



Advancing independence and inclusion of older adults and people with disabilities

September 30, 2024

The Honorable Governor Andy Beshear
700 Capitol Avenue, Suite 100
Frankfort, KY 40601

Dear Governor Beshear:

I am pleased to inform you that the Kentucky State Plan on Aging under the Older Americans Act for October 1, 2024 through September 30, 2028 has been approved.

The State Plan outlines significant activities that will serve as a guide for the Kentucky aging service network during the next 4 years. Of particular note is your commitment to rural communities, the workforce, and caregivers.

I appreciate your commitment and dedication to ensure the continuity of quality services for older adults in Kentucky and am delighted to see that the Division on Aging and Independent Living continues to serve as an effective and visible advocate for older adults and family caregivers at a state level.

The Administration for Community Living looks forward to working with you and Commissioner Victoria Elridge in the implementation of the State Plan. If you have questions or concerns, please feel free to contact Costas Miskis, ACL Regional Administrator, Region IV, at 404-561-4462. Thank you for your efforts toward improving the lives of older persons in Kentucky.

Sincerely,

A handwritten signature in cursive script that reads "Alison Barkoff".

Alison Barkoff
Senior official performing the duties of
Administrator and Assistant Secretary for Aging

Cc: Kari Benson, Deputy Assistant Secretary for Aging
Amy Wiatr-Rodriguez, Director, Center for Regional Operations
Alice Kelsey, Deputy Director, Administration on Aging
Costas Miskis, Regional Administrator

2025 – 2028

STATE PLAN ON AGING

TEAM 
KENTUCKY®

CABINET FOR HEALTH
AND FAMILY SERVICES

Department for Aging
and Independent Living

TABLE OF CONTENTS

| | |
|--|---------|
| SECTION 1.0 INTRODUCTION | 1 |
| SECTION 2.0 EXECUTIVE SUMMARY | 11 |
| SECTION 3.0 OUR JOURNEY: PAST ACHIEVEMENTS | 14 |
| SECTION 4.0 KENTUCKY'S AGING LANDSCAPE AND ENVIRONMENT | 18 |
| SECTION 5.0 KENTUCKY-WIDE NEEDS ASSESSMENT | 52 |
| SECTION 6.0 STATE PLAN PRIORITIES | 58 |
| SECTION 7.0 OTHER CONSIDERATIONS | 78 |
| SECTION 8.0 STATE PLAN QUALITY MANAGEMENT | 84 |
| APPENDIX A: ACRONYMS AND TERMS | i |
| APPENDIX B: MEETINGS AND PARTICIPANTS | iv |
| APPENDIX C: ORGANIZATIONAL CHARTS OF KENTUCKY GOVERNMENT | vi |
| APPENDIX D: AREA DEVELOPMENT DISTRICT MAP | x |
| APPENDIX E: ASSURANCE FORMS | xi |
| APPENDIX F: INTRASTATE FUNDING FORMULA | xxxvii |
| APPENDIX G; AMERICAN COMMUNITY SURVEY DATA | xxxviii |
| APPENDIX H; ALLOCATIONS | xxxix |
| APPENDIX I ; FORMULA APPLICATION | xxxx |

SECTION 1.0 INTRODUCTION

MESSAGE FROM THE GOVERNOR



As Governor of the Commonwealth of Kentucky, I am pleased to designate the Cabinet for Health and Family Services, Department for Aging and Independent Living as the State Unit on Aging and present the Kentucky State Plan on Aging. This plan covers the period of October 1, 2024, through September 30, 2028. The Department for Aging and Independent Living (DAIL) is authorized to develop and administer the State Plan on Aging in accordance with all the requirements of the Older Americans Act, including the development of comprehensive and coordinated systems to advance

support for equity and underserved communities to deliver services to older Kentuckians and their caregivers.

Since the start of my administration, Kentucky has made great strides to increase long-term services and supports to older adults. Kentucky now operates the Program for All-Inclusive Care for the Elderly, has increased funding to senior nutrition programs, and reinvested in Grandparents Raising Grandchildren. The State Plan on Aging over the next four years will allow TEAM KENTUCKY to continue its investment in older Kentuckians and their caregivers to move FORWARD TOGETHER.

Sincerely,

Andy Beshear
Governor, Commonwealth of Kentucky

Date

MESSAGE FROM THE COMMISSIONER



Dear Colleagues,

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

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

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

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

7/15/2024

Victoria L. Elridge

Date

Commissioner, Department for Aging and Independent Living

VERIFICATION OF INTENT

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

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

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

Victoria L. Elridge
Commissioner, Department for Aging and Independent Living

Date

Andy Beshear
Governor, Commonwealth of Kentucky

Date

ACKNOWLEDGEMENTS

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

AREA AGENCIES ON AGING AND INDEPENDENT LIVING

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

Table 1: Information on AAAILs in Kentucky

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

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

KENTUCKY ASSOCIATION FOR AREA AGENCIES ON AGING AND STATEWIDE INDEPENDENT LIVING COUNCIL

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

Table 2: AAA and SILC Leads

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

CENTERS FOR INDEPENDENT LIVING

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

Table 3: Information on CILs in Kentucky

| Agency | Address | Phone Number |
|---|---|---|
| Center for Accessible Living (CAL) | 501 South Second Street, Suite 200 Louisville, KY 40202 | Local: 502-589-6620 Toll-free: 888-813-8497 Fax: 502-589-3980 Accessible: 502-413-2689 |
| Center for Accessible Living (CAL) – Bowling Green | 1830 Destiny Lane Bowling Green, KY 42104 | 270-599-0911 |
| Center for Accessible Living (CAL) – Murray | 1051 North 16 th Street, Suite C Murray, KY 42071 | Local: 270-753-7676 |
| Independence Alliance | 2368 Victory Parkway, Suite 501 Cincinnati, OH 45206 | Local: 859-341-4346 Fax: 513-241-1707 |
| Disability Resource Center of Southeastern Kentucky | 242 Village Lane Hazard, KY 41701 | 606-436-0000 |
| Independence Place, Inc. | 841 Corporate Drive Suite 301 Lexington, KY 40503 | Local: 859-266-2807 Toll-free: 877-266-2807 Fax: 859-335-0627 |



GUIDE TO NAVIGATING THE STATE PLAN

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

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

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

Figure 1: ACL and Kentucky Priorities

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

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

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

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

TEAM
KENTUCKY[®]

CABINET FOR HEALTH
AND FAMILY SERVICES

A photograph of two elderly women sitting and talking. The woman on the left is wearing glasses and a dark top, while the woman on the right is wearing a patterned top. The background is a solid blue color.

EXECUTIVE SUMMARY

SECTION 2.0 EXECUTIVE SUMMARY

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

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

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

DAIL will actively work toward promoting individualization and independent decision-making, enhancing collaboration with our existing and new partners. Kentuckians have strong community bonds and are prideful individuals. These attributes highlight the fact that neighbors help neighbors in need, as well as engage in and enjoy community activities that lend to a sense of belonging. Whether it is going to a local senior center, having a meal delivered directly to their home, or being able to obtain volunteer transportation to a medical care appointment, it is all a result of community connectedness. Kentuckians access to services are needed for overall health and safety. Each individual's ability to engage in those activities brings enjoyment and a sense of purpose to their life.

Figure 2: 2024 Kentucky-Wide Needs Assessment Key Themes

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

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

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

As the Commonwealth looks to the future, DAIL understands that there is a need for improved communication, flexibility to meet individual needs, and a stronger workforce. DAIL is committed to the needs of older Kentuckians and those with disabilities. To meet these needs, DAIL will utilize quality management strategies that will evaluate current performance and provide additional ideas, resources, and insight that will continue to propel Kentucky forward. With continued partnerships across the Commonwealth, DAIL will move “**Forward Together**” toward greater successes, enhanced lives, and stronger communities.

TEAM
KENTUCKY®

CABINET FOR HEALTH
AND FAMILY SERVICES

OUR JOURNEY: PAST ACHIEVEMENTS



SECTION 3.0 OUR JOURNEY: PAST ACHIEVEMENTS

As the Commonwealth transitions from the 2022 – 2024 State Plan to the 2025 – 2028 State Plan, it is essential to pause and reflect on previous activities. The previous State Plan laid the groundwork for future endeavors with considerable progress made toward achieving goals and propelling the Commonwealth toward its vision.

With the successful implementation of the 2022-2024 State Plan, the Commonwealth honors its past, embraces the present, and charts a **“Forward Together”** course for a brighter future for Kentuckians.

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

Table 4: 2022 – 2024 State Plan Goals and Accomplishments

| Goals | Accomplishments |
|--|--|
| <p>GOAL 1. Provide long-term services and supports that enable older Kentuckians, their families, caregivers, and persons with disabilities to fully engage and participate in their communities for as long as possible.</p> | <ul style="list-style-type: none"> • Increased physical activity. Kentucky currently offers 15 evidence-based programs, including Bingocize, tai chi, and diabetes prevention. Additional interventions are added based on the AAAIL interest. • Supported health promotion and disease prevention activities under Title III-D: Drums Alive and Matter of Balance, which targets fall-risk behaviors and home hazards for older adults at high risk of falling, are just two examples of some of the programs that were offered. • Utilized discretionary grants to further develop and enhance health programs. Community partners were awarded a total of \$6.7 million in grant dollars, including \$2.1 million to the State Health Insurance Plan, \$2 million to Building Our Largest Dementia Infrastructure through the CDC, \$1.8 million to the Aging and Disability Vaccination Collaborative, and \$1.2 million to No Wrong Door. • Engaged with local health departments to promote smoking cessation among older adults. All senior centers offer smoking cessation courses. • Decreased food insecurity among older adults. DAIL held three consecutive annual senior hunger summits and received an allocation of \$35M in expanded senior meal programming in the past 3 state fiscal year’s budget. |

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

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

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

Figure 3: Additional State Plan Accomplishments





TEAM
KENTUCKY

CABINET FOR HEALTH
AND FAMILY SERVICES

KENTUCKY'S AGING
LANDSCAPE AND
ENVIRONMENT

SECTION 4.0 KENTUCKY'S AGING LANDSCAPE AND ENVIRONMENT

The AARP Long-Term Services and Supports (LTSS) Scorecard compares state systems across multiple dimensions of performance. Table 5 below highlights Kentucky's improvement in supporting older adults. In 2023, Kentucky improved from 47th to 42nd and moved from tier 5 up to tier 4 due to the progress made across multiple indicators. Table 5 below demonstrates progress made over the past 3 years:

Table 5: AARP Long-Term Services and Supports Ranking

| Topic | 2023 RANK | 2020 RANK |
|---------------------------------------|-----------|-----------|
| Overall | 42 | 47 |
| Affordability and Access | 40 | 34 |
| Choice of Setting and Provider | 37 | 37 |
| Safety and Quality | 45 | 51 |
| Support for Family Caregivers | 38 | 41 |
| Community Integration | 40 | 44 |

Specifically, Kentucky improved in 8 indicators by 10% or more and 17 indicators stayed about the same. Key indicators of improvement include the implementation of the Program for All-Inclusive Care for the Elderly (PACE), percentage of Medicaid spending in home and community-based services to support older adults, and aging and disability resource center operations.

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

¹ United Health Foundation. 2023. "America's Health Rankings 2023 Senior Report State Summaries, Kentucky." *United Health Foundation*. [Americashealthrankings.org](https://www.americashealthrankings.org).
<https://www.americashealthrankings.org/learn/reports/2023-senior-report/state-summaries-kentucky>

POPULATION DEMOGRAPHICS

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

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

Table 6 shows the breakdown of the Commonwealth’s racial and ethnic demographics Kentucky-wide.

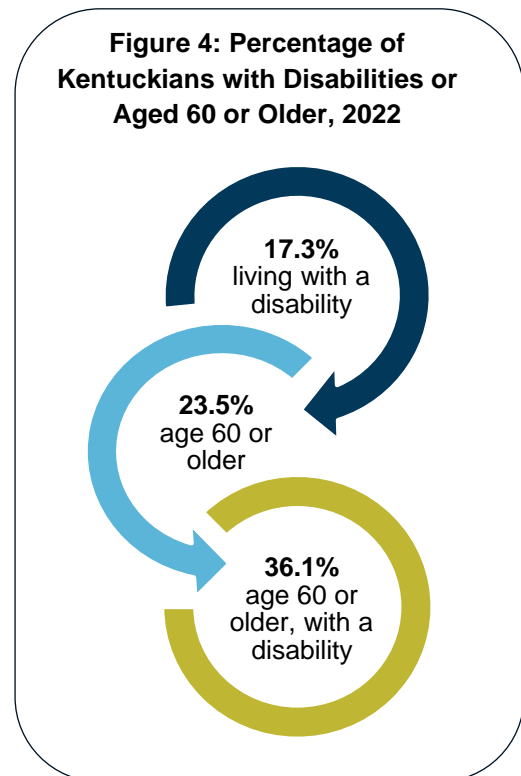


Table 6: Kentucky Population Race and Ethnicity

| Race and Ethnicity | Total Population | Individuals with a Disability, All Ages | Individuals Aged 60+ |
|--------------------------------|------------------|---|----------------------|
| White | 3,748,657 | 683,871 | 955,980 |
| Black or African American | 355,368 | 54,407 | 64,436 |
| American Indian and Indigenous | 3,902 | 1,459 | 1,056 |
| Asian and Pacific Islanders | 71,736 | 4,938 | 7,394 |
| Hispanic or Latino | 180,481 | 16,670 | 12,676 |

² U.S. Census Bureau. 2022. “American Community Survey Demographic and Housing Estimates.” *U.S. Census Bureau*. [Data.census.gov](https://data.census.gov). <https://data.census.gov/table/ACSDP5Y2022.DP05?g=040XX00US21&moe=false>

| Race and Ethnicity | Total Population | Individuals with a Disability, All Ages | Individuals Aged 60+ |
|--------------------|------------------|---|----------------------|
| Other | 10,744 | 5,480 | 3,169 |
| Two or More Races | 132,047 | 27,811 | 17,958 |

Researchers show that a diverse community fuels economic growth, raising everyone’s standard of living and resulting in improved job opportunities, infrastructure, education, health, and overall prosperity.³ According to the 2022 ACS, 16.1% of Kentuckians live in poverty, higher than the national rate of 12.6%. Data used to inform this State Plan as well as additional tables and data visualizations of Kentucky’s population demographics can be requested by contacting DAIL.

A multitude of cities across Kentucky are working towards or have achieved an “age-friendly” designation. According to the World Health Organization, an Age-Friendly designation means a city or community is a place that adapts its services and physical structures to be more inclusive and receptive to the needs of its population to improve their quality of life as they age. The Department for Aging and Independent Living proudly supports these cities as they encourage healthy aging to improve the health, safety, and inclusion of older people in the community.

