table S1810: Disability Characteristics.

increases to 51.6% for those 75 years and older. The chart below (Figure 1) shows the prevalence of different disability types for older adults in Kentucky. These disabilities, particularly mobility, self-care, and independent living, have a significant impact on the use and cost of LTSS in Kentucky, whether in the community or in long-term care facilities.

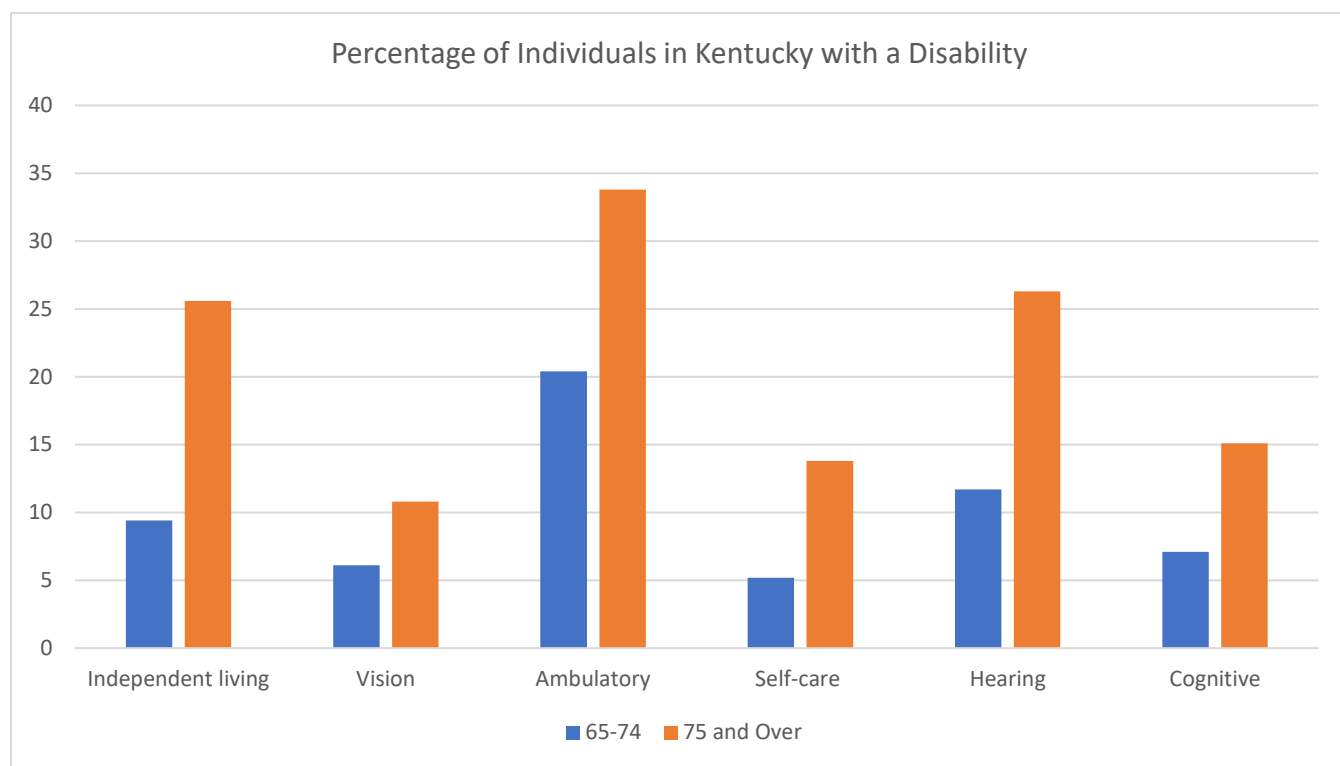


Figure 2. Data from American Community Survey *Table S1810: Disability Characteristics*.

Kentucky's Aging Network and Long-Term Care System Organization

The Department for Aging and Independent Living (DAIL), as the State Unit on Aging (SUA), provides leadership to administer a statewide system and coordinated array of services for older adults and their families, and caregivers. DAIL is one of nine Departments within the Kentucky Cabinet for Health and Family Services (the Cabinet). Sister departments include Community Based Services (Adult and Child Protection), Income Support, Family Youth Resource Centers, Volunteer Services, Medicaid Services, Behavioral Health, Developmental and Intellectual Disabilities, the Office of Inspector General, and Public Health. Each of these cabinet agencies plays an integral part in providing comprehensive services to older adults and Kentuckians with disabilities. While DAIL administers all programs funded through the OAA, other agencies manage additional federal and state-funded programs that benefit older Kentuckians, individuals with disabilities, and caregivers. Placement within the cabinet allows for open communication and coordination with these other agencies. The Commissioner of

DAIL reports directly to the Secretary of the Cabinet who, in turn, reports directly to the Governor's Office.

In order to receive federal Older American Act funding, each state must designate within that state, a sole agency to administer such programs per {42 U.S.C. § 3025(a)}. DAIL is the dedicated agency for Kentucky.– Currently, DAIL contracts or sub-contracts with a statewide network of Area Agencies on Aging and Independent Living/Area Development Districts (AAAILs/ADDs), and local providers to implement the objectives of the department, including the provisions of the Older Americans Act (OAA). DAIL administers federal and state funding to AAAILs/ADDs, manages contract requirements with AAAILs and their governing bodies, and provides policy framework for programmatic direction and operations, standards, and guidelines for service delivery systems, quality assurance and training.

DAIL assures that preference will be given to the provision of services to older Kentuckians with the greatest economic or social need, with particular attention to low-income minority individuals, individuals at risk for nursing home placement, older individuals living alone and older individuals living in rural areas.

The State Plan serves as a roadmap to guide Kentucky's 15 AAAILs, designated under Section 305 of the OAA, in developing area plans. The AAAILs will formulate their area plans using a uniform format developed by the SUA in collaboration with the AAAILs. The goal is to align area plans with this State Plan.

DAIL benefits from its strong partnerships with agencies and organizations within the Commonwealth's aging and disabilities network. Our partners include:

- Brain Injury Alliance of Kentucky
- AARP
- Alzheimer's Association of Kentucky
- ARC of Kentucky
- Kentucky Protection and Advocacy
- Leading Age Kentucky
- Kentucky Association of Healthcare Facilities
- Kentucky Association of Adult Day Care Centers
- Kentucky Senior Living Association
- Kentucky Assisted Living Facilities Association

Several advisory councils also help to guide DAIL's work including the *Alzheimer's Disease and Related Disorders Council* who are appointed by the Governor and helps DAIL identify issues to advance the treatment of people with memory loss and provide support and assistance to their families. The council has 15 members and represents agencies of state government that

oversee dementia: Local health departments, regional Alzheimer’s Associations, the University of Kentucky Sanders-Brown Center on Aging, consumers, health care providers, and the medical research community. The duties of the Council include establishing and evaluating goals and outcomes and helping Kentuckians locate programs and information. The Mental Health and Aging Councils include AAAIL’s in partnership with the Department for Behavioral Health and Intellectual Disabilities, to have regional mental health and aging coalitions. The coalitions review and analyze issues related to access and the actual provision of mental health services to older adults and to eliminate any barriers to access treatment. The Mental Health and Aging Coalitions hold conferences annually and publish resource information to raise awareness of mental health and aging issues.

Additional councils and boards that the department administers include the Traumatic Brain Injury Trust Fund, Hart Supported Living, Alzheimer’s and other related dementia’s council and Kentucky Elder Abuse. DAIL staff also participate on a number of councils such as the Kentucky Council on Developmental Disabilities, the Kentucky Statewide Independent Living Council, the Deaf and Hard of Hearing, Kentucky Elder Abuse Committee, and the Kentucky Alzheimer’s and related disorders Council.

CONSUMERS SERVED FY2020		
Program	Total Served	
OAA Funded Title III		
Aging Disability Resource Center	71,788 calls	
Evidence Based Health Promotion	3,136 participants	
Older Americans Act Title III Supportive Services	33,338 individuals	
National Family Caregiver Support Program	1,879 caregivers	
OAA Title III Meal Programs	Participants	Meals
All Programs Combined.....	26,654	2,111,466
Congregate Meals.....	15,762	934,214
Home Delivered Meals.....	10,892	1,177,252

State Supported Programs and Services	
Guardianship	4,503 individuals
Hart Supported Living	518
Kentucky Caregiver Program	322 grandparents
Kentucky Homecare Program	3,501
Personal Care Attendant Program	263
Traumatic Brain Injury Program	389
Elder Justice	
Elder Abuse Prevention	703 abuse prevention events
Long-term Care Ombudsman	1,657 complaints
*combination of federal and state funding	33,623 individuals served through consulations, visitations, education, training and family and resident councils.

Figure 3. Kentuckians Served by DAIL SFY2020

DAIL serves as the lead agency on providing programs and services to the aging population. As the SUA, DAIL administers the OAA programs and services through funding from the Administration on Community Living. SUAs administering funds under Titles III and VII of the OAA of 1965, as amended, are required to develop and submit to the Assistant Secretary on Aging a state plan for approval. DAIL administers the following major programs and initiatives using OAA funds.

Major Programs & Initiatives Using OAA Funds	
Aging and Disability Resource Center (ADRC)	The ADRC serves as a highly visible and trusted resource available in every community across the Commonwealth where people of all ages, incomes, and disabilities obtain information on the full range of long-term services and support (LTSS) options. DAIL maintains a toll-free phone number, while each of the AAAILs operate a local ADRC to streamline access to long-term care. A Level One screening is used to screen individuals for publicly funded long-term care services and support programs. The Department for Medicaid Services allows DAIL to utilize administrative match dollars from Medicaid to support the work of the ADRC. A web-based resource directory

	was developed and is maintained by the United Way of the Bluegrass and serves as the ADRC resource directory.
Disease Prevention and Health Promotion	Evidence-based interventions are utilized to help elder Kentuckians address their chronic health conditions and promote self-management. Through the aging network, contracted agencies provide for the implementation of programs such as Stanford Chronic Disease Self-Management, Management Education, Bingocize, Active Choices Everyday, Walk with Ease, Arthritis Foundation Exercise Program, and Matter of Balance. During this planning period, DAIL will be working to improve the health of our seniors. The Americans Health Ranking 2018 Senior Report identified Kentucky as the 48th state that has the greatest opportunity for improving senior health. Utilizing information gleaned from the rankings, DAIL has identified four areas that will be the focus for the department over the next several years: Smoking Cessation, Food Insecurity, Mental Wellbeing and Physical Wellbeing. We will be examining how each focus area ties in with other local, state, and national initiatives, such as the objectives of Healthy People 2030, and the Kentucky Department of Public Health Plan. We will explore the activities, programs, and services currently being provided by DAIL and the aging network to address the focus areas. We will also examine what is being done by other Kentucky State agencies to address these focus areas and if there is an opportunity for partnerships. We will examine how other states are addressing the focus areas and what programs have been most helpful in addressing the needs of the community and state.
National Family Caregiver Support Program	The National Family Caregiver Support Program offers flexible benefits and support services to informal caregivers of people 60 years of age or older or an individual with Alzheimer's Disease or a related disorder. It also supports older relative caregiver's age 55 or older caring for a relative child no older than 18 years of age related by birth, marriage, or adoption. The services include: information and assistance, counseling, support groups, supplemental services, and respite care.
Nutrition Program for Older Adults	This nutrition program includes home-delivered meals and congregate meals at nutrition sites. The program helps improve the eating habits of participants, offers social networking opportunities, and helps participants remain healthy and independent by reducing hunger and food insecurity. As mentioned above in Health Promotion/Disease Prevention, DAIL will be looking at food insecurity in Kentucky as 18 percent of Kentuckians aged 60 and over suffer from food insecurity. This means that 174,669 Kentuckians are at greater-risk for developing chronic illnesses like heart disease or are unable to manage existing chronic illnesses. Extensive research has shown that a strong correlation exists between food insecurity and chronic health conditions. According to one study, food-insecure households spend about 45 percent more (\$6,100) on medical care in a year than people in food-secure households (\$4,200). (Food Insecurity and Health Care Expenditures in the United States: Berkowitz, Basu, Meigs, Seligman).

Senior Centers	More than 225 senior centers are located throughout Kentucky with a minimum of one located in each of the state's 120 counties. The centers provide information and assistance, wellness activities, volunteer opportunities, and social activities and services to people age 60 and older.
Senior Community Service Employment Program	The Senior Community Service Employment Program (SCSEP) provides training and part-time employment opportunities to low-income people age 55 or older. Participant benefits include earned income, training and experience to develop employment skills, annual physical exams, the chance to obtain unsubsidized employment, social and physical activities, and engagement in activities that support independence.
State Health Insurance Assistance Program	The Kentucky State Health Insurance Assistance Program (SHIP) is a federally funded program that provides information, counseling, and assistance to seniors, individuals with disabilities, family members, and caregivers. Local, well-trained counselors provide impartial counseling and assistance statewide, to people with questions or problems regarding Medicare and other related health insurance programs.
Supportive Services	Supportive Services are part of the Older Americans Act and certain services deemed "priority" services under the Act are funded annually. These priority services include legal assistance; transportation; outreach; information and assistance; case management services; and in-home services such as homemaker and home health aides, visiting and telephone reassurance, and chore maintenance.

Elder Justice

DAIL will ensure the rights of senior Kentuckians and individuals with disabilities by offering consistent and accurate information through the Aging Disability Resource Center (ADRC), as well as supports and advocacy through the Long-Term Care Ombudsmen, Public Guardianship Program, local Coordinating Councils on Elder Abuse, and the Legal Services network. Abuse of individuals with Alzheimer's disease or other disabilities is expected to increase as the population ages.