OVERALL HEALTH STATUS

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

America’s Health Ranking provides a nationwide annual report with state-level insights, interactive data dashboards, and reports on priority populations. The 2023 Senior Report from America’s Health Rankings provides insights into the social, clinical, and economic well-being of older individuals. Data used to develop Kentucky’s overall senior health and wellness measures and annual senior reports include sources such as:

- CDC’s Wide-Ranging Online Data for Epidemiologic Research (WONDER) user-friendly menu-driven system
- CDC’s Behavioral Risk Factor Surveillance System (BRFSS)
- U.S. Census Bureau surveys

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

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

- Federal ACL State Program Reports, Centers for Medicare & Medicaid Services (CMS) reports, and other government agency datasets

Metrics defined by America’s Health Rankings can inform states’ strategic goals and performance indicators by offering peer-state rankings and national averages for various data analyses. Additionally, states can download data used in each report to perform unique analyses and reporting. Table 7 provides measures for Kentucky’s overall senior health compared to the national metrics reported by America’s Health Rankings. Metrics indicating that Kentucky performs better than the national measures are highlighted in light green. For 80% of the measures listed, Kentucky’s performance is poorer than the U.S. performance and is consistent with Kentucky’s low overall senior health ranking (48 of 50).

Table 7: Kentucky’s Overall Senior Health vs. National Measure

| Health and Wellness Measures | | Kentucky Value | U.S. Value |
|------------------------------------|---|----------------|------------|
| Social and Economic Factors | | | |
| Economic Resources | Food Insecurity (% of adults ages 60+) | 20% | 11.9% |
| | Poverty (% of adults ages 65+) | 11.7% | 10.3% |
| | Supplemental Nutrition Assistance Program (SNAP) Reach (participants per 100 adults ages 60+ in poverty) | 49.4 | 81 |
| Social Support and Engagement | Community Support Expenditures (dollars per adult ages 60+) | \$31 | \$62 |
| | High-speed Internet (% of households with adults ages 65+) | 78.3% | 83.1% |
| | Low-care Nursing Home Residents (% of residents) | 12.9% | 15.2% |
| | Risk of Social Isolation (on a scale from 1-100 – lowest risk to highest risk, respectively, adults ages 65+) | 85 | — |
| Physical Environment | | | |
| Housing | Housing Cost Burden (% of households with adults ages 65+) | 24.8% | 31.8% |
| | Severe Housing Problems (% of small households with adults ages 62+) | 25.3% | 32.3% |
| Clinical Care | | | |
| Access to Care | Avoided Care Due to Cost (% of adults ages 65+) | 5.0% | 3.4% |
| | Geriatric Providers (providers per 100,000 adults ages 65+) | 25.1 | 36.4 |
| | Home Health Care Workers (workers per 1,000 adults ages 65+) | 27.5 | 60.3 |
| | Cancer Screenings (% of adults ages 65-75) | 78.4% | 75.9% |
| | Flu Vaccination (% of adults ages 65+) | 64.5% | 67.5% |

| Health and Wellness Measures | | Kentucky Value | U.S. Value |
|---------------------------------|---|----------------|------------|
| Preventive Clinical Services | Pneumonia Vaccination (% of adults ages 65+) | 65.9% | 69.7% |
| Quality of Care | Dedicated Health Care Provider (% of adults ages 65+) | 96.4% | 96.1% |
| | Hospice Care (% of Medicare decedents) | 42.1% | 46.7% |
| | Nursing Home Quality (% of beds rated four or five stars) | 29.1% | 32.6% |
| | Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries ages 65-74) | 2,104 | 1,482 |
| Behaviors | | | |
| Nutrition and Physical Activity | Exercise (% of adults ages 65+) | 10.5% | 23.1% |
| | Fruit and Vegetable Consumption (% of adults ages 65+) | 8.3% | 7.3% |
| | Physical Inactivity (% of adults ages 65+ in fair or better health) | 37.2% | 31.2% |
| Sleep Health | Insufficient Sleep (% of adults ages 65+) | 32.8% | 26.0% |
| Tobacco Use | Smoking (% of adults ages 65+) | 11.8% | 8.9% |
| Health Outcomes | | | |
| Behavioral Health | Cognitive Difficulty (% of adults ages 65+) ‡ | 10.2% | 7.8% |
| | Drug Deaths (deaths per 100,000 adults ages 65+) ‡ | 10.8 | 9.9 |
| | Excessive Drinking (% of adults ages 65+) | 5.7% | 7.0% |
| | Frequent Mental Distress (% of adults ages 65+) | 12.2% | 8.5% |
| | Suicide (deaths per 100,000 adults ages 65+) | 19.6 | 16.9 |
| Mortality | Early Death (deaths per 100,000 adults ages 65-74) | 2,906 | 2,151 |
| Physical Health | Falls (% of adults ages 65+) | 30.6% | 27.1% |
| | Frequent Physical Distress (% of adults ages 65+) | 21.9% | 15.8% |
| | Multiple Chronic Conditions (% of Medicare beneficiaries ages 65-74) | 58.0% | 52.0% |
| | Obesity (% of adults ages 65+) | 35.3% | 29.5% |
| | Teeth Extractions (% of adults ages 65+) | 22.4% | 13.4% |

Kentucky has made progress over the past 2 years according to AARP. Kentucky was named one of the most improved states according to AARP. In February of 2024, the Kentucky injury prevention and research center published the “Kentucky Communities To Support Older Adult Falls Program”. The report states, “Falls are the leading preventable cause of morbidity and mortality for adults aged 65 and older. In 2021, there were 44,659 fall-related visits to Kentucky

emergency departments and 8,694 fall-related inpatient hospitalizations for Kentucky residents aged 65 and older; the 2021 numbers were increases over the prior year.” DAIL collaborates with various community agencies to implement evidence-based programs aimed at fall prevention.

LIFE EXPECTANCY

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

⁵ Kentucky Violence and Injury Prevention Program. Findings from the Kentucky Communities to Support Older Adult Falls Programs Assessment. Kentucky Injury Prevention and Research Center, Lexington, KY. February 2024.

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

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

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

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

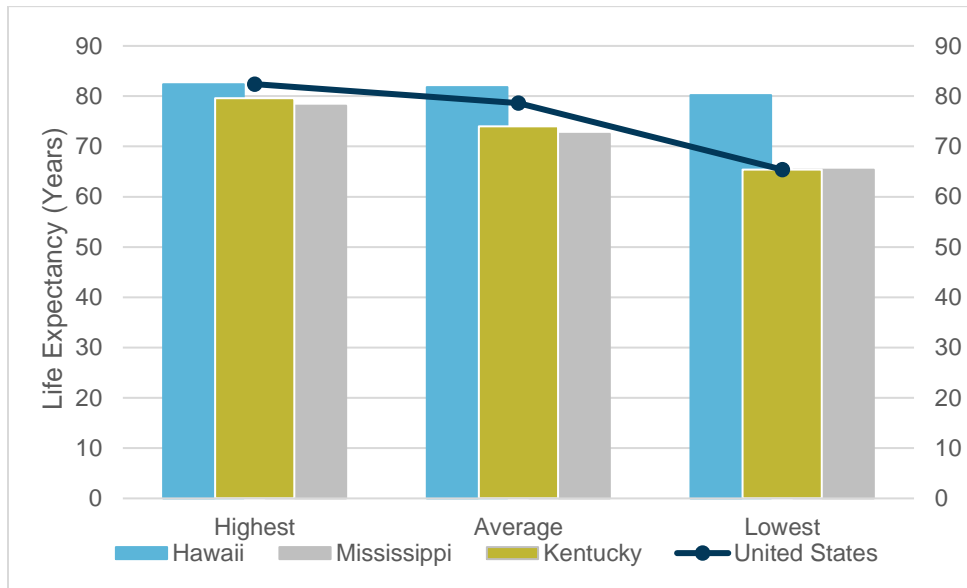
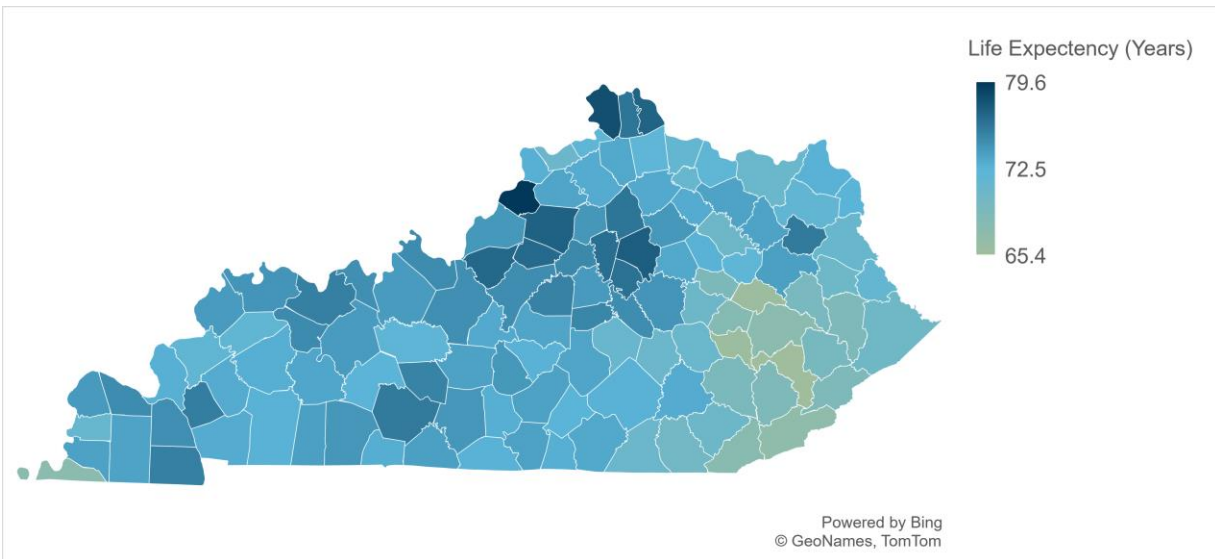


Figure 6 below shows Kentucky’s life expectancy averages by county. Compared to the Rural-Urban Continuum Codes, Kentucky’s life expectancy data shows that approximately 33% of counties with a lower-than-states-average life expectancy (less than 74 years) are categorized as rural, non-metropolitan areas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

Figure 6: Kentucky Life Expectancy by County

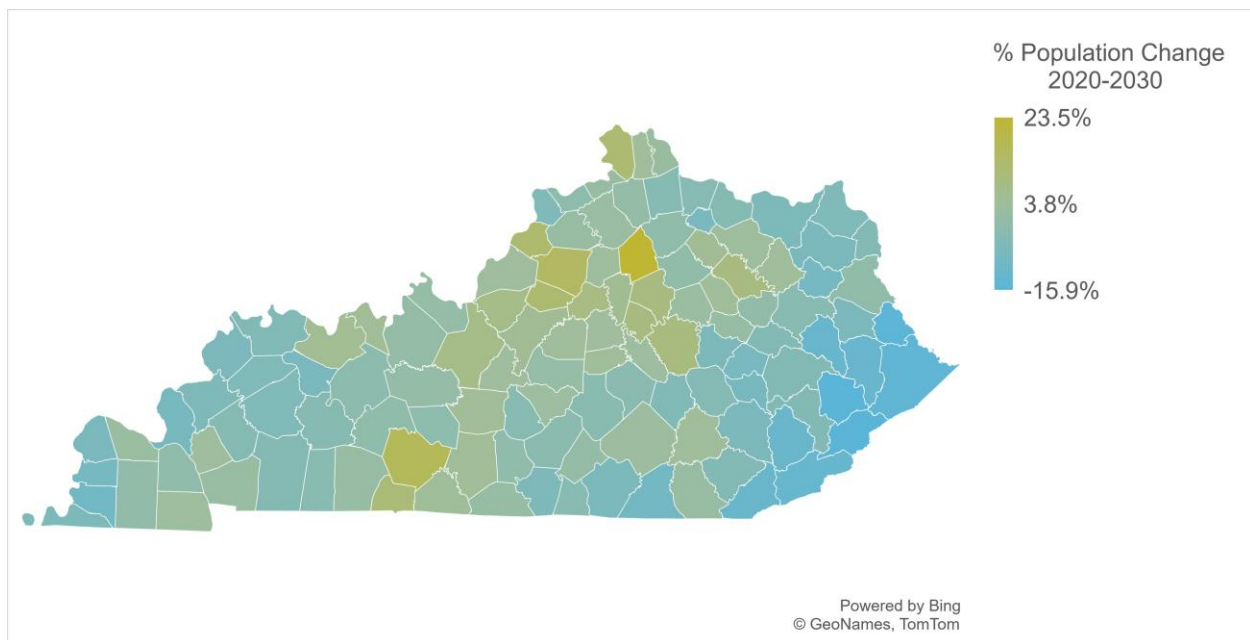


⁸ Economic Research Service. 2024. “Rural-Urban Continuum Codes.” *U.S. Department of Agriculture*. [ers.usda.gov](https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/#referencedate). <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/#referencedate>

POPULATION GROWTH

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

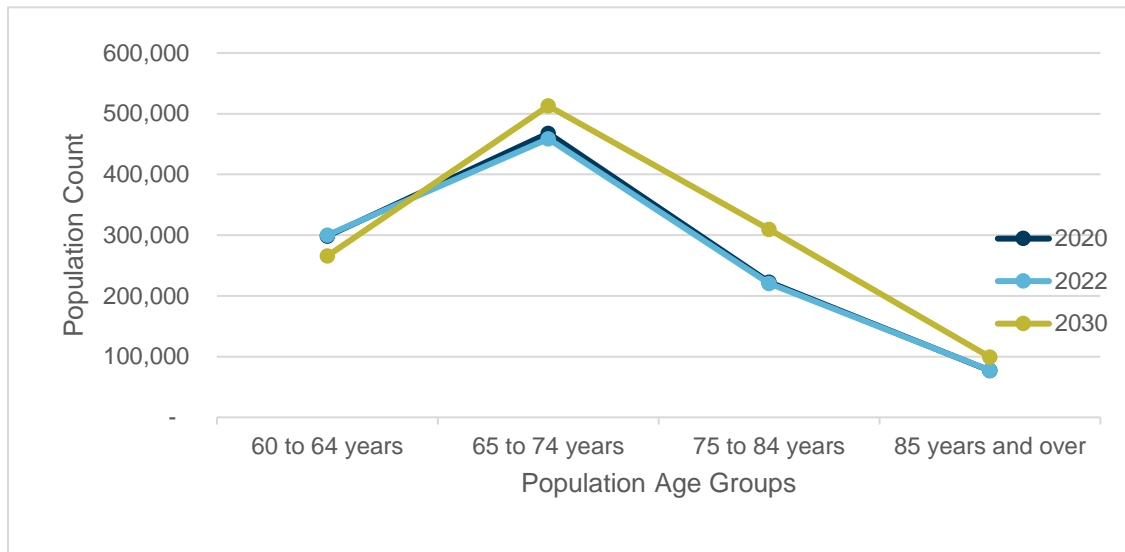
Figure 7: Projected Population Change, All Ages, 2020 – 2030