Elder Justice	
Elder Abuse Councils	Kentucky is a national leader in its coordinated grassroots efforts to raise awareness of elder abuse in communities across the state. Currently, a legislatively mandated State Elder Abuse Committee is charged with raising awareness and better coordinating services that safeguard vulnerable adults from abuse, neglect, and exploitation. The Commissioner for the DAIL has been named as the Chair of this council and will work with the Elder Abuse Committee to focus on professional development and public awareness. Local Coordinating Councils on Elder Abuse serve as a model for other states to emulate. This network of councils has successfully created public

	awareness through published literature available at various locations within their communities. The Ombudsman program seeks to promote a safe environment for all residents and to be the voice for a variety of issues that affect any resident in a long-term care facility.
Elder Abuse Prevention	This program trains law enforcement officers, health care providers, and other professionals on how to recognize and respond to elder abuse and supports outreach and education campaigns to increase public awareness of elder abuse and prevention. The program also supports the efforts of local elder abuse prevention coalitions and multidisciplinary teams.
Legal Assistance	The legal assistance network in Kentucky is composed of several non-profit legal service agencies that provide civil legal assistance designed to assist low income, disabled and elderly clients with legal issues that threaten self-sufficiency and/or quality of life. These services typically address government benefits, housing and family law, and are provided to help people in emergency situations meet their need for food, shelter, medical care, and freedom from financial or physical abuse.
Long-Term Care Ombudsman	The Long-Term Care Ombudsman Program (LTCOP) advocates for over 35,000 residents of nursing homes, personal care homes, and family care homes throughout Kentucky. Ombudsmen work to resolve problems of individual residents and bring about improvements in care through changes at the local, state, and national levels. The LTCOP has been given the charge to promote systemic advocacy aimed at improving both the quality of life and the quality of care for all citizens residing within the long-term care system. The Kentucky LTCOP created and will continue to enhance the Multi-Agency Regional Forums representing government partners such as Adult Protective Services, Guardianship, Office of Inspector General, the Office of Attorney General, Area Agencies on Aging and Independent Living, Kentucky Protection and Advocacy, and the Long-term Care Ombudsman. The state LTCOP will continue to develop and conduct training and awareness courses on Elder Abuse and the need for community involvement as 60 percent of nursing home residents do not have someone to visit them. DAIL is seeking Medicaid funds to enhance and expand the services currently provided.

State Supported Programs and Services

To serve additional older Kentuckians and individuals with disabilities, the state has created additional programs and services that build upon the programs included in the Older Americans Act. Some of these programs include:

State Supported Programs and Services	
Kentucky Family Caregiver Support Program	The Kentucky Family Caregiver Program provides a wide range of services including matching grandparent caregivers with support groups and information about resources, assistance in accessing services, counseling, supportive services and training. The grandparent must be the primary caregiver for a grandchild up to the age of 18 who is related to the child by blood, marriage, or adoption.
State Homecare Program	The Homecare Program assists adults who are at risk of institutional care to remain in their own homes by coordinating the client's plan of care utilizing both formal and informal caregivers to provide supports and services to ensure that daily needs are met. Participants must be 60 years of age or older and unable to perform two activities of daily living, three instrumental activities of daily living, or a combination of the two. Assessment and case management, home management and personal care, home delivered meals, chore services, home repair, respite for family caregivers, and home-health aide services, are among the types of assistance provided through the Homecare Program.
Traumatic Brain Injury Trust Fund	<p>The Kentucky Traumatic Brain Injury (TBI) Trust Fund was created by the Kentucky General Assembly in 1998 to provide services to children and adults with acquired and traumatic brain injuries across the Commonwealth. Traumatic brain injury, as defined in KRS 211.470 is a "partial or total disability caused by an injury to the central nervous system from physical trauma, damage to the central nervous system from anoxia, hypoxic episodes, allergic conditions, toxic substances, or other acute medical clinical incidents resulting in impaired cognitive abilities or impaired physical functioning." The statute definition also encompasses the definition of acquired brain injury. Within this report, ABI and TBI may be used interchangeably unless noted. TBI does not include strokes treatable in nursing facilities; spinal cord injuries; depression and psychiatric disorders; progressive dementias and other mentally impaired conditions; mental retardation and birth defect-space related disorders of a long standing nature; or neurological degenerative, metabolic, and other medical conditions of a chronic, degenerative nature.</p> <p>The statute provides for a nine-member governing Board of Directors charged with fulfilling the following mandates:</p> <ul style="list-style-type: none"> • Administering the TBI Trust Fund; • Promulgating administrative regulations; • Establishing a confidential registry for traumatic brain and spinal cord injuries; • Investigating the needs of people with brain injuries and identify gaps in services;

	<ul style="list-style-type: none"> Assisting in the development of services for people with brain injuries; and Monitoring and evaluating services provided by the TBI Trust Fund. <p>For administrative purposes, the TBI Trust Fund Board of Directors is attached to the Cabinet for Health and Family Services (CHFS), Department for Aging and Independent Living (DAIL), which provides direct staff support to the Board. Furthermore, DAIL administers the Benefit Management Program with Case Managers geographically placed to serve the clients locally as well Claims Management staff housed in Frankfort to oversee the financial aspects of the Trust Fund.</p> <p>The Kentucky Injury Prevention and Research Center (KIPRC) at the University of Kentucky has been contracted to collect hospital data and emergency department data for analysis and dissemination. This information is used to estimate the incidence and causation of brain injuries in Kentucky, as well as the demographic characteristics of injured persons.</p> <p>With over 50,000 incidents of brain injury occurring annually identified by KIPRC's 2018 report, the TBI Trust Fund at its current funding levels cannot begin to address the needs of the individuals diagnosed with brain injury. The referrals continue to increase with no additional funding which creates a significant concern for the health, safety, and welfare of the individuals unable to secure services. It is imperative for the future support of individuals with brain injuries and their families that funding increase to meet the needs of this unique population.</p>
Hart-Supported Living	<p>The Hart-Supported Living program provides grants to individuals who have a disability as defined under the Americans with Disabilities Act (ADA) and who meet the financial eligibility criteria set forth by the program. The grants provide a broad category of highly flexible, individualized services that, when combined with natural unpaid or other eligible paid supports, provide the necessary assistance to enable a person who has a disability to live in a home. The grant's main tenant is to promote the individuals independence and ability to participate in activities in the community with members of the general citizenry. A home is defined as one that does not segregate the individual from with general citizenry and is not a congregate living model (any single living unit where more than three people with disabilities reside).</p>
Personal Care Assistance Program	<p>The state-funded, consumer-directed, Personal Care Assistance Program (PCAP) is designed to help adults with severe physical disabilities at risk of institutionalization, to live in their own homes and communities by subsidizing the cost of personal attendant services. Participants must be 18</p>