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

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

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



PRIORITY POPULATIONS

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

- Immigrants or Refugees
- Individuals Living in Rural Regions
- Individuals with Disabilities
- Individuals with Limited English Proficiency (LEP)
- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA+) Community¹¹

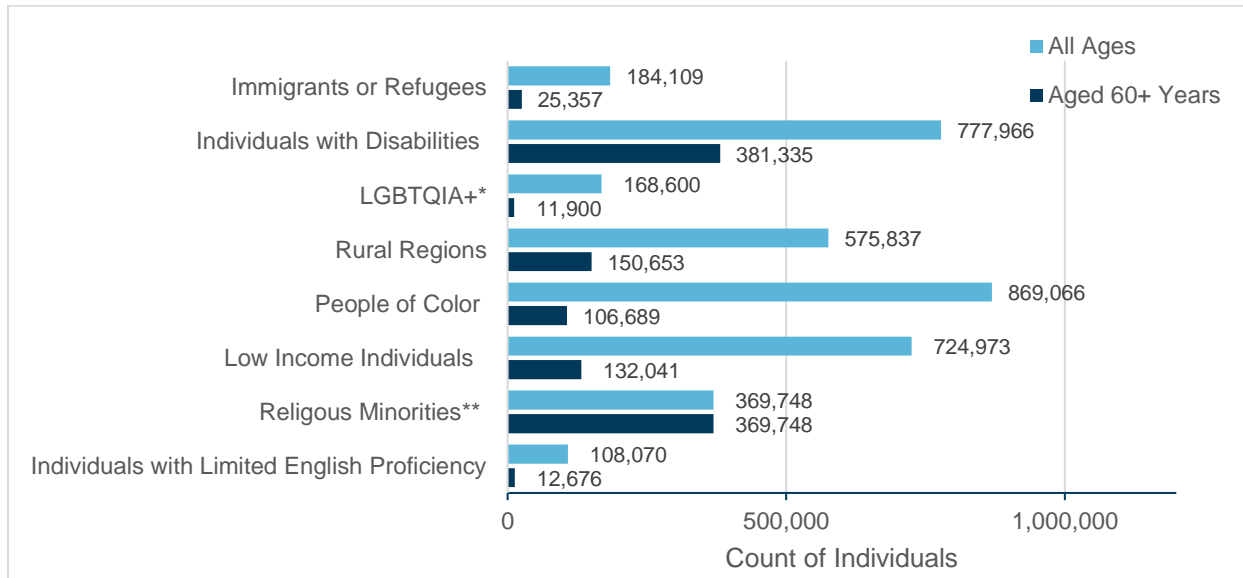
¹⁰ Alison Barkoff, Acting Assistant Secretary for Aging to State Unit on Aging Directors, State Unit on Aging Directors Letter #01-2021: Guidance for Developing State Plans on Aging. August 5, 2021.

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

- Low-Income Individuals
- People of Color
- Religious Minorities

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

Figure 9: Kentucky’s Priority Populations



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

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

IMMIGRANTS OR REFUGEES

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

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

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

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

INDIVIDUALS WITH DISABILITIES

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

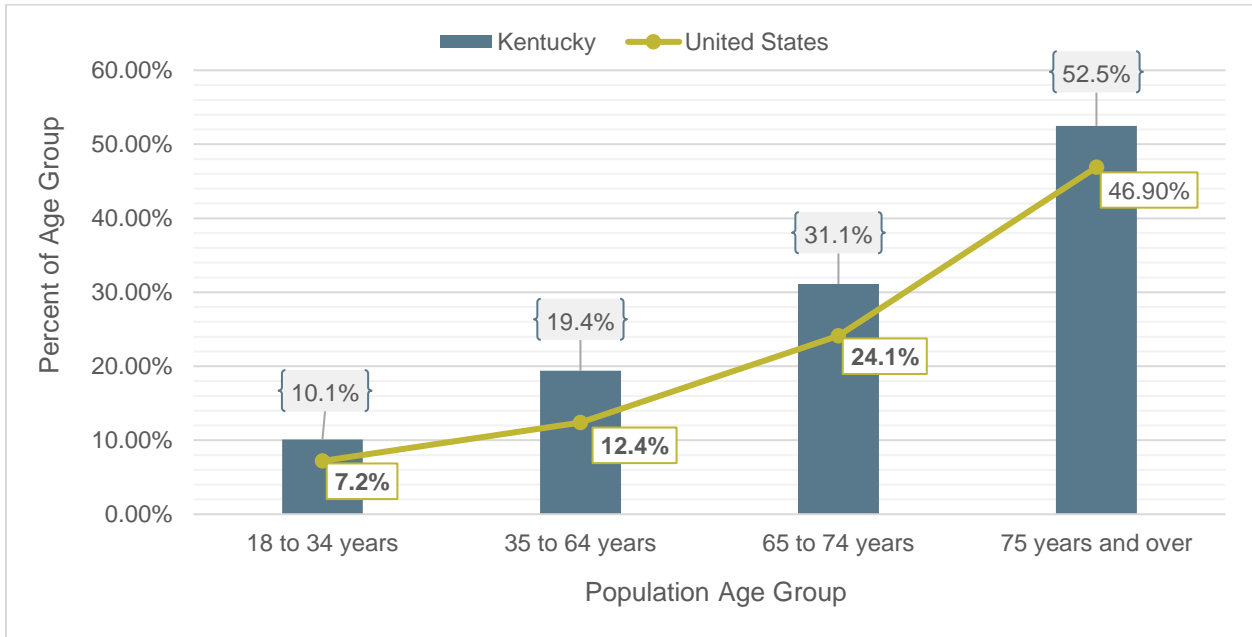
COMMUNITY FEEDBACK

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

— Sandy River Region
Community Forum
Participant

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

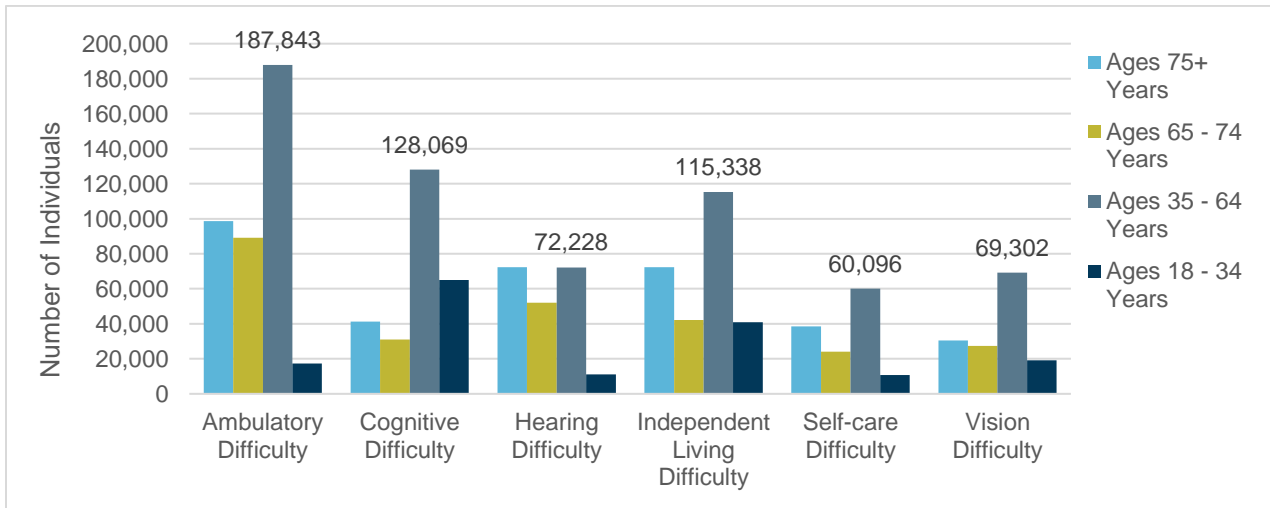
Figure 10: Population Disability Prevalence, by Age, 2022



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

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

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



For all ages, disabilities can affect an individual's ability to perform daily tasks and engage fully in society. However, many older adults with disabilities in Kentucky face challenges with access to essential services such as healthcare, transportation, and social support. Data from America's Health Rankings and the 2022 Kentucky-wide needs assessment shows that older Kentuckians are struggling with social and emotional support needs and access to services. Kentucky defining individuals with disabilities, specifically older individuals with disabilities, shows a dedication to ensuring that aging individuals with disabilities have access to the resources they need, advocating for inclusive policies and programs that promote dignity, autonomy, and inclusion for all members of the community.

LGBTQIA+

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

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

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

The Kentucky LGBTQ Aging Statewide Needs Assessment is still in its early phases of research, development, and implementation and may prove beneficial for future needs; for the

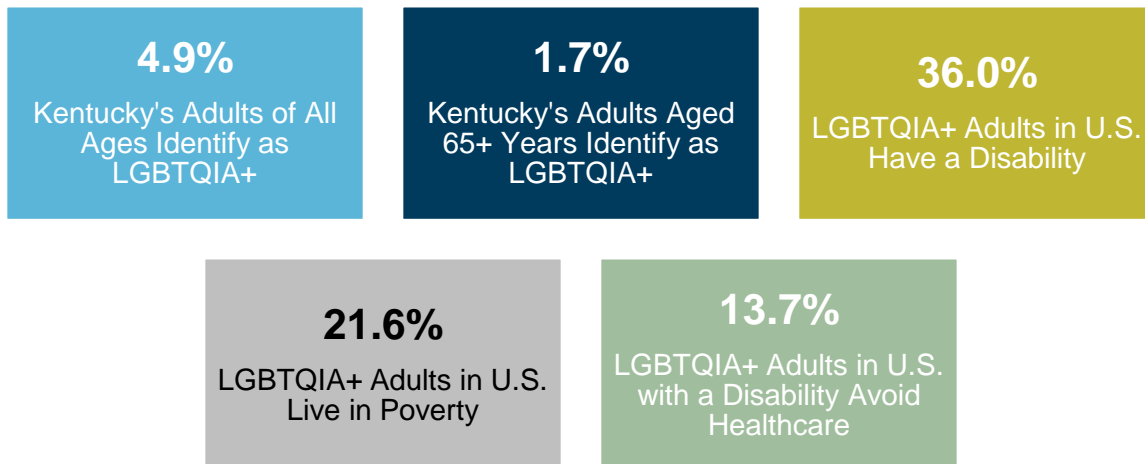
¹³ SAGE & National Resource Center on LGBTQ+ Aging. 2023. *Facts on LGBTQ+ Aging*. Lgbtqagingcenter.org. <https://www.lgbtagingcenter.org/>

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

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

KY DAIL State Plan , the Kentucky LGBTQIA+ priority population is defined by the CDC’s Behavioral Risk Factor Surveillance System (BRFSS), Kentucky-based advocacy groups, the National Resource Center, and industry leaders on research and policy change.^{16,17,18} Figure 12 below highlights critical statistics about the LGBTQIA+ aging and disabled population in Kentucky and the U.S.

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



The Department for Aging and Independent Living recognizes LGBTQIA+ people and people with disabilities shall have fair and equitable resources to support daily living. Further, aging and/or disabled LGBTQIA+ people who live at the intersection of these identities face compounded discrimination, and it is essential for those who serve and care for those individuals to understand the unique obstacles they face in their current lives and as they age.

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

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

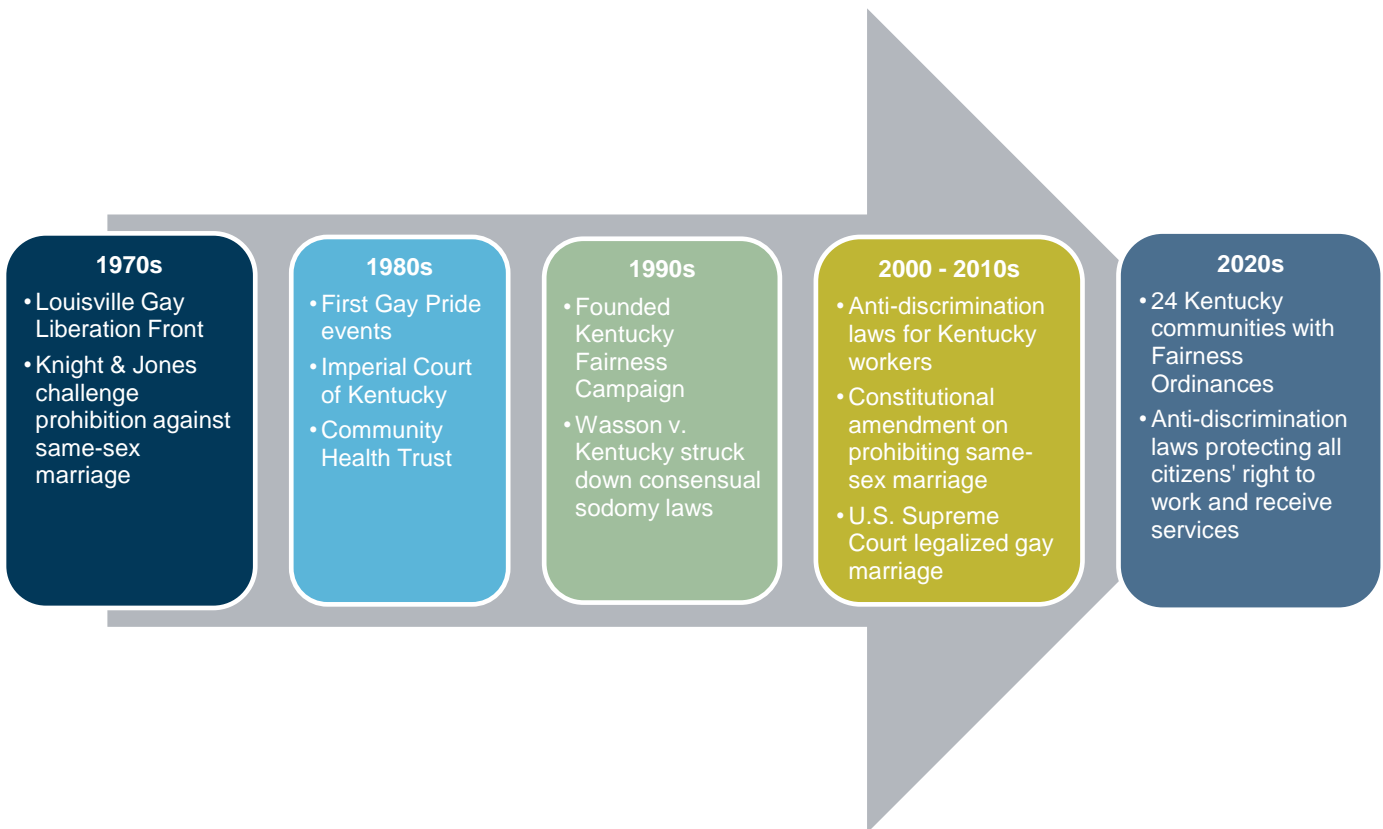
¹⁷ Jones, Alden, Ryan Combs, Susan Buchino. 2016. *LGBTQ Health Equity & Access in Kentucky*. Louisville, KY: University of Louisville School of Public Health and Information Sciences. <https://louisville.edu/sphis/departments/cik/docs-and-pdfs-1/lgbtq-health-equity-and-access>

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

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

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

Figure 13: Kentucky’s LGBTQIA+ Progress



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

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

RURAL REGIONS

The older population plays a vital role in shaping the fabric of Kentucky's rural communities while facing unique challenges. With many rural areas experiencing an aging demographic, older residents form the backbone of these communities, often deeply rooted in local traditions and heritage. This can be observed in Appalachian culture, which tends to be collectivist, emphasizing strong family ties and kinship. Churches often serve as centers for community service in rural areas and help address limited access to healthcare services, transportation difficulties, and social isolation due to geographic remoteness. Older adults in Kentucky's rural communities embody resilience, resourcefulness, and an intense sense of community spirit.

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

Figure 14: Kentucky's Rural Communities

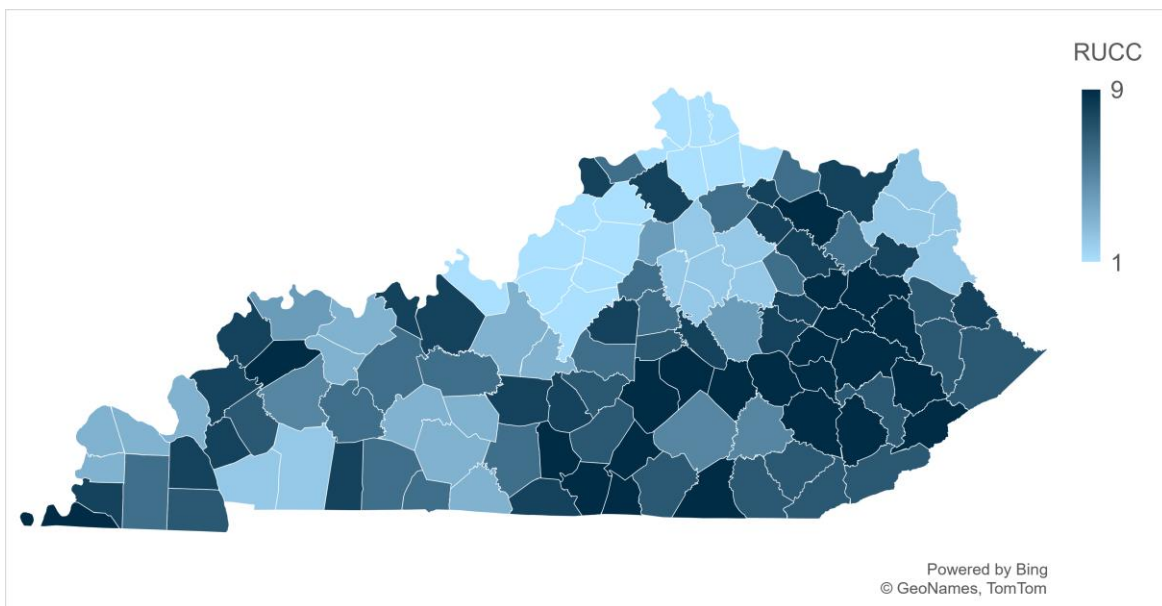
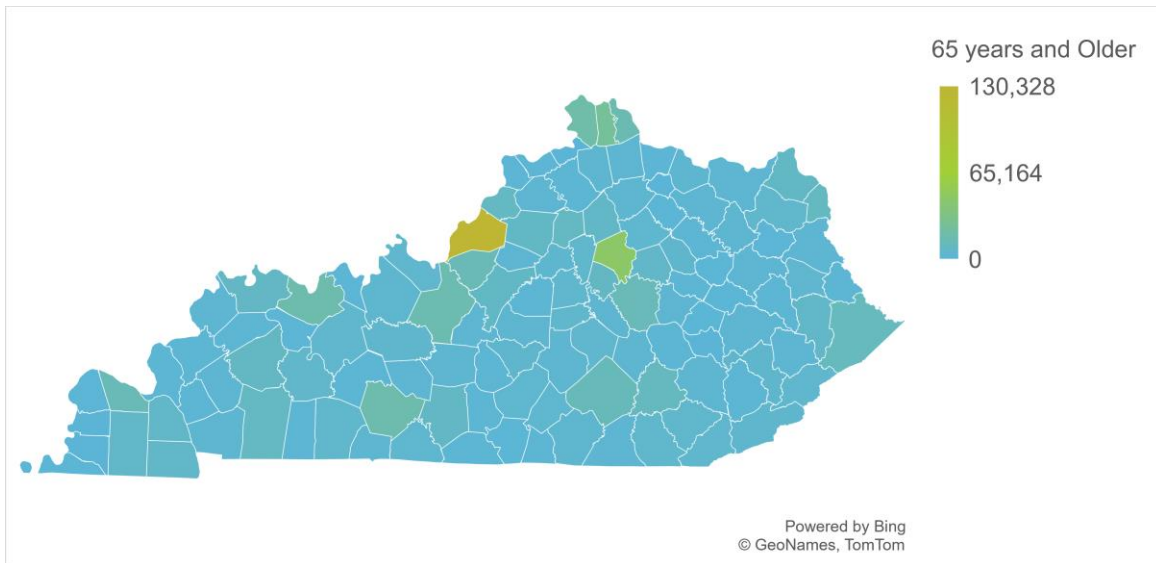


Figure 15 on the following page shows that Kentucky's aging population is well distributed across the state, with a few areas with high population density (e.g., Louisville). This distribution

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

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

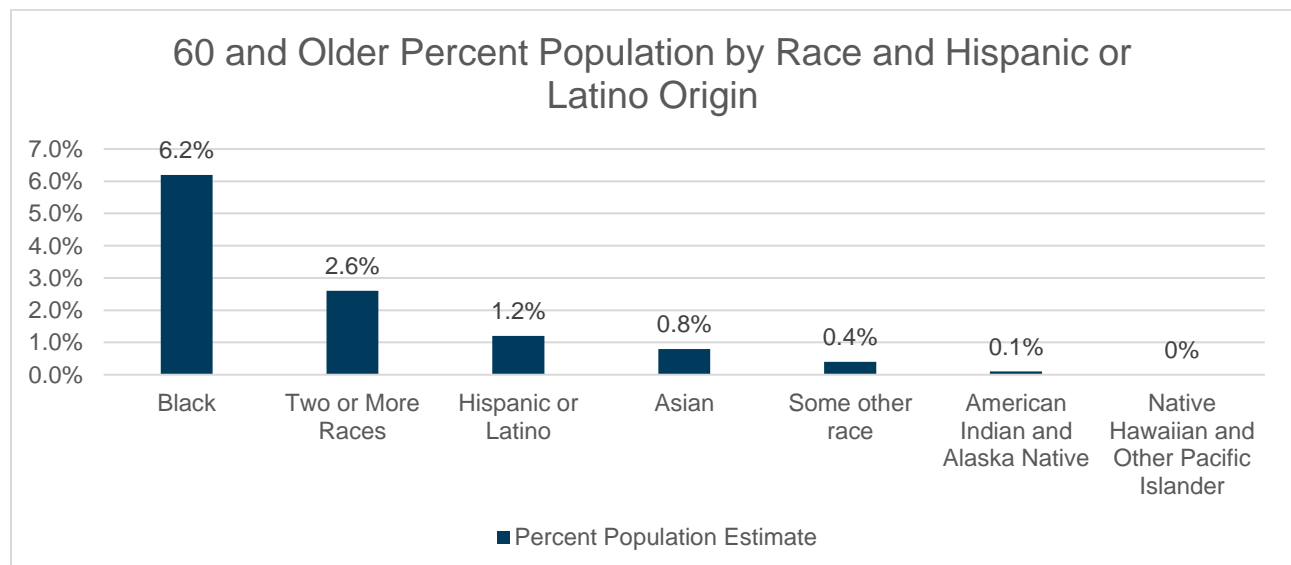
Figure 15: Kentucky’s Aging Population in Urban and Rural Communities



PEOPLE OF COLOR

Kentucky values diversity and firmly believes it is an asset to our state. We recognize the importance of utilizing intersectionality as a framework to supporting older adults and their lived experiences. It is vital to acknowledge the differences in access to services between various racial groups in Kentucky. Researchers show that a diverse community fuels economic growth, raising everyone’s standard of living and resulting in improved job opportunities, infrastructure, education, health, and overall prosperity.²³ Figure 16 below highlights the diversity of Kentucky’s older adult population.

Figure 16: Kentucky’s 60+ Population by Race and Hispanic or Latino Origin



American Health Rankings defines structural racism as the interaction of institutions, social forces, and ideologies that may determine the availability of community resources based on their racial and ethnic composition and contributes to racial inequities in health and premature death among seniors. According to the Centers for Disease Control and Prevention (CDC), inequities in the social determinants of health are driven mainly by the negative effects of interpersonal and structural racism, placing communities of color at risk for poor health outcomes. Additionally, chronic stress due to racial discrimination or interpersonal racism may result in psychological distress and increases in adverse health behaviors. Social determinants of health examples include:

- Education access and quality
- Health care and quality
- Neighborhood and built environment
- Social and community context
- Economic stability

The Department for Aging and Independent Living understands the importance of examining our own views and beliefs as they impact our abilities to make decisions. We have implemented a racial equity core team to educate staff on how their prior experiences impact their views today and how that relates to provided services. Additionally, the Department leverages equity tools to review regulations, policies, and procedures to ensure all families and communities can live long, healthy, joyful lives no matter their race, class, or zip code.

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. DAIL's contracting agencies must complete racial equity and cultural humility training to support all Kentuckians.

LOW-INCOME INDIVIDUALS

Low-income individuals in Kentucky often face significant challenges when it comes to accessing healthcare services, leading to disparities in health outcomes. Economic barriers such as lack of insurance coverage, high out-of-pocket costs, and limited transportation options can prevent many low-income residents from seeking timely medical care or preventive services. Consequently, they may experience higher rates of chronic diseases, such as diabetes, heart disease, and obesity, as well as lower life expectancies compared to their more affluent counterparts. Additionally, factors such as inadequate housing, food insecurity, and limited access to healthy foods can exacerbate health disparities among low-income communities. Efforts to improve health outcomes among Kentucky's low-income population require comprehensive approaches that address not only healthcare access but also the social determinants of health, including poverty, education, and housing stability. Collaborative

initiatives involving healthcare providers, community organizations, and policymakers are crucial in addressing these complex challenges and promoting health equity for all state residents.

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

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

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

RELIGIOUS MINORITIES

Religious freedom in the U.S. has given rise to religious pluralism, where all denominations throughout the communities are considered minorities (<50% of the U.S. population). In Kentucky, there are 109 represented religious groups that make up anywhere between 20.1% of Kentucky's total population to less than .01%.²³

To define Kentucky's religious majority and minority, measures have been adjusted to consider community impact and saturation versus a simple majority. To do this, DAIL applied the Pareto Principle (or 80/20 Rule) to create a meaningful analysis that results in a manageable number of religious groups for Kentucky's majority and minority definitions. The Pareto Principle allows DAIL to find which religious groups have the greatest representation and impact on the community's policies, beliefs, and values. Applying the 80/20 Rule also helps narrow religious majority and minority priority populations from 109 denominations to six majority and 18 minority denominations. Table 8 on the following page provides additional details.

²³ Association of Statisticians of American Religious Bodies (ASARB). 2020. "U.S. Religion Census: Religious Congregations & Adherents Study." Association of Religion Data Archives (ARDA). <https://thearda.com/>

Table 8: Religious Majority and Minority in Kentucky

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

INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY (LEP)

LEP can hinder access to healthcare, education, employment, and civic engagement, posing significant challenges for individuals and families. People with LEP may face challenges accessing high-quality healthcare services, which can lead to medical errors, difficulty understanding and following provider directions, decreased patient satisfaction, adverse effects, reduced medication adherence, worse clinical outcomes, and lower quality of care. These disparities are rooted in communication barriers, cultural differences, clinician biases, and ineffective systems. Providing timely access to language assistance can help to address these challenges. According to the National Center for Education Statistics (NCES), about one in five adults (ages 15 and older) have low literacy skills.²⁴ The NCES developed the Program for the International Assessment of Adult Competencies (PIAAC). The PIAAC measures adult competency levels for literacy, numeracy, digital problem-solving, and reading components to assess a person's abilities necessary for functioning in society. PIAAC categorizes adult literacy across three levels:

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

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

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

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

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

²⁴ National Center for Education Statistics. n.d. "Program for the International Assessment of Adult Competencies (PIAAC)." Nces.ed.gov. <https://nces.ed.gov/surveys/piaac/state-county-estimates.asp>

SERVICES AVAILABLE TO MEET THE NEEDS OF PRIORITY POPULATIONS

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

During the 2024 Kentucky-wide needs assessment, participants were asked what services are currently used to support their daily needs and what services are planned for use. Table 9 highlights participant responses.

Table 9: AAAIL 2022 Needs Assessment Service Use Counts

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

Comparing Table 9 and services counts to the FY 2021 service counts (provided in Table 10 below) may indicate improvements in raising awareness of services or highlight the differences between private and public service use.

Kentuckians served by Title III services are shown in Table 10 below. Title III services are federal grant-funded services for State and community programs on aging and are regulated by the OAA.

Table 10: Kentucky Services Provided Under OAA Title III Funding

| Department for Aging and Independent living | | | |
|---|-----------------------|--------------------------------------|---------------------------------|
| Kentuckians Served in FY 2021 | | | |
| Public Guardian | Hart Supported Living | Aging and Disability Resource Center | Meals |
| 4,544 | 283 | 73,515 | 3,007,823 |
| Traumatic Brain Injury Trust Fund | Supportive Services | Family Caregivers | Personal Care Attendant Program |
| 564 | 26,992 | 1,899 | 192 |

On March 14, 2020, Kentucky governor Andy Beshear ensured that any Kentuckian age 60 and older would have access to a free meal. Since then, the Department for Aging and Independent Living has provided an unprecedented number of meals to older adults. Area agencies on aging

and independent living have partnered with various agencies to offer medically tailored meals to promote health and well-being. Medically tailored meals help to meet the needs of program participants with health conditions that require specific diets such as heart disease, diabetes, and HIV.