	years of age or older and have a severe physical disability-with permanent or temporary recurring functional loss of two or more limbs.
Public Guardianship Program	Kentucky's public guardianship program currently serves nearly 5,000 wards of the state. Guardianship is a legal relationship between a court appointed guardian and an individual who has been declared "legally disabled" (wholly or partially). In guardianship, the court has determined the individual is unable to care for personal needs and /or unable to manage his/her financial resources. If no family member, friend, or neighbor is willing to serve or able to care for the individual, as a last resort a state guardian will be appointed by the court. The program is part of DAIL and has regional offices throughout Kentucky. DAIL is working to find new tools and resources to help front line staff meet the needs of individuals under guardianship and ensure person-centered planning occurs. Specifically, DAIL is considering ways in which less restrictive forms of guardianship, such as supported decision making, can be utilized.
Assisted Living Certification	Assisted living communities in Kentucky are a private-pay living alternative that offers total independence and higher levels of residential care. Assisted living is a social rather than medical model in Kentucky. Communities are certified by DAIL with a re-certification every two years. Complaint investigations are also completed with collaboration from the Office of the Inspector General, Adult Protective Services, and local law enforcement when appropriate.
Veteran Directed Care	The Pennyriple Area Agency on Aging and Independent Living has established a Memorandum of Agreement with the Veteran's Administration to provide Veteran's Directed Care. Through the collaboration of the VA hospitals in Marion, Illinois and Nashville, Tennessee, veterans will be provided the opportunity to receive in-home services and supports, hire caregivers of their choice, and utilize funding through the VA to purchase these services. The Pennyriple AAAIL provides assessment and case management and serves as the fiscal intermediary to process payment to the caregivers on behalf of the veteran. This project covers not only the Pennyriple AAAIL but also the Purchase AAAIL, the Green River AAAIL, and the Lake Cumberland AAAIL.
Culture of Safety	The Cabinet for Health and Family Services has embraced <i>The Collaborative Safety Model</i> that involves an in-depth systemic analysis of critical incidents to identify and improve issues that may be limiting the agency's ability to provide more successful outcomes. The model involves a comprehensive, multidisciplinary review of critical incidents and uses this approach to better understand factors which influence the quality and delivery of service. The approach will guide DAIL and the Cabinet to analyze critical incidents to contribute to organizational learning while addressing issues discovered in individual events and understanding the underlying systemic issues that influence adverse outcomes.

Trauma Informed Care	Trauma is a pervasive issue that impacts all levels of care and requires specialized knowledge and training, and collaboration among policymakers, providers and consumers/family members. Trauma-informed principles must be incorporated into all practices, with the ultimate goal to create trauma-free environments. The Cabinet for Health and Family Services believes promoting individual and organizational resilience is critical to our success, sustainability and staff well-being; so CHFS can support our citizens even amidst challenges, organizational changes, and times of stress or crisis.
Racial Equity	DAIL is focused on advancing racial equity and pursuing a comprehensive approach to advancing equity with a focus on people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequity to services. Because advancing equity requires a systematic approach to embedding impartiality or another synonym in decision-making processes, DAIL and its providers and partners must recognize and work to address inequities in policies and programs.
Disaster Planning	<p>DAIL has a Disaster Coordinator who is the initial point of contact to initiate implementation of the disaster plan and assure the protocol includes the programs, documents, equipment, supplies, and communications necessary to serve older adults and individuals with disabilities and their caregivers. The coordinator provides direction to staff concerning contact and information dissemination to regional and local agencies. DAIL will coordinate disaster preparedness efforts to secure a connection between officials responding to disasters and emergencies with providers of services for the older adults in regional and local communities. The plan will include a process for the storage of records and computerized documents and transfer to an alternate workspace for department staff in the event a disaster destroys its facility and contents. It also assures that protocol provides for resuming operations within 24 hours of a disaster and includes language that commits department resources to emergency response efforts, especially in regard to older adults and individuals with disabilities.</p> <p>The University of Kentucky's Ohio Valley Appalachia Regional Geriatric Education Center (OVAR) has conducted trainings for the AAAs on how to plan and prepare for disasters. OVAR helps providers identify the critical components of care, identify and describe problems experienced by older persons, find and assess existing best care practices, discover creative solutions to similar problems, and implement and replicate best care practices in health care and community settings. The State Long-term Care Ombudsman Program (SLTCOP) has worked in conjunction with OVAR, the University of Kentucky and the University of Louisville to create and disseminate a Disaster Planning and Coordination Manual designed specifically for long-term care facilities.</p>
Functional Assessment	The Department for Public Health Emergency Preparedness Branch employs a Functional and Access Needs (FAN) Coordinator to ensure compliance with

Service Teams (FAST)	the National Response Framework’s definition of “special needs.” FAST is a federally funded program to support teams comprised of local or regional individuals with experience working with the older adult population. Members are identified by the Department for Public Health (DPH) and, utilizing an existing network of trained assessors from the Area Agencies on Aging and Independent Living (AAAILs), FAST members, upon request from a shelter manager, assess identified individuals who may require physical and/or intellectual supports in order to stay in a general population emergency shelter during times of disasters. Through a contractual arrangement with the DPH, DAIL and the AAAILs serve as Functional Assessment Service Teams.
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Competitive and Discretionary Grants. DAIL has been fortunate to receive several grants from organizations such as the Administration on Community Living (ACL) and the Centers for Medicare and Medicaid Services (CMS). The Department will continue to aggressively seek additional funding opportunities to support older Kentuckians and adults with disabilities. Most recently, DAIL was awarded the following discretionary grants.

Competitive and Discretionary Grants	
Traumatic Brain Injury State Partnership Program	In June 2018, the Administration for Community Living ACL awarded the Department a State Partnership grant. The goal of this project is to increase the capacity to provide access to comprehensive and coordinated services for individuals with TBIs and their families. The focus is to strengthen the system of services and supports that maximizes the independence, well-being, and health of people with TBIs across the lifespan, their family members, and support networks. DAIL will establish a State TBI Advisory Board, develop an annual TBI State Plan, and enhance the existing but limited TBI state registry.
National Center on Advancing Person-Centered Practices and Systems (NCAPPS) Technical Assistance	In March 2019, DAIL was selected to receive technical assistance from the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) to develop supports for older adults and individuals with disabilities more person-centered through systems change efforts that ensure the person is at the center of thinking, planning, and practice. DAIL will work with national subject matter experts towards developing training of staff/providers in effective practices related to person-centered thinking, planning, and service delivery. To develop and executing organizational change strategies for increasing person-centered practice within and across systems. DAIL will also work to issue policy guidance to enhance specific service coordination/case management processes to support person-centered plan development. DAIL will strive to adopt specific requirements across all LTSS providers related to the provision of person-centered planning and services and meaningfully engage participants who have direct lived experience in all facets of the design including refinement,