OLDER AMERICANS ACT CORE SERVICES

In 1965, Congress enacted the Older Americans Act (OAA) to establish a federal agency and state agencies to meet the needs of the aging population. The OAA aims to address the social services of individuals age 60 and older in their communities. Table 11 below outlines Kentucky’s major programs and initiatives using OAA funds.

Table 11: Kentucky OAA Funded Services

| 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 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. |
| 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. DAIL also supports to-go or drive-thru meals at congregate 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. |

| | |
|--|---|
| 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. |

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. Table 12 below outlines some of these programs:

Table 12: State Supported Programs and Services

| 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 of any age 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. Assessment, case management, home management, 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 | The TBI Trust Fund was established to provide flexible funding and support to those with brain injuries. The fund supports supplemental community-based efforts to meet the special needs of everyone with a brain injury. People with a brain injury and without viable funding sources for needed services are eligible to receive support from the TBI Trust Fund. There are no caps for family income levels used to screen for services. Lack of adequate funding may be a result of the exhaustion of current benefits or benefit exclusion. Services available through the trust fund include case management, community residential services, structured day programs, psychological services, prevocational services, supported employment services, companion services, respite care, therapy services, and wrap around services. Benefits are limited to \$15,000 per person per year with a lifetime maximum of \$60,000. |
| Hart-Supported Living | The Hart-Supported Living program provides grants to individuals who have a disability as defined under the Americans with Disabilities Act (ADA). 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 individual's 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). |
| Office of Dementia Services (ODS) | The Office of Dementia Services within the Department for Aging and Independent Living was established in 2021 and oversees the administration of statewide programs and services. ODS manages policy information and resources affecting residents in Kentucky with dementia, their caregivers and families. There are more than 75,000 Kentuckians living with dementia and they are supported by nearly 150,000 caregivers. |
| Personal Care Attendant Program | The state-funded, consumer-directed, Personal Care Attendant 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 years of age or older and have a severe physical disability-with permanent or temporary recurring functional loss of two or more limbs. |
| Veteran Directed Care | The Pennyrile Area Agency on Aging and Independent Living has established a Memorandum of Agreement with the Veteran's Administration to administer the Veteran's Directed Care in five states including Kentucky. 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 Pennyrile AAAIL provides assessment and case management and serves as the fiscal intermediary to process payment to the caregivers on behalf of the veteran. |
| 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. |

ADVANCING ELDER JUSTICE AND EQUITY

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

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

ELDER ABUSE, NEGLECT, AND EXPLOITATION

The National Center for Elder Abuse (NCEA) shows that the aging population and people living in nursing homes, healthcare facilities, or personal care homes are particularly vulnerable to abuse, including physical abuse, sexual abuse, physical and emotional neglect, and financial abuse, with one in ten seniors experiencing some form of abuse in the U.S.²⁵ Seniors are often the target of fraud attempts because of their “nest egg” savings. Nationwide, seniors lose more than \$3 billion annually to financial scams. AARP Kentucky reported \$15.8 million in losses by seniors in 2020.²⁶

During the COVID-19 pandemic, scams surged; extended periods of isolation and increased time online during this global health crisis have made older adults more vulnerable to fraud

²⁵ National Center of Elder Abuse (NCEA). 2023. “Defining Abuse.” *ncea.acl.gov*. <https://ncea.acl.gov/elder-abuse>

²⁶ American Association of Retired Persons (AARP). n.d. “2023 State Scorecard Report: Kentucky.” *states.aarp.org/Kentucky*. <https://ltsschoices.aarp.org/scorecard-report/2023/states/kentucky#toc-explore-data>

attempts. During this time, Kentucky’s seniors lost \$3 million to fraud and scams, including Social Security and identity theft scams, online romance scams (which accounted for more than \$867,000 in losses), gift card scams, grandparent scams, Medicaid fraud, and abuse, and Medicare discount prescription card scams. Table 13 outlines elder justice activities:

Table 13: Kentucky Elder Justice Activities

| Statewide Elder Justice Activities | |
|---|--|
| 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 Department for Aging and Independent Living has served as the Chair of the Committee for 4 years. The Chair of this council 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. |
| 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. Kentucky has held four consecutive World Elder Abuse Awareness Day events at the state capitol since 2021. In 2024, Kentucky awarded two individuals and two agencies with the CHAMP (Champion of Adult Maltreatment Prevention) Award at the World Elder Abuse Awareness Day event. |
| 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. The services are provided in emergency situations to meet their needs 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 40,000 residents in assisted living, 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. |
|--|--|

COLLABORATING TO REDUCE ELDER ABUSE, NEGLECT, AND EXPLOITATION

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

This includes engagement across State agencies and traditional aging network partners (such as AAAILs and ombudsman programs), along with partners within legal assistance programs, law enforcement, healthcare, financial institutions, and other essential organizations Kentucky-wide. Table 14 below describes the collaborative steps DAIL will consider for addressing elder abuse, neglect, and exploitation.

Table 14: Collaborative Steps to Address Elder Abuse, Neglect, and Exploitation

- As DAIL continues to monitor and engage in the activities below, it will also be important for DAIL and local partners in the public and private sectors to routinely collaborate and address elder abuse, neglect, and exploitation.**
- DAIL shall continue ongoing monitoring of regulations related to abuse, neglect, and exploitation.**
- DAIL shall continue to actively reach out to ombudsmen who are focused on abuse, neglect, and exploitation, establish routine meetings, discuss, and share information, and explore joint initiatives.**
- DAIL shall continue to support compliance with Kentucky’s mandated reporting requirements.**
- DAIL shall seek to Increase funding and resources focused on preventing and mitigating the impact of elder abuse, neglect, and exploitation.**

Additional collaboration activities will include aligning efforts with Kentucky’s Office of Senior Protection within the Office of the Attorney General. The Office of Senior Protection believes every senior should be able to age safely and with dignity and is committed to protecting senior

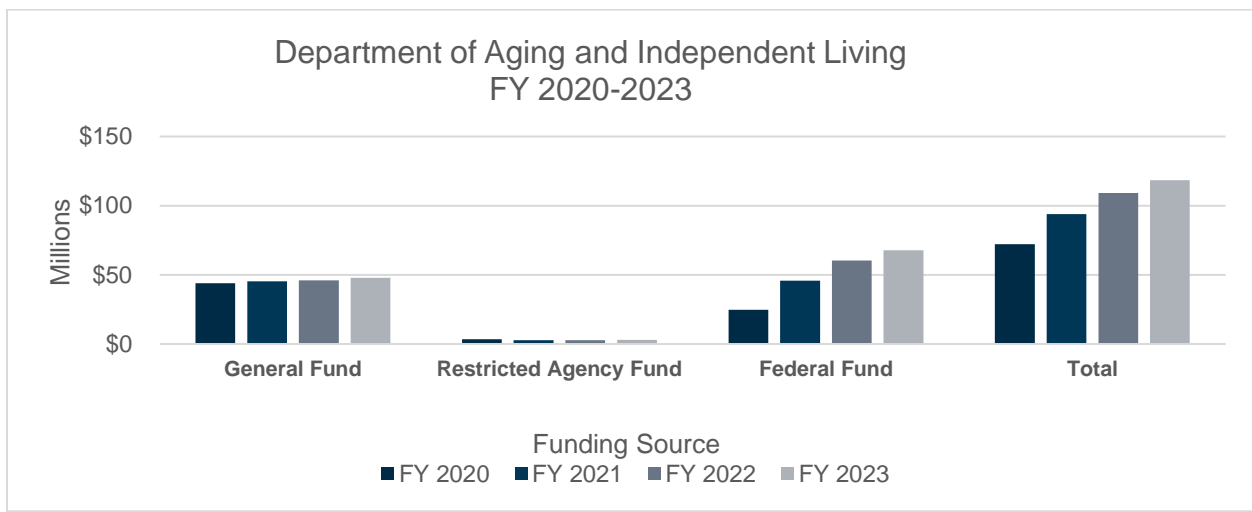
citizens from scams, abuse, and exploitation.²⁷ Kentucky’s Office of Senior Protection promotes the Shielding Seniors Scam Alerts, which allow Kentuckians to receive an email alert once a new or trending scam is verified in Kentucky. The Office of Senior Protection works with more than 170 Scam Alerts partner organizations to reach seniors throughout the Commonwealth.

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

DEPARTMENT FUNDING

DAIL incorporates ACL non-formula-based grants and other discretionary funds into the administration of core OAA programs by aligning all funds with the priorities set forth in this State Plan framework and with consideration of its aging services network, AAAILs, and local/regional needs. Figure 17 below outlines DAIL’s funding sources from 2020 to 2023.

Figure 17: DAIL Funding Sources FY 2020 – 2023



In state fiscal year 2021, the Department for Aging and Independent Living was awarded \$18 million in American Rescue Plan Act (ARPA) funding to help older adults recover from the COVID-19 pandemic. ARPA funds have aided in meal nutrition services, support family caregivers, help older adults connect and engage with others, and help residents of long-term care facilities resolve complaints. Kentucky has utilized these funds to partner with community agencies to implement innovative programs and practices. Area Agencies on Aging and Independent Living have utilized ARPA funds to purchase senior citizen center participant requested social engagement activities, implement mental health and wellbeing services,

²⁷ Commonwealth of Kentucky Office of Attorney General: Office of Senior Protection and Mediation. 2024. “Consumer Alerts.” *Ag.ky.gov*. <https://www.ag.ky.gov/Resources/Consumer-Resources/Consumers/Pages/Comsumer%20Alerts.aspx>

purchase AED devices and train staff on the use of the devices, increase respite program services for caregivers, and increase transportation services in rural areas.

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

In addition, DAIL continuously collaborates with other agencies and organizations to ensure the inclusion of the priorities set forth in this framework. DAIL has been fortunate to receive several grants from organizations such as the Administration on Community Living (ACL) and the Centers for Disease Control (CDC). The Department will continue to aggressively seek additional funding opportunities to support older Kentuckians and adults with disabilities. Table 15 below outlines grants awarded to DAIL.

Table 15: Kentucky Competitive and Discretionary Grants

| Competitive and Discretionary Grants | |
|---|---|
| National Center on Advancing Person-Centered Practices and Systems (NCAPPS) Nutrition Learning Collaborative | Kentucky was also awarded the opportunity to participate in the National Center on Advancing Person-Centered Practices and Systems (NCAPPS) Nutrition Learning Collaborative. The collaborative facilitates a series of virtual interactive workshops for nutrition programs focused on enhancing person-centered practices for people receiving Older Americans Act funded nutrition services. Sessions will support nutrition programs in learning the basics of person-centered practice, help them identify existing person-centered approaches and potential areas of innovation |
| 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 produced a Disaster Ready Blueprint and Senior Center Emergency Preparedness Action Plan for Kentucky and other states to utilize when conducting disaster preparedness activities. |
| Innovations in Nutrition Programs | DAIL was awarded an Innovations in Nutrition Programs and Services-Replication grant to support clients who may be experiencing mental health crisis and may have suicide thoughts and intentions. AAAILs select staff |

| | |
|--|---|
| and Services – Replication | and/or volunteers to undergo training in Question. Persuade. Respond. (Q.P.R.) provided by KY’s Department for Behavioral Health Developmental and Intellectual Disabilities (DBHDID). A select number of case managers or Senior Center Staff (depending on size of the region) receive the evidence-based suicide intervention training, ASIST which is also provided by KY’s DBHDID. Trained staff and volunteers will utilize the training to support at-risk clients. |
| Administration on Aging – Alzheimer’s Disease Program Initiative (ADPI) Grant | DAIL’s Office of Dementia Services (ODS) utilizes the ADPI grant to provide support to individuals with dementia and their family members. ODS developed a program called Bridging the Gap which allows three Area Agencies on Aging and Independent Living in thirty-one counties to support establish five dementia care specialists. The dementia care specialists provide person centered services to support caregiver respite and provide enabling technology to individuals with dementia. |
| Building Our Largest Dementia (BOLD) Infrastructure Grant | DAIL in partnership with Kentucky’s Department for Public Health was awarded a BOLD grant, supported by the Centers for Disease Control, to increase awareness and understanding among the general public (including populations of high burden), providers, and other professionals of the impact of dementia across Kentucky. DAIL will address the social determinants of health (SDOH) to achieve health equity goals including but not limited to the improvement of community-clinical linkages among health care systems and existing services, public health agencies, and community-based organizations. |

MEDICAID HOME AND COMMUNITY BASED SERVICES

DAIL is responsible for the administration, monitoring, and oversight of the Participant Directed Services within five Home and Community-Based Services Waivers. In Kentucky, Participant Directed Services approach allows Medicaid recipients enrolled in a Home and Community Based wavier 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. Table 16 below outlines the five waivers, their target population, and the local agencies to support Kentuckians enrolled in Participant Directed Services.

Table 16: Kentucky’s HCBS Waivers with PDS Option

| Kentucky’s HCBS Waivers, Target Population, and Local Agency Administration | | |
|--|---|--|
| Waiver | Target Population | Local Agency |
| Acquired Brain injury | Short-term intensive supports for those with an acquired brain injury | Statewide network of private providers Community Mental Health Centers (CMHC) |

| | | |
|---------------------------------|---|---|
| Long Term Acquired Brain Injury | Long-term intensive supports for those with an acquired brain injury | Statewide network of private providers 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 Care Agencies |
| 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.

COST SHARING

In an attempt to serve more Kentuckians, the Department for Aging and Independent Living (DAIL) allows 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;
- Title IIID: Disease Prevention and Health Promotion;
- Title IIIE: Respite and supplemental services;
- Kentucky Personal Care Attendant Program;
- 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) have the option to implement 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. Table 17 below outlines the copayment per percentage of poverty.

Table 17: 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.

TEAM KENTUCKY®

CABINET FOR HEALTH AND FAMILY SERVICES

Hays
Herb
FURNITURE

Pennyville
Games

KENTUCKY-WIDE NEEDS ASSESSMENT

SECTION 5.0 KENTUCKY-WIDE NEEDS ASSESSMENT

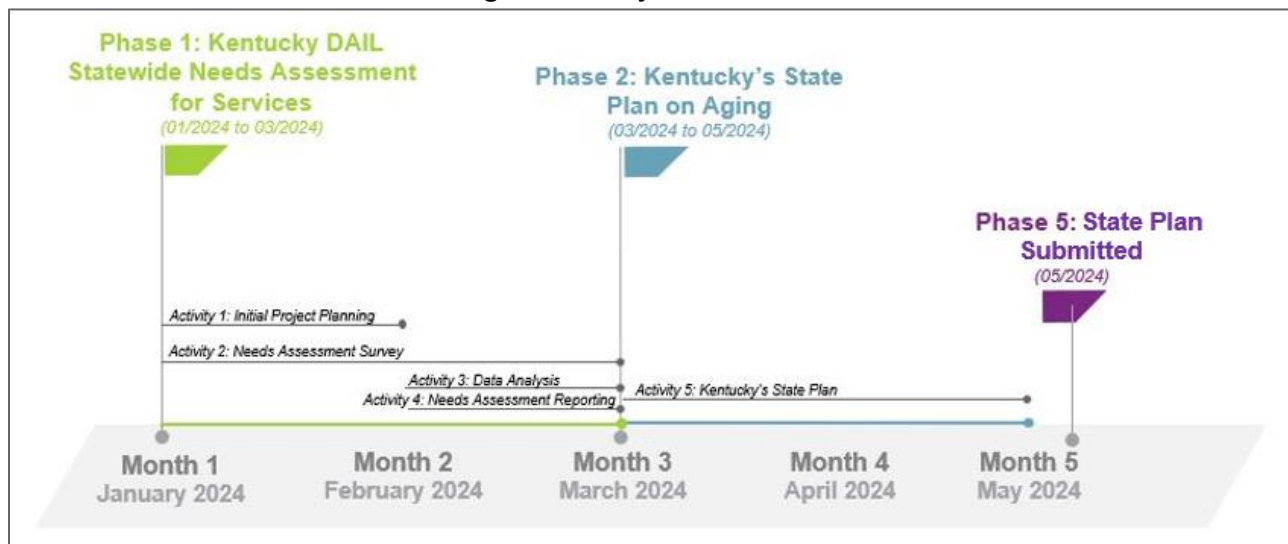
DAIL engaged BerryDunn, an independent consulting firm, to conduct a Kentucky-wide needs assessment. The Kentucky-wide needs assessment aimed to help DAIL identify strengths in the current environment and opportunities for change in the future. The results of the needs assessment informed the development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

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

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

DAIL engaged with aging state leaders of Mississippi, Ohio, and Virginia regarding their state-wide needs assessment and state plans. These meetings allowed the Department to gain a better understanding of the existing services and best practices with peer states. These meetings contributed to the foundation of the needs assessment. To help ensure the Kentucky-wide needs assessment captured the needs of the growing aging population, DAIL, in collaboration with BerryDunn, engaged in the stakeholder engagement activities depicted in Figure 18 over three months in early 2024.

Figure 18: Project Timeline



SURVEYS

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

The surveys and their target audiences are described below.

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

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

LISTENING SESSIONS

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

COMMUNITY FORUMS

BerryDunn conducted in-person community forums with critical stakeholders in Kentucky's 15 service regions throughout the Commonwealth to gather information on current needs, strengths, opportunities for change, and future needs for program participants. DAIL purposefully selected meeting locations where seniors and individuals with disabilities frequent

COMMUNITY FEEDBACK

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






— Big Sandy Region
Community Forum
Participant



or reside. The key stakeholders included seniors, individuals with disabilities, caregivers, public officials, program providers, facility directors, and staff. In addition, BerryDunn developed flyers promoting the various community forums Kentucky-wide, which were shared with AAAILs that assisted in communicating with other community members to help create awareness among program participants.

NEEDS ASSESSMENT FINDINGS

The key findings in Table 18 emerged from the 2024 Kentucky-wide needs assessment activities described above. These key findings were recurring discussion topics among Kentuckians and were identified as significant barriers to receiving high-quality services and living a healthy life.

Table 18: Key Findings Derived from Kentucky-Wide Needs Assessment

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

| Key Findings | |
|---|--|
|  | There has been a significant demand for a variety of services available for older Kentuckians and individuals with disabilities following the pandemic, which has resulted in extensive waitlists. |
|  | There is a growing workforce shortage of senior center staff, medical providers, and care specialists that has affected the delivery and quality of services available for older Kentuckians and individuals with disabilities. |

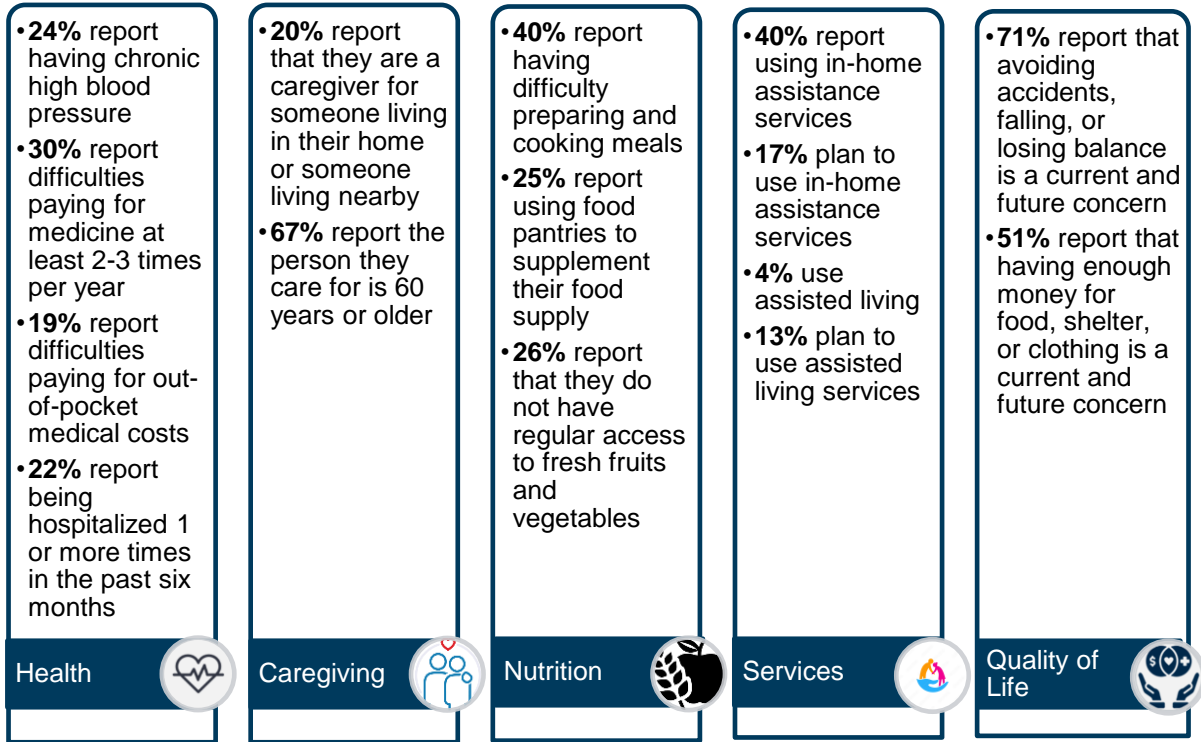
Analysis of the information gathered during the 2024 Kentucky-wide needs assessment confirmed key themes, and the themes were used to inform data-driven goals, objectives, and strategies for Kentucky’s 2025 – 2028 State Plan. Primary sources of information for the 2024 Kentucky-wide needs assessment include the AAAIL 2022 Kentucky-wide needs assessment results, survey results, peer-state interviews, listening sessions, community forums, U.S. Census Bureau surveys, and the Centers for Disease Control and Prevention’s (CDC’s) Behavioral Risk Factor Surveillance System (BRFSS).

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

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

Where appropriate, inconsistencies are noted between data sources used to inform this State Plan. Data used to inform this State Plan and additional insights can be requested through DAIL. Figure 19 summarizes the highest-reported needs and challenges across all ADDs.

Figure 19: AAAIL 2022 Kentucky-Wide Needs Assessment Overview





TEAM
KENTUCKY®

CABINET FOR HEALTH
AND FAMILY SERVICES

STATE PLAN
PRIORITIES

SECTION 6.0 STATE PLAN PRIORITIES

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

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

ACHIEVING KENTUCKY'S STATE PLAN ON AGING MISSION AND VISION

In accordance with ACL requirements, Kentucky has developed a detailed path forward to enhance the overall health and well-being of its older population. Grounded in collaborative efforts between public and private entities, this plan helps to ensure alignment among all partners. Figure 20 describes DAIL's guiding mission and vision for the Commonwealth and State Plan on Aging.

Figure 20: Mission and Vision



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

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

DAIL believes compassion, inclusivity, and empowerment are the three pillars of ensuring all Kentuckians' sense of belonging and equity (see Figure 21 on the next page). DAIL will demonstrate compassion, inclusivity, and empowerment both internally within the agency and externally across the Commonwealth.

Figure 21: The Three Pillars of Connection



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

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

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







KENTUCKY’S 2025 – 2028 STATE PLAN ON AGING PRIORITIES

In developing Kentucky’s framework for the new State Plan, Kentucky acknowledged the significance of empowering individuals and promoting their dignity and independence through diverse channels. Concurrently, DAIL recognized that by strengthening Kentucky’s economic base, DAIL not only fosters growth prospects but also guarantees prudent and effective use of public funds. Prioritizing partnerships and improving the lives of both urban and rural communities, including addressing rural disparities and celebrating the richness of diverse cultural regions, became central to DAIL’s strategy. By concentrating on these core priorities,

DAIL can consistently assess the plan’s impact, make essential adaptations, and explore innovative avenues to enhance its support to all Kentuckians.

Through the findings listed in the 2024 Kentucky-wide needs assessment, along with capacity building from previous State Plan goals, and the new initiative of moving forward together, DAIL selected the six areas listed in Table 19 as key priorities to focus.

Table 19: DAIL’s 2025 – 2028 State Plan on Aging Priorities

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

FIVE PRINCIPAL ACTIVITIES TO ACHIEVE KENTUCKY'S VISION AND GOALS

The State Plan necessitates a collective response across various sectors. It depends on collaboration, utilizing community assets and strategic partnerships, and actively involving and enabling communities to realize the shared vision and goals. All residents of Kentucky, including both public and private sector partners at the state and local levels, can put the State Plan into action through one or more of the activities outlined in Figure 22 below.

Figure 22: Activities to Achieve Goals and Objectives

| | |
|--------------------|---|
| COLLABORATE | Collaborate and partner within and across sectors. |
| EXECUTE | Execute the defined State Plan goals and tasks efficiently and within timelines. |
| EMPOWER | Empower individuals and communities by providing them with the knowledge, resources, and support needed. |
| INVEST | Invest in legislative initiatives to foster awareness and establish strategic partnerships that drive funding. |

ASSESS

Assess progress on the State Plan goals.

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

The priorities encompass various critical areas that promote health, dignity, well-being, and equity. It is important to seek to bridge the gaps in social, health, and economic environments to allow Kentuckians to live healthy lives holistically across all life stages and abilities.

Collaboration across diverse sectors and stakeholders is not only needed but essential for Kentuckians to achieve their full potential of health and well-being.



PRIORITY: INFRASTRUCTURE

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

GOAL AND OBJECTIVES | INFRASTRUCTURE

Based on information gathered from key stakeholders, Table 20 below describes the goal and objectives regarding infrastructure.

Table 20: Infrastructure Goal and Objectives

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

STRATEGIES | INFRASTRUCTURE

DAIL will implement and invest in the strategies in Table 21 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

Table 21: Infrastructure Objectives and Strategies

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

LONG-TERM GOALS | INFRASTRUCTURE

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

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

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

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



PRIORITY: COMMUNITY PARTNERSHIPS

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

GOAL AND OBJECTIVES | COMMUNITY PARTNERSHIPS

Based on information gathered from key stakeholders, Table 22 below describes the goals and objectives regarding community partnerships.

Table 22: Community Partnerships Goal and Objectives

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

STRATEGIES | COMMUNITY PARTNERSHIPS

DAIL will implement and invest in the strategies in Table 23 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

Table 23: Community Partnerships Objectives and Strategies

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

LONG-TERM GOALS | COMMUNITY PARTNERSHIPS

DAIL has recognized that community partnerships can help address challenges such as access to affordable housing, transportation, emergency planning preparedness, and other barriers faced by older Kentuckians, individuals with disabilities, and caregivers. There is a need to provide a space for providers to brainstorm solutions locally and for DAIL to provide additional guidance, as needed.

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

1. Collaborate with community partners to encourage local-level networking and brainstorming solutions to address immediate needs and barriers faced by older Kentuckians, individuals with disabilities, and caregivers.

2. Establish a performance measuring and monitoring plan in collaboration with AAAILs to determine success measures and data collection methods.



PRIORITY: WORKFORCE DEVELOPMENT

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

GOAL AND OBJECTIVES | WORKFORCE DEVELOPMENT

Based on information gathered from key stakeholders, Table 24 below describes the goal and objectives regarding workforce development.

Table 24: Workforce Development Goal and Objectives

| Goal 3: Expand and strengthen the workforce. | |
|---|---|
| Objective 3.1 | Improve workforce policies: Collaborate with at least four community partners to update workforce policies to help ensure relevancy and capacity for the older Kentuckians and individuals with disabilities. |
| Objective 3.2 | Increase engagement with the workforce: Increase awareness of workforce challenges by establishing quarterly provider meetings and creating an annual workforce-specific survey to gain insights on workforce challenges and to help guide future initiatives. |
| Objective 3.3 | Expand the coordination of HCBS and LTC services: Improve the process of connecting available direct care workers with individuals seeking HCBS and LTC services by establishing a registry of available direct care workers and LTC facilities. |
| Objective 3.4 | Increase recruitment: Develop and implement at least two workforce recruitment strategies that will help improve the availability of direct care workers for older Kentuckians and individuals with disabilities. |
| Objective 3.5 | Implement retention strategies for direct care workers: Create at least two new career paths for direct care workers that will lead to opportunities for leadership positions and improve retention. |
| Objective 3.6 | Improve direct care worker training/onboarding: Develop and provide two new in-person training courses to address gaps in knowledge for direct care workers. |

STRATEGIES | WORKFORCE DEVELOPMENT

DAIL will implement and invest in the strategies in Table 25 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

Table 25: Workforce Development Objectives and Strategies

| Objectives | Strategies |
|---|--|
| Improve workforce policies | <ul style="list-style-type: none"> • Partner with local colleges and universities to promote workforce advancement programs. • Focus and organize advocacy efforts related to workforce improvements. • Participate in an apprenticeship program that addresses both unemployment and shortage of direct service professionals.²⁸ |
| Increase engagement with the workforce | <ul style="list-style-type: none"> • Continue to recognize the value and importance of the direct care workforce by prioritizing engagement with this group. • Assess workforce engagement through surveys and during provider meetings. • Utilize workforce feedback to inform future initiatives and policies. |
| Expand the coordination of HCBS and LTC services | <ul style="list-style-type: none"> • Develop a registry of available direct care workers and LTC facilities in Kentucky. • Promote the use of the registry through community partnerships. |
| Increase recruitment | <ul style="list-style-type: none"> • Partner with high school programs or community colleges to recruit younger staff interested in the health and human services field.²⁹ • Increase advertisement of direct care opportunities and benefits through popular events such as college basketball tournaments, health fairs, and other public events. • Explore funding opportunities through local, state, and federal levels to support workforce development such as sign-on bonuses. |