	implementation, and evaluation of person-centered thinking, planning, and practice. DAIL will work towards implementing alternative payment models based on quality measures and strategies to incentivize systems and organizational change to fully implement person-centered thinking, planning, and practices; and identification of strategies for measuring outcomes for person-centered planning.
National Center on Advancing Person-Centered Practices and Systems (NCAPPS) Brain Injury Learning Collaborative	Kentucky is participating in the Brain Injury Learning Collaborative to improve outcomes for people with brain-injury by exploring strategies to make the system more person-centered. We are working towards long-term systems changes by learning from our own efforts and those of other states pursuing similar strategies. The goal is to engage people with lived experiences in self-advocacy and systems change, incorporate and improve person-centered needs identification, establish person-centered planning best practices and improve and expand person-centered services and supports.
National Center on Advancing Person-Centered Practices and Systems (NCAPPS) Racial Equity Learning Collaborative	Kentucky was also awarded the opportunity to participate in the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) Racial Equity Learning Collaborative. Culture, language, and identity are core elements of what people bring to person-centered systems. Kentucky is engaging in self-reflection and developing a deep understanding of how to promote racial equity within human service systems. It is our long-term goal that Kentucky will be better equipped, as individuals and members of their respective organizations, to 1) identify policies, structures, practices, behaviors and attitudes that underpin racism; and 2) facilitate and influence change within their organizations and systems.
Innovations in Nutrition Programs and Services	DAIL was awarded an Innovations in Nutrition Programs and Services grant that has the goal of preparing the aging network to respond to catastrophic emergencies using strategies, actions and plans that have been tested in the aftermath of COVID-19. The project will deliver resources and tools to address social isolation and access to regular, reliable nutritious food sources.
Medicare Advantage Learning Collaborative	The Kentucky Council for Area Development Districts was awarded a 2019 Medicare Advantage Learning Collaborative (MALC), hosted by the National Council on Aging (NCOA) and the Aging and Disability Business Institute at the National Association for Area Agencies on Aging (n4a). The learning collaborative is designed to provide community-based organizations (CBOs) with the knowledge and skills to pursue partnerships and contracts with Medicare Advantage plans for home and community-based services and supports. The Kentucky ADD will be working with DAIL and the state's

	planning service areas on enhancing better awareness and service opportunities in the Commonwealth.
ACL Business Acumen Learning Collaborative	Building on the work that the Kentucky Council for Area Development Districts have been doing with the Medicare Advantage Learning Collaborative, DAIL and the Kentucky ADDs are participating in a learning community to share and discuss all the ways in which states are managing their aging and disability networks. Strategies include opportunities to explore ways to enhance and implement ACL's Strategic Framework including collaboration with Network Lead Entities, on issues that impact the development, expansion, and sustainability of Community Integrated Health Networks.

Medicaid Home and Community Based Services Programs

DAIL is responsible for the administrative and monitoring oversight of the Participant Directed Services within Home and Community-Based Services Waivers. In Kentucky, Participant Directed Service approach allows Medicaid recipients enrolled in a Home and Community Based waiver to direct their own non-medical services. Model II waiver recipients are exempt-as it is for individuals who depend on a ventilator. Recipients or their representatives are responsible for training and managing their service provider.

Medicaid Waiver PDS Programs Administered by DAIL and Corresponding Target Populations		
Waiver	Target Population	Local Agency
Acquired Brain injury	Short-term intensive supports for those with an acquired brain injury	Statewide network of private providers. Some Community Mental Health Centers (CMHC)
Home & Community Based Waiver	Older adults or individuals with disabilities who meet nursing home level of care	Area Agencies on Aging and Independent Living (AAAIL) Home Health Agencies Adult Day Health
Michele P	Intellectual disabilities and/or developmental disabilities	Statewide network of private providers CMHCs AAAILs
Supports for Community Living	Intellectual disabilities and/or developmental disabilities	Statewide network of private providers CMHCs AAAILs

Kentucky envisions a long-term services and supports (LTSS) system in which programs in the public and private sector are streamlined to enable easy consumer access. The system should allow older adults, those with disabilities and their caregivers to access the full continuum of quality services that meet the consumer's needs and are delivered in a timely manner. Kentucky's service array will continue to build upon a person-centered philosophy of care that is indicative of a system in which the needs of the individuals drive the organization of the system, rather than the settings in which care is delivered. DAIL will also be seeking assistance from national organizations such as ADvancing States to assist DAIL in focusing our efforts to align aging and disability programs, fulfill obligations as a Medicaid operating agency, and strengthen services and supports efficiently and effectively.

In addition, the Department for Aging and Independent Living (DAIL) will continue to develop a system of support that will provide older adults, Kentuckians with disabilities and caregivers:

- Affordable choices and options that promote independence and dignity as well as support their desire to remain at home;
- Meaningful involvement and control in the design and delivery of the programs and services that affect their lives;
- Advancing equity for all Kentuckians, including but not limited to: individuals who reside in underserved communities, Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural, isolated areas; and persons otherwise adversely affected by persistent poverty or inequality.
- Empowerment to make informed decisions about their care options;
- Easy access to a full range of health and long-term care supports;
- High-quality, flexible services and supports that can meet the unique and ever-changing needs of individual consumers and their family caregivers;
- Right of protection from elder abuse, fraud, and exploitation;
- Assurance that they and their families and caregivers can easily obtain information about long-term care services;
- A coordinated and streamlined single point of entry into long-term care services for older and disabled adults regardless of the funding source;
- A coordinated care management process that encompasses a holistic approach to preventive, transitional and on-going care;

- Expanded community-based alternatives to create a full, versatile, and seamless array of long-term care services;
- Maximized funding by standardizing funding options and financial eligibility requirements;
- Promote strategies that enable people to live in their communities;
- Provide leadership and support to our network;
- Be a source of collaboration, innovation, and solutions to our partners;
- Support the contributions, professional growth and work-life of our employees; and
- Be effective stewards of public resources and a trusted source for information.

DAIL Budgetary Information

In fiscal year 2020, DAIL operated with a total budget just over \$70M (Figure XX). As with many other states, Kentucky continues to struggle through economic turbulence and reductions in state funding. This combined with rising pension costs makes it difficult for agencies to maintain staffing levels and service delivery levels.

According to the US Census Bureau, 18.3 % of Kentuckians live on an income below the poverty level. This is higher than the national average of 12.3%. There is a significant income differential between Kentucky's metropolitan and rural residents with rural resident incomes, on average, about \$10,000 less than those of metropolitan residents. Of the 120 counties in Kentucky, 19 are on the list of the 100 most impoverished counties in the United States. These counties are mostly located in rural, Eastern Kentucky. The combined effects of out-migration of the young, aging in place, and high poverty rates, has resulted in an aging population that is isolated and living on limited resources.

DAIL funding sources include state, federal, and restricted funds. DAIL is seeking innovative ways to increase funds for services such as voluntary contributions by all Kentuckians, not just those 60 and over. The Aging Disability Resource Center (ADRC) will be utilized to provide referrals to other publicly funded resources and services. Cost sharing and the use of the home and community-based waivers will also be used to ensure that Kentuckians have options to meet their needs and prevent unnecessary placement in a more restrictive setting.

Aging Funding Sources

Total FY2020 Budget \$72,236,900

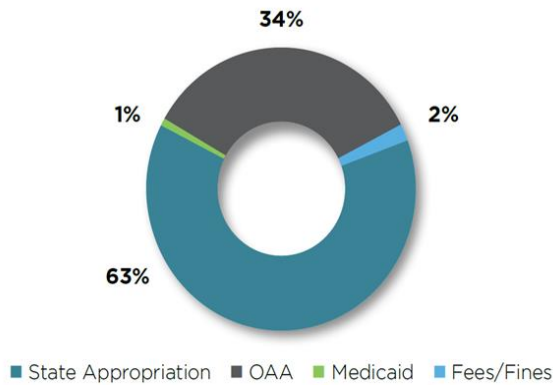


Figure 4. Aging Funding Sources

Waiting List (March 2021)

Program	Awaiting Services
Hart Supported Living	269
Personal Care Attendant Program	83
IIIB Supportive Services	2975
Kentucky Homecare Program	683
Title IIIC1	2*
Title IIIC2	1970*
Title IIIE	0
Traumatic Brain Injury	129

* CARES Act funding has led to no waitlist but typical waitlist numbers have been included.

Although Title III federal funding does support some older adults receiving meals and other homecare services, community-based services for seniors are funded primarily through the state budget for the Homecare Program. Fees paid by clients for homecare services are often waived due to income level. For clients who pay a fee for state-funded programs, the amount is adjusted according to a guideline based upon household size, income, and poverty level. Adult day and Alzheimer's respite services are funded through the state budget as well. However, a system encouraging voluntary contributions has been established in each center.

Affordable housing options for Kentuckians, particularly for older adults and people with disabilities, are limited. Organizations such as the Kentucky Housing Corporation and the Federation of Appalachian Housing Enterprises work to invest in quality housing solutions for

families and communities across Kentucky. DAIL works with both of these agencies to identify viable solutions to the lack of housing. Assisted Living Communities in Kentucky are social models and, therefore, are ineligible for payment under Medicaid and Medicare. Seniors residing in Assisted Living Communities in Kentucky are primarily private-pay or possess long-term care insurance. Only two Assisted Living Communities in the Commonwealth are approved residences for Housing and Urban Development (HUD or Section 8) rental assistance.

Cost Sharing

In an attempt to serve more Kentuckians despite the reductions in funding, the Department for Aging and Independent Living (DAIL) will allow cost sharing on the following services funded by the Older Americans Act and Kentucky state general funds: Title IIIB Personal Care, Homemaker, Chore, Adult Day Care, Assisted Transportation; IIID, Disease Prevention and Health Promotion; Part E respite and supplemental services; the Kentucky Personal Care Attendant Program and the Kentucky Homecare Program. Services that may not cost share are: Information and Assistance, Outreach, Benefits Counseling, Case Management, Ombudsman, Elder Abuse Prevention, Legal Assistance, Congregate or Home Delivered Meals, Consumer Directed Option, and the Kentucky Caregiver Support Program. Each Planning Service Area (PSA) will have the option to implement cost sharing, and a public hearing will be held in each PSA prior to the implementation of cost sharing. DAIL will not permit cost sharing by a low-income older individual if the income of such individual is at or below the federal poverty line. The state may exclude from cost sharing low-income individuals whose incomes are above the federal poverty line, and shall not consider any assets, savings, or other property owned by older individuals when defining low-income individuals who are exempt from cost sharing, when creating a sliding scale for cost sharing, or when seeking contributions from any older individual. The AAAIL shall be responsible for determining cost sharing pay status by using state defined criteria. The co-payment amount shall be based solely on the individual's income and the cost of delivering services.

Copayment per percentage of poverty

Percentage of Poverty	Payment Percentage
0-129%	0%
130-149%	40%
170-189%	60%
190-209%	80%
210% and above	100%

A contribution from an individual, family, or other entity shall be encouraged. Suggested contribution or donation rates may be established, and pressure shall not be placed upon the client to donate or contribute. Services shall not be withheld from an otherwise eligible

individual based upon the individual's failure to voluntarily contribute to support services DAIL will ensure all program participants and entities are made aware of the policy.

Goals, Objectives and Measures

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.

Goal 2. Ensure older Kentuckians, persons with disabilities, caregivers and families have access to person-centered planning and options counseling for their long-term services and supports.

Goal 3. Increase the development and implementation of business-related strategies that promote innovation, collaboration, and sustainability of aging and disability network partners.

Goal 4. Prevent abuse, neglect, and exploitation while protecting the rights of older Kentuckians and persons with disabilities.

Goal 5. Ensure continuous quality improvement principles to ensure the State Unit on Aging operates efficiently and effectively.

Goal 6. Ensure that all Kentucky elders have equitable access to services regardless of any social, cultural, or geographic barriers.

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.

Number	Objective	Measure	Responsible Party
1.1	Provide for & promote evidence-based interventions to increase physical activity.	Every PSA will implement 2 state directed evidence-based intervention in the PSA the first year and an additional intervention each subsequent year.	Contracted PSA
1.2	Support health promotion, disease prevention activities under Title IIIB	Each PSA will implement 2 state directed evidence-based intervention in the PSA the first year and an additional intervention each subsequent year.	Contracted PSA
1.3	Provide for additional health education opportunities for homebound older adults & disabled Kentuckians & their caregivers.	75% of homebound seniors will be offered an evidence-based physical activity program.	Contracted PSA
1.4	Utilize discretionary grants to further develop & enhance health programs in Kentucky.	6 additional discretionary grants will be applied to by 2023.	DAIL
1.5	Train SHIP counselors on how to educate Medicare beneficiaries on prevention benefits available through Medicare.	100% of the SHIP counselors receive annual training.	DAIL, contracted PSAs.
1.6	Engage with local health departments to promote smoking cessation among older adults.	90% of Senior Centers will offer one smoking cessation intervention annually.	DAIL, contracted PSAs, community partners
1.7	Decrease food insecurity in Kentucky among older adults.	Bi-annual meetings will be held with community partners	DAIL, community partners

		to reduce food insecurity.	
1.8	Promote positive mental health among older adults.	Each PSA will have two staff trained in the Question Persuade and Refer Suicide Preventing Gatekeeper Training	DAIL, contracted PSA, community partners. Department for Behavioral Health, Developmental and Intellectual Duties

Strategies:

1. Offer evidence-based interventions in accordance to ACL standards.
2. Recruit community health providers to offer screenings and interventions to the aging and disability network.
3. Establish referral network that can provide health promotion information and opportunities for the homebound older adult and disabled Kentuckians and their caregivers.
4. Develop a formal partnership with local health departments and community mental health centers.
5. Engage stakeholders to continue to address food insecurity and develop and implement innovative strategies to reduce senior hunger.
6. Continue to support the Senior Center Community College collaboration with the National Foundation to End Senior Hunger (NFESH).