²⁸ Quality Improvement in Long Term Services and Supports (QuILTSS). 2019. "Direct Support Professionals Apprenticeship Program." *Quilts.org*. <https://quiltss.org/apprentice/>

²⁹ Health Occupations Students of America (HOSA). 2022. "HOSA Future Health Professionals." *Hosa.org*. <https://hosa.org/what-is-hosa/>

| Objectives | Strategies |
|---|---|
| Implement retention strategies for direct care workers | <ul style="list-style-type: none"> • Identify opportunities to promote the increase of Competitive Integrated Employment (CIE) based on recommendations from the Department of Labor and present to the State legislature.³⁰ • Implement direct care quality of care measures to assess efficiency and quality in direct care provided to older Kentuckians and individuals with disabilities. • Provide incentives for improved and efficient quality of care provided.³¹ |
| Improve direct care worker training/onboarding | <ul style="list-style-type: none"> • Expand and improve training for direct care workers. • Create career paths for direct care workers to clearly define training requirements and opportunities for growth in this field. |

Additionally, DAIL is leveraging additional funding streams to invest in innovative Kentucky-wide training and education for people caring for individuals with dementia, paid and unpaid. Senior centers can support the continued development of program participants’ work-related skills and technical literacy by enrolling them in the Senior Community Service Employment Program (SCSEP), intended to find program participants employment for up to two years.³²

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

LONG-TERM GOALS | WORKFORCE DEVELOPMENT

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

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

³⁰ Office of Disability Employment Policy. n.d. “Competitive Integrated Employment.” *Department of Labor*. <https://www.dol.gov/agencies/odep/program-areas/cie>

³¹ Centers for Medicare and Medicaid Services (CMS). 2024. “Expanded Home Health Value-Based Purchasing Model”. *CMS.gov*. <https://www.cms.gov/priorities/innovation/innovation-models/expanded-home-health-value-based-purchasing-model>

³² Commonwealth of Kentucky: Cabinet for Health and Family Services: Department for Aging and Independent Living (DAIL). 2024. *CHFS.KY.GOV*. <https://www.chfs.ky.gov/agencies/dail/Pages/scsep.aspx>

compared to the national rate of 53.9%.³³ Additionally, Kentucky's rate of nursing home staff is 3.08 staff per resident, per day and 10.8 home health aides per 100 eligible citizens, indicating staff shortages and an overburdened workforce. The staffing rate per resident has lasting impacts on quality of care for residents and LTC facility operations. In Kentucky, LTC facilities with inadequate staffing see higher rates of residents being hospitalized and residents using antipsychotics inappropriately.

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

1. Create quality incentive payments for program providers that maintain quality services.
2. Assess current access to aging network services by Kentuckians and evaluate the impact of incorporating these services with HCBS funded by other entities, such as Medicaid and Health Resources and Services Administration (HRSA).³⁴

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



PRIORITY: WELL-BEING

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

GOAL AND OBJECTIVES | WELL-BEING

Based on information gathered from key stakeholders, Table 26 below describes the goal and objectives regarding well-being.

³³ American Association of Retired Persons (AARP). n.d. "2023 State Scorecard Report: Kentucky." [states.aarp.org/Kentucky](https://ltsschoices.aarp.org/scorecard-report/2023/states/kentucky#toc-explore-data). <https://ltsschoices.aarp.org/scorecard-report/2023/states/kentucky#toc-explore-data>

³⁴ Health Resources and Services Administration (HRSA). 2024. "Health Center Resource Clearinghouse." [HRSA.gov](https://www.hrsa.gov/library/health-center-resource-clearinghouse). <https://www.hrsa.gov/library/health-center-resource-clearinghouse>

Table 26: Well-Being Goal and Objectives

| Goal 4: Ensure the mental, physical, social, and emotional well-being of older Kentuckians and individuals with disabilities. | |
|--|---|
| Objective 4.1 | Increase mental health awareness: Implement a Kentucky-wide educational campaign to reduce mental health stigma among at least 30% of the population through surveys that collect data on engagement levels |
| Objective 4.2 | Increase access to nutritional foods: Provide nutrition services and support for older Kentuckians, their families, and individuals with disabilities to increase food security and food access for at least 45% of the population to decrease the risk of malnutrition. |
| Objective 4.3 | Increase awareness and encourage seeking resources: Integrate 95% of DAIL community business organizations into KYNECT Resources which contains information related to available programs and support services across the Commonwealth. |
| Objective 4.4 | Expand the reach of resources and services: Improve the process of connecting Kentuckians to community resources in urban and rural settings by establishing an awareness campaign that reaches at least 20% of the population through surveys that collect data on engagement levels. |
| Objective 4.5 | Expand culturally relevant and equitable services: Increase the cultural relevancy of services, improve their equitability, and provide support by meeting with at least two leaders of underserved communities every quarter. |

STRATEGIES | WELL-BEING

DAIL will implement and invest in the strategies in Table 27 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

Table 27: Well-Being Objectives and Strategies

| Objectives | Strategies |
|---|---|
| Increase mental health awareness | <ul style="list-style-type: none"> • Develop anti-stigma interventions to encourage participation in mental health services.³⁵ • Identify people willing to engage in storytelling. • Help organize presentations of people with lived experience to key targeted groups. • Encourage individuals to participate in a stigma-free pledge.³⁶ |

³⁵ National Alliance on Mental Illness (NAMI). 2022. "Developing Effective Anti-Stigma Interventions." NAMI.org. <https://www.nami.org/Blogs/NAMI-Blog/April-2022/Developing-Effective-Anti-Stigma-Interventions>

³⁶ National Alliance on Mental Illness (NAMI). n.d. "Pledge to be StigmaFree." NAMI.org. <https://www.nami.org/Get-Involved/Pledge-to-Be-StigmaFree>

| Objectives | Strategies |
|--|--|
| | <ul style="list-style-type: none"> • Develop guidance for AAAILs and providers on implementing effective interventions to reduce social isolation and loneliness. • Develop guidance for AAAILs and providers on how to implement effective suicide risk screenings and trauma-informed interventions to reduce suicide. • Share resources for mental health services using face-to-face communication. |
| <p>Increase access to nutritional foods</p> | <ul style="list-style-type: none"> • Provide nutritious meals through the OAA Senior Nutrition Program through congregate or home-delivered meal programs. • Provide nutritious meals through the HCBS Waiver Program for individuals with disabilities. • Strengthen outreach and advocacy regarding nutrition and malnutrition risks throughout the senior population in Kentucky. • Provide food/commodity boxes to eligible older adults. • Increase access to nutritious food by attracting new grocery stores and leveraging corner stores to carry fresh produce and healthier food options in underserved areas. • Conduct malnutrition screening at initial assessments and annual reassessment dates. Record scores and provide referrals to primary care providers, registered dietitians, local food banks, food pantries, etc., as needed. Follow up to ensure client is addressing malnutrition risk(s). • Provide nutrition education on several topics that older Kentuckians and individuals with disabilities could benefit from. • Increase awareness of malnutrition risk in Kentucky's older adults. • Develop Kentucky-specific infographics regarding malnutrition risk and occurrence rates among Kentucky's older adults to increase awareness. • Develop a referral process where local primary care providers, hospitals, health departments, faith-based organizations, and other local partners can refer individuals to the OAA program and/or other relevant programs in the community. • Provide technical assistance to referring organizations and Kentucky's ADDs to help ensure a successful referral process for older individuals to gain access to programs and benefits. • Expand DAIL's partnership with AAAILs, SNAP, food banks, and other community organizations. |
| <p>Increase awareness and encourage seeking resources</p> | <ul style="list-style-type: none"> • Develop a public relations campaign to introduce and increase awareness of the services and supports available through DAIL. <ul style="list-style-type: none"> ○ Identify the targeted audience, preferred communication type, and communication tools. ○ Include multi-language flyers to reach multicultural or immigrant communities and family caregivers with LEP. |

| Objectives | Strategies |
|--|--|
| | <ul style="list-style-type: none"> • Reduce the stigma regarding individuals seeking government aid through storytelling (e.g., share the challenges faced and the success that ensued). • Reduce the stigma regarding grandparents raising grandchildren seeking supportive services. • Encourage initiative-taking care planning for both future program participants and caregivers. |
| Expand the reach of resources and services | <ul style="list-style-type: none"> • Improve participant-directed and person-centered planning by aligning services and resources that give full access to full benefits to older Kentuckians, individuals with disabilities, and their caregivers. <ul style="list-style-type: none"> ○ Ensure AAAILs coordinate HCBS and LTC services for older Kentuckians and individuals with disabilities who are at risk for institutionalization or for those who wish to return to a home setting but require HCBS. • Integrate DAIL community business organizations into KYNECT Resources Dedicate resources to maintain and distribute the directory. • Establish relationships with local and Commonwealth organizations that can help ensure the directory reaches the target audience. • Ensure the directory is culturally competent and linguistically appropriate and help ensure the directory is accessible to older Kentuckians and individuals with disabilities. • Share the directory online to reach a wider audience. |
| Expand culturally relevant and equitable services | <ul style="list-style-type: none"> • Partner with leaders in unserved and underserved communities to understand the unique needs of unserved and underserved older Kentuckians, individuals with disabilities, and caregivers. • Collaborate with local and national advocacy organizations to develop culturally appropriate toolkits and resource guides for participants. • Collaborate with the Office of the Ombudsman to promote an elder abuse and fraud prevention program that provides education, outreach, and advocacy. • Promote services, supports, and resources for ethnically diverse communities. • Sponsor diversity, equity, and inclusion training for program providers to address gaps in knowledge and awareness. |

LONG-TERM GOALS | WELL-BEING

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

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

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

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

PRIORITY: CAREGIVER SUPPORT

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

Throughout events such as the annual caregiver conference demonstrated in Figure 23 below, DAIL made great strides in gathering information from stakeholders. DAIL leveraged input from community-based conferences and from individuals across the state to help inform this plan and be as comprehensive as possible in addressing the needs of aging Kentuckians.

Figure 23: 2023 Kentucky Annual Caregiver Conference



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

GOAL AND OBJECTIVES | CAREGIVER SUPPORT

Based on information gathered from key stakeholders, Table 28 below describes the goal and objectives regarding caregiver support.

Table 28: Caregiver Support Goal and Objectives

| Goal 5: Increase outreach and awareness to address the needs of caregivers. | |
|--|---|
| Objective 5.1 | Engage with caregivers: Develop a communication plan inclusive of at least three methods of communication for caregivers to routinely provide feedback and increase the number of long-term care family councils by 20%. |
| Objective 5.2 | Improve caregiver policies: Collaborate with at least two community partners to update caregiver policies to help address feedback. |
| Objective 5.3 | Promote free training: Provide at least five free and accessible training opportunities for caregivers to enhance and learn new skills based on feedback collected. |
| Objective 5.4 | Identify a caregiver liaison: Designate a point of contact between caregivers and available resources to improve assistance to caregivers. |
| Objective 5.5 | Increase awareness: Partner with and educate at least two health care systems, two Managed Care Organizations (MCOs), five hospitals, and 30 case managers on the roles and needs of caregivers to help inform best practices. Health care providers can also help share resources and services available to caregivers. |

STRATEGIES | CAREGIVER SUPPORT

DAIL will implement and invest in the strategies in Table 29 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

Table 29: Caregiver Support Objectives and Strategies

| Objectives | Strategies |
|-----------------------------------|--|
| Engage with caregivers | <ul style="list-style-type: none"> • Develop a communication plan between caregivers and DAIL to collect feedback via different methods (e.g., surveys, meetings, town halls, etc.). • Ensure the communication plan includes various formats and languages to ensure language and communication access for diverse caregivers. • Routinely review data to identify trends, gaps, and areas for improvement. • Collaborate with district ombudsman and families of residents in long-term care facilities to provide support |
| Improve caregiver policies | <ul style="list-style-type: none"> • Identify ways to acknowledge family caregivers' importance across all patient populations and develop guidelines that acknowledge the role of caregivers. |
| Promote free training | <ul style="list-style-type: none"> • Collaborate with local organizations to help raise awareness for free trainings and supports available that target: <ul style="list-style-type: none"> ○ Dementia care ○ Traumatic brain injury (TBI) ○ Preventing caregiver fatigue |

| Objectives | Strategies |
|-------------------------------------|---|
| Identify a caregiver liaison | <ul style="list-style-type: none"> Utilize the state-level caregiver liaison to continue engaging with caregivers and identify key needs to share with DAIL when developing policies, addressing issues, and identifying programs. Develop and issue surveys to caregivers that provide key characteristics of caregiving situations to help inform future initiatives and policies. |
| Increase awareness | <ul style="list-style-type: none"> Utilize the centralized directory to share information about the available services and support. Establish efficient communication methods, such as mailing paper-based directories, to increase caregivers' use of directories. Encourage health care providers to create an inventory of best practices and create policies that ensure caregiver needs are considered. Utilize health care providers and other partnerships to help distribute the directory. |

LONG-TERM GOALS | CAREGIVER SUPPORT

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

- 1) Identify a task force to develop funding proposals to present to the Commonwealth legislature that outline the need for increased funding to address caregiver issues.
 - a) The task force will also advocate for legislative support of caregiver needs and opportunities.
- 2) Create career paths for direct care workers that include opportunities to transition into leadership positions.
- 3) The Quality Improvement in Long-Term Services and Supports (QuILTSS) Institute’s Career & Education Pathway.
- 4) Create and maintain a statewide registry of caregivers to access additional needs in areas, track training, etc.

PRIORITY: QUALITY

By holding ourselves and others accountable, DAIL steadfastly upholds its commitment to collaborative performance measures and helping to improve quality assurance.

GOAL AND OBJECTIVES | QUALITY

DAIL shall utilize the specified goal and outcomes to track quality and assess measures that benefit older residents and those with disabilities. Table 30 below describes Goal 6 and its objectives.