Goal 2. Ensure older Kentuckians, persons with disabilities, their caregivers and families have access to person-centered planning and options counseling for their long-term services and supports.

Number	Objective	Measure	Responsible Party
2.1	Increase the number of first-time contacts to the ADRC through outreach and education	Increase the number of first-time contacts to ADRC by 5% annually.	ADRC
2.2.	Incorporate person-centered counseling and planning into contracts and tools used by DAIL	100% of ADRC staff will complete DAIL provided training and	DAIL

		receive certification by 2023.	
2.3	Recruit & train SHIP counselors to provide person-centered counseling in the PSA	Each PSA SHIP Director will increase volunteer base by 5% from FY20.	PSA Contracted Providers
2.4	Engage in ongoing stakeholder engagement discussions on how DAIL can improve and enhance LTSS delivery.	Host at least 2 statewide stakeholder discussions annually.	DAIL
2.5	Increase long-term care resident knowledge of home and community based long-term services and supports options	LTCO will develop Options Counseling brochures & disseminate them to all long-term care facilities by 2024.	LTCO
2.6	Increase marketing materials to underserved communities to ensure health equity outreach.	Provide at least one marketing campaign to diverse elders each year of the plan.	DAIL
2.7	Reduce social isolation among seniors	Reduce number of seniors reporting social isolation by 3 percent through the use of evidence-based interventions	DAIL and contracted providers

Strategies:

1. Develop person-centered training curriculum that all DAIL staff and contractors must participate in.
2. Identify technical assistance issues.
3. Develop and implement annual outreach and marketing plan for ADRC.
4. Provide annual training to ADRC and CIL staff on evidence-based programs and how to enter data.
5. Promote the Ombudsman among residents and family members as a trusted resource in the long-term care setting.

6. Use demographic data to identify centers of underserved populations and work with experts to target culturally appropriate outreach to underserved populations.
7. Provide evidence-based caregiving support programming.
8. Engage novel community partners to participate in reducing senior isolation, including intergenerational opportunities.

Goal 3. Increase the development and implementation of business-related strategies that promote innovation, collaboration, and sustainability of aging and disability network partners.

Number	Objective	Measure	Responsible Party
3.1	Expand and diversify revenue streams of the AAAs.	By 2024, at least 5 AAAs will have additional contracts for services	Contracted PSAs
3.2	Increase private pay, cost share, and voluntary contributions.	Increase private pay, cost share, and voluntary contributions by 20%	Contracted PSAs
3.4	Implement a new training curriculum for the aging network.	Provide 1 new training per year on business acumen	Contracted PSAs and DAIL
3.5	Maintain a resilient, disaster ready Aging network.	Update disaster plans by 2024	Contracted PSAs and DAIL

Strategies:

1. Provide staff trainings for cross-program referrals.
2. Strengthen contractual requirements of OAA providers.
3. Identify technical assistance needs related to expanding private pay, cost share options within the Aging network.
4. Participate in ACL's Business Acumen Learning Collaborative.

Goal 4. Prevent abuse, neglect, and exploitation while protecting the rights of older Kentuckians and persons with disabilities.

Number	Objective	Measure	Responsible Party
4.1	Strengthen regulations related to abuse, neglect, and exploitations	Regulations will be reviewed & updated as appropriate	DAIL and Contracted Provider
4.2	Revise standard operating procedures for programs administered by DAIL	Operating procedures will be reviewed & updated as appropriate	DAIL and Contracted Provider

4.3	Enhance the efforts of the Elder Abuse Councils in KY to provide education and training on elder abuse, prevention & reporting	Host bi-annual meetings of the Elder Abuse Councils to review education & training, prevention, and reporting standards	DAIL and Elder Abuse Councils
4.4	Provide education on the guardianship process to ensure the safety and well-being of those at risk of abuse, neglect and exploitation in collaboration with DCBS/APS and Ombudsman, on concerns and reports made.	Conduct 3 trainings annually with stakeholders on guardianship and alternatives to guardianship.	DAIL
4.5	Promote the use of less restrictive alternatives to Guardianship through community training	Meet quarterly with DCBS to collaborate on assuring less restrictive alternatives to guardianship are accessed through "DCBS Local Offices Case Study Review/Consultation" and determine appropriateness of referral to State Guardianship	DAIL and DCBS
4.7	Ensure adequate coverage of ombudsman to support individuals in nursing homes.	By 2024, increase the number of volunteers by 5 percent	LTCO
4.8	Provide Kentuckians with legal assistance services available through the Title III program.	The number of cases handled will increase by 2 percent over the 2019 baseline.	DAIL

Strategies:

1. Review and suggest revisions to regulations that relate to the safety and well-being of elder and disabled Kentuckians.
2. Review and suggest revisions to Standard Operating Procedures that relate to the safety and well-being of elder and disabled Kentuckians.
3. Recruit volunteers to ensure adequate presence in each long-term care facility.
4. Provide targeted informational material and training to district court judges and personnel, as well as, other community stakeholders on viable guardianship alternatives.

5. Support the Working Interdisciplinary Network of Guardianship Stakeholders, (WINGS) to continue collaborative statewide efforts to improve and advance guardianship. (FYI Note: Elder Law of Lexington was named the WINGS convener but meetings have been on hold due to COVID)
6. Train community guardianship stakeholders on the process for terminating or modifying a guardianship.

Goal 5. Ensure continuous quality improvement principles to ensure the State Unit on Aging operates efficiently and effectively.

Number	Objective	Measure	Responsible Party
5.1	Monitor the integrity of the data captured by the PSA staff	Achieve and maintain a 90% accuracy rate on data collection for key demographic data elements annually.	AAAIL & DAIL
5.2	Evaluate DAIL's internal controls	Outside contractor will review DAIL's internal control processes	DAIL & contracted entities
5.3	Provide effective technical assistance to providers	90 percent of the providers who participate in training meet or exceed training standards upon completion.	DAIL & contracted entities
5.4	Develop education & training program for state staff	Updated training curriculum is developed and implemented by branch staff.	DAIL
5.5	Promote continuous quality improvement	Identify ways to continuously improve performance and program compliance both internally and externally.	DAIL

Strategies:

1. Train ADRC staff to ensure that they are accurately recording the key demographic data and complying with the standard operating procedures manual.
2. Develop a process for providers to request technical assistance to ensure information is disseminated to all providers.
3. Develop a training curriculum which includes the Code of Federal Regulations and the Office of Management and Budget
4. Perform data analysis utilizing available data systems to establish performance benchmarks.
5. Pre and post training.

6. Utilizing available data systems and invoicing information to analyze the cost of services.

Goal 6. Ensure that all Kentucky elders have equitable access to services regardless of any social, cultural, or geographic barriers.

Number	Objective	Performance Measure	Responsible Party
6.1	Utilize current data to identify and resolve disparities that may exist around service delivery, accessibility, and outcomes among various racial/ethnic groups across the state.	A demographic study of DAIL's services	DAIL
6.2	Determine whether agency policies & actions create or exacerbate barriers to accessing services	By 2024, a report to DAIL that includes information on the barriers that underserved communities and individuals may face to enrollment in and access to benefits provided by DAIL.	DAIL and ADDs
6.3	Determine whether agency policies & actions create or exacerbate barriers to providers	By 2024, a report to DAIL that includes information on the barriers that providers face to contracting with ADDs and steps that the ADDs propose to take to resolve the disparities.	DAIL and ADDs
6.4	Training in cultural humility and racial equity	All DAIL staff and contracted entities will receive culture humility and racial equity annually	DAIL

Strategies:

1. Creation of an advisory board to help guide the work in this area. Members of the advisory group would include a diverse group of individuals including: Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.
2. A review of current data to determine what inequities exist and where they are more likely to occur in the state.
3. Required annual training for all DAIL staff and contractors.

4. Continue to participate in the NCAPPS Resource Center work on cultural diversity.
5. Identify opportunities for improvement from NCI-AD survey results.

DRAFT

Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

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

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

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

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

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

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

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

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

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

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

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

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

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

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

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

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State. Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall— (1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals

who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790)

for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

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

Sec. 307, STATE PLANS

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

(1) The plan shall—

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

(B) be based on such area plans.

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

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

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

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

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

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

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

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

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

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

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

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

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

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

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

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

(B) The plan shall provide assurances that—

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

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

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

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

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

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

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

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

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

(9) The plan shall provide assurances that—

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

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

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

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

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

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

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

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

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

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

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

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

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

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

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

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

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

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

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

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

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

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

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

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

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

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

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

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

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

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

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

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in 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 area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

(B) Such assessment may include—

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order...

(insert signature, title of authorized official, and date)

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;

DAIL Response: The Interstate Funding Formula that DAIL will be using takes into account the priority areas listed above. 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)(6)(I) Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

DAIL Response: State's Response: Area Plan instructions to be sent out to the state AAAs by the SUA will include details about the State assistive technology entity and access to assistive technology options for serving older individuals. The SUA will verify assistive technology information and partnership/outreach plans initiative will be included.

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.

DAIL 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.*)

DAIL 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 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.

DAIL 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.

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.

DAIL 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.

DAIL Response: Kentucky's 60+ minority population makes up 8.6% of the total 60+ population. Of that, 17% 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 11%, minority poverty is 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, if applicable, and specify the ways in which the State agency intends to implement the activities.

DAIL 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)(27)

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

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

DAIL Response: The Kentucky Department for Aging and Independent Living and the AAAILs evaluate the demographics of the population annually when developing budgets and programming, as "preference of services will be given to senior citizens, persons with disabilities, and caregivers with the greatest economic and social need, with specific attention to low-income minority individuals and senior citizens residing in rural areas. The upcoming 2020 Census is expected to provide valuable information to DAIL and the AAAILs for further program use. AAAIL Area Plans describe emphasis being placed on individuals residing in rural areas.

Section 307(a)(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery

DAIL Response: DAIL has a Disaster Coordinator who is the initial point of contact to initiate implementation of the disaster plan and assure the protocol includes the programs, documents, equipment, supplies, and communications necessary to serve older adults and individuals with disabilities and their caregivers. The coordinator provides direction to staff concerning contact and information dissemination to regional and local agencies. DAIL will coordinate disaster preparedness efforts to secure a connection between officials responding to disasters and emergencies with providers of services for the older adult in regional and local communities. The plan will include a process for the storage of records and computerized documents and transfer to an alternate workspace for department staff in the event a disaster destroys its facility and contents. It also assures that protocol provides for resuming operations within 24 hours of a disaster and includes language that commits department resources to emergency response efforts, especially in regard to older adults and individuals with disabilities.

Section 307(a)(29)

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

DAIL 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 XX.

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.

DAIL Response: DAIL has established programs in accordance to Section 705(a)(7) and can be referenced in the state plan beginning on page 14 of the state plan. DAIL 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. DAIL, in consultation with designated PSA, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights. DAIL will not supplant funds made available under this subtitle and will only use additional funding to support and enhance DAIL 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); With respect to

programs for the prevention of elder abuse, neglect, and exploitation under chapter 3, DAIL will carry out such programs consistent with relevant State law and coordinated with existing State adult protective service activities for:

- public education to identify and prevent elder abuse;
- receipt of reports of elder abuse;
- 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
- referral of complaints to law enforcement or public protective service agencies if appropriate;

Kentucky is a mandatory reporting state but DAIL will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households. DAIL assures that 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

Kentucky is a mandatory reporting state as outlined in Kentucky Revised Statute 209.030.

Any person, including but not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, shall report or cause reports to be made in accordance with the provisions of this chapter. Death of the adult does not relieve one of the responsibilities for reporting the circumstances surrounding the death

Attachment C: Interstate Funding Formula (IFF)

The following is a description of the intrastate funding formula used to allocate the federal funds in accordance with section 305(a)(2)(c) of the Older Americans Act and 1321.37 of the regulations published August 31, 1988, in the Federal Register.

The existing formula was reviewed by a task force composed of representatives selected by the, Kentucky Association of District Directors, Kentucky Association of Area Agencies on Aging and Independent Living, and the State Unit on Aging. Input was sought from the community through electronic survey sent to partners, providers and other vested parties. All components of the formula are using data from the State Data Center at the University of Louisville. (Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2010 to July 1, 2018. Population Division, U.S. Census Bureau.

DESCRIPTION STATEMENT

The formula reflects both the historical growth of aging programs in Kentucky and past allocation practices. It also contains demographic information in its calculations with a special emphasis on those in greatest social and economic need with particular attention to low-income minority individuals. The intrastate formula reflects the following factors:

- A base allocation for each Area Agency on Aging; and,
- All remaining funds will be allotted to the Area Agencies on a formula which is composed of the following demographic factors all from the U.S. Census Bureau:
 - Population Distribution, based on 60+ and 60+ rural
 - Greatest Economic Need, based on 60+ poverty and 60+ Minority poverty
 - Greatest Social Need –Risk of Social Isolation, based on 65+ with a disability, 65+ below poverty, 65+ living alone, 65+ divorced, separated or widowers, 65+ never married and 65+ with independent living difficulty
 - Greatest Social Need – Additional Factors, based on 75+ with a disability, 75+ self-care difficulty, 60+ limited English proficiency.

Population distribution will be weighted at 25%, Greatest Economic Need will be weighted at 25%, Greatest Social Need – Risk will be weighted at 30% and Greatest Social Need – Additional Factors will be weighted at 20%.