Table 30: Quality Goal and Objectives

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

STRATEGIES | QUALITY

DAIL will implement and invest in the strategies in Table 31 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

Table 31: Quality Objectives and Strategies

| Objectives | Strategies |
|--------------------------------|---|
| Collaboration | <ul style="list-style-type: none"> • Schedule routine/standing meetings to discuss top priorities (e.g., transportation and housing needs). • Develop committees to research and develop legislation, seek funding, and make proposals related to transportation and housing. |
| Feedback opportunities | <ul style="list-style-type: none"> • Establish dedicated email addresses geared specifically for feedback • Implement suggestion boxes • Coordinate focus group and town hall meetings |
| Comprehensive directory | <ul style="list-style-type: none"> • State services, Medicaid, Temporary Assistance for Needy Families (TANF), SNAP – application process, qualification for services |

| Objectives | Strategies |
|-------------------------------|---|
| | <ul style="list-style-type: none"> • Regional services – AAAILs, senior and cultural centers, medical services, transportation services • Local services – faith-based organizations, local government, food banks, advocacy groups |
| Enhanced communication | <ul style="list-style-type: none"> • Send electronic and written notifications. • Provide timelines that include opportunities for feedback. • Provide training tools and resources. |

LONG-TERM GOALS | QUALITY

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

- 1) Establish a comprehensive software solution and user-friendly database that can integrate Commonwealth-level, regional, and local data and help facilitate outcome reporting more meaningfully.
- 2) Utilize existing program data to make evidence-based decisions and conduct performance measurements to help assess the impact using nationally recognized standards.
- 3) Enhance data collection methods to capture relevant information about older adults' needs, preferences, and outcomes (e.g., increase participant satisfaction reporting to quarterly from annually, engage in in-person assessments and evaluations semiannually). Establish clear performance metrics and benchmarks for aging programs and regularly assess them for effectiveness against these standards (e.g., use of federal, state, and grant funding, gap assessment and trends, and innovative planning).
- 4) Create a strategic plan that aligns with the State Plan and outlines a clear purpose and direction for fostering collaboration and partnerships while maintaining a forward-focused vision.
- 5) Create data-driven continuous quality improvement (CQI) strategies that focus on measurability, demonstrate impact, and provide necessary support.
- 6) Identify the primary data metrics to gather data on individuals served by DAIL programs to create a Kentucky Aging and Disability profile and align them with the goals and objectives of the Commonwealth of Kentucky State Plan on Aging.

TEAM KENTUCKY®

CABINET FOR HEALTH
AND FAMILY SERVICES

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

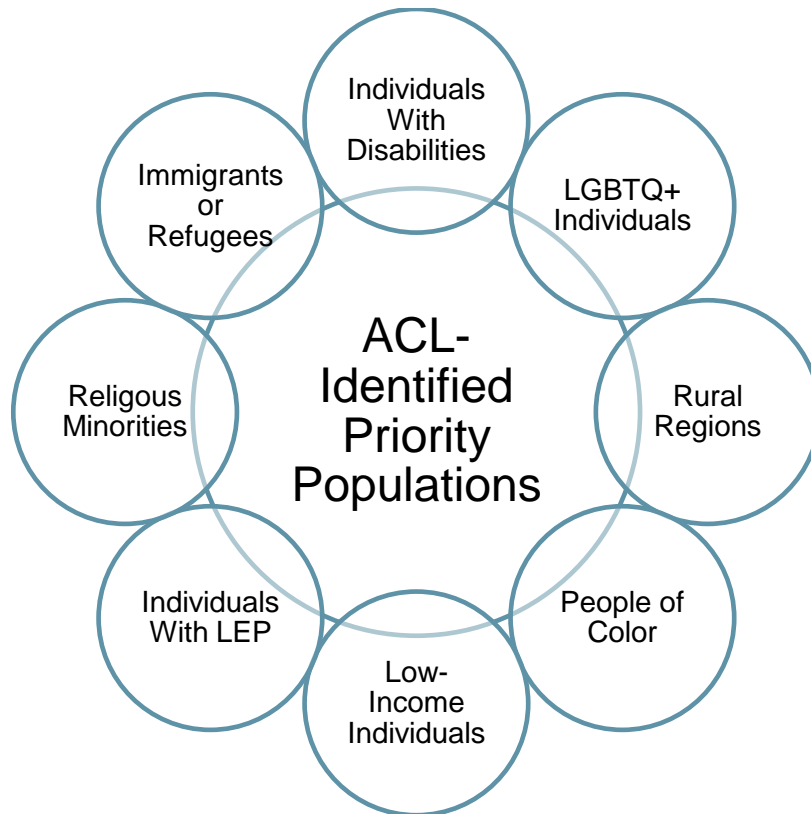
OTHER CONSIDERATIONS

SECTION 7.0 OTHER CONSIDERATIONS

STRATEGY IMPLEMENTATION CONSIDERATIONS FOR PRIORITY POPULATIONS

Priority populations—as identified by the Administration for Community Living (ACL)—are increasingly vulnerable to experiencing personal and environmental stressors, such as discrimination (e.g., racism, ableism, xenophobia, homophobia, transphobia, etc.), poverty, and exposure to trauma. The priority populations provided in Figure 24 may also be burdened by obstacles hindering their ability to access programs and services; examples of these burdens include limited public transit, lack of nearby service providers, and inadequate internet connectivity.

Figure 24: ACL-Identified Priority Populations



The equity considerations in Table 32 will inform the implementation of state-planned strategies to help ensure that policies, programs, and services effectively and equitably address the needs of these priority populations. These considerations are based on the most prominent challenges and service-related themes Kentuckians identified during the information-gathering activities DAIL and BerryDunn facilitated.

Table 32: Equity Considerations to Inform the Implementation of State Plan Strategies

| Equity Considerations Informing the Implementation of State Plan Strategies |
|--|
| DAIL shall consider promoting and engaging in tailored outreach and messaging efforts to increase the use and accessibility of available services; these efforts should be inclusive of languages other than English that are spoken in Kentucky. |
| DAIL shall consider promoting and supporting the virtual delivery services, as allowable, to increase the accessibility and delivery of services provided by senior centers and/or providers. |
| DAIL shall consider collaborating with AAAILs to promote and incentivize the completion of cultural competency and implicit bias training, which would improve knowledge and increase awareness of best practices for serving priority populations. |
| DAIL shall consider increasing its collaboration and engagement with various organizations and local community groups to improve DAIL's understanding and awareness of the culturally and socially diverse needs of program participants. |
| DAIL shall consider collaborating with AAAILs to reduce burdens for older Kentuckians with disabilities or conditions that limit their mobility by providing accommodations (e.g., ramps, wheelchairs, handrails, etc.) to enable their participation in activities. |
| DAIL shall consider collaborating with AAAILs and transportation providers to determine the potential strategies that can be taken to address the lack of affordable and available transportation options, especially in rural regions. |
| DAIL shall consider collaborating with AAAILs to address the complex housing issues and rising cost-of-living expenses in the Commonwealth. |
| DAIL and AAAILs shall collaboratively consider bolstering existing training and education opportunities to help ensure staff are well equipped and informed to provide evidence-based services promoting sustainable care for all older Kentuckians. |
| DAIL shall consider engaging in advocacy efforts at a state level to allow AAAILs and programs flexibility related to the services that are reimbursable; this will allow AAAILs to allocate funding in a manner that meets the needs and preferences of diverse participants. |

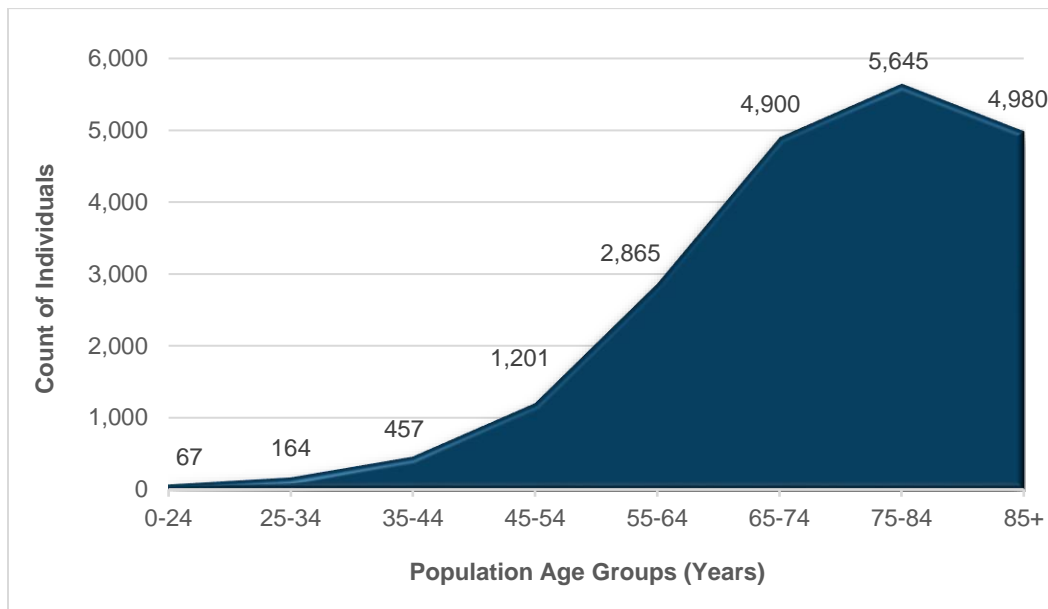
PREPARING FOR FUTURE PUBLIC HEALTH EMERGENCIES

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

Older Kentuckians, both inside and outside of congregate settings, face an increased risk for severe COVID-19 illness. As of September 23, 2023, 15,525, or 76.5%, of Kentucky's COVID-19 deaths were among ages 65 and older, with 25% of total deaths occurring among

Kentuckians ages 85 and older.³⁷ Figure 25 highlights mortality trends for all ages of Kentuckians who died due to COVID-19.

Figure 25: Kentucky COVID-19 Deaths by Age, 2020 – 2023



One area of focus for DAIL's future preparedness practices is minimizing severe morbidity and mortality from COVID-19 and other vaccine-preventable diseases. Vaccination campaigns promote herd immunity among vulnerable populations and will help lessen the morbidity and mortality seen during the COVID-19 pandemic. According to the CDC's interactive LTC vaccination dashboard, as of April 21, 2024, data shows that 35% of Kentucky's LTC residents and only 5% of LTC staff are up to date with COVID-19 vaccinations.³⁸ For vaccine-preventable influenza and pneumonia, LTC residents' vaccination rates were 74% and 62.7%, respectively.³⁹ Table 33 below provides examples of what DAIL shall incorporate during public health emergencies.

³⁷ USA Facts. 2023. "U.S. COVID-19 Cases and Deaths by State." *USAFacts.org*. <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/>

³⁸ The Centers for Disease Control and Prevention (CDC), National Healthcare Safety Network (NHSN). 2024. "Nursing Home COVID-19 Vaccination Data Dashboard." *Centers for Disease Control and Prevention*. <https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>

³⁹ The Centers for Disease Control and Prevention (CDC). 2024. "About the National Immunization Surveys" *Centers for Disease Control and Prevention*. <https://www.cdc.gov/vaccines/imz-managers/nis/about.html#current-surveys>

Table 33: Examples of Practices to Incorporate in Public Health Emergencies

| Practices to Incorporate in Public Health Emergencies |
|--|
| DAIL shall continue to ensure that the Kentucky Department of Public Health (DPH) collaborative emergency preparedness document , i.e., currently in place, will be available and updated regularly based on the conditions brought on by national emergencies (e.g., COVID-19). |
| DAIL shall continue to partner with the multi-agency workgroups within DPH that collaborate on varying priorities (e.g., substance use, vaccination coverage). |
| DAIL shall consider duplicating the efforts some senior centers have undertaken, such as distributing physical resource guides across the region to help ensure program participants have access to services and contact information in the event of an emergency. |
| DAIL shall consider having backup systems in senior centers, such as paper copies of program participants' information, in case they are unable to access their online database during an emergency. |
| DAIL shall collaborate with KY state government and local governments to advocate for funding and establish cross-county support. Given that some counties lack an established emergency department, private emergency response and preparedness entities remain the sole option during emergencies. |
| DAIL shall consider working with adult day programs and senior centers to set up routine nursing visits to provide education training and assist with the screening and administration of immunizations, blood pressure, and diabetes checks. |

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

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

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

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

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

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



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



TEAM
KENTUCKY®

CABINET FOR HEALTH
AND FAMILY SERVICES

STATE PLAN QUALITY MANAGEMENT

SECTION 8.0 STATE PLAN QUALITY MANAGEMENT

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

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

TRACKING PROGRESS ON STATE PLAN IMPLEMENTATION

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

- Issues and priority populations
- Strategy selection
- Strategy implementation

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

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

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

COMMUNITY FEEDBACK

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

– Kentucky River Region
Community Forum
Participant

- Annual program monitoring
- Annual review of programmatic operations

TRACKING PROGRESS ON STATE PLAN OUTCOMES

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

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

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

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

AAAIL REGIONAL AREA PLANS

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

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

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

ADDITIONAL DATA COLLECTION AND REMEDIATION ACTIVITIES

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

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

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

APPENDIX A: ACRONYMS AND TERMS

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

Table i: List of Acronyms and Terms

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

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

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

APPENDIX B: MEETINGS AND PARTICIPANTS

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

Table ii: Listening Session Participants

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

Table iii: List of Community Forums

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

APPENDIX C: ORGANIZATIONAL CHARTS OF KENTUCKY GOVERNMENT

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

Figure i: DAIL Organizational Chart

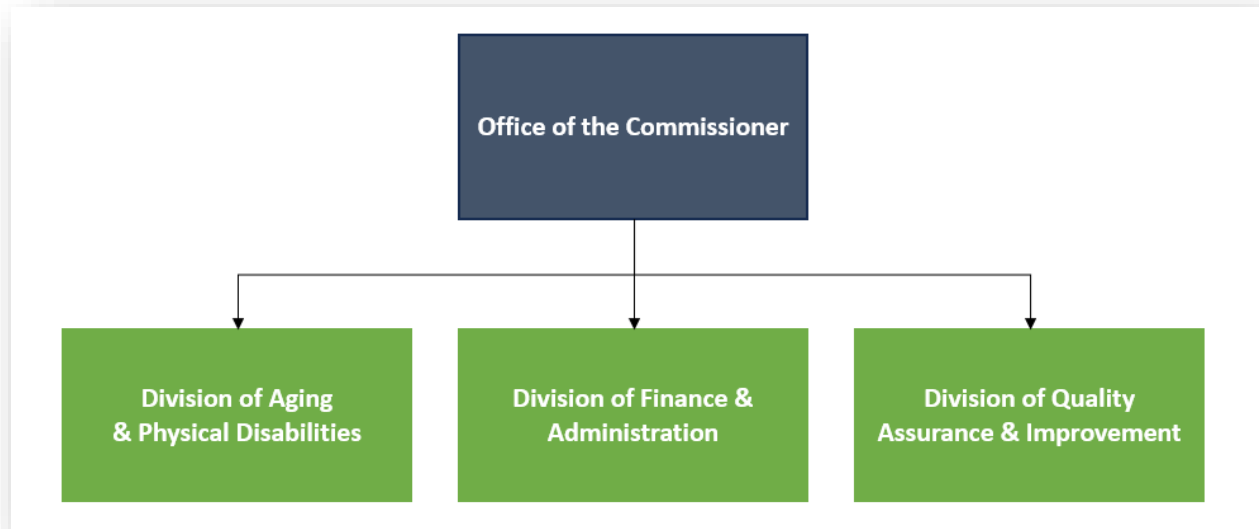


Figure ii: DAIL's Division of Aging and Physical Disabilities Organizational Chart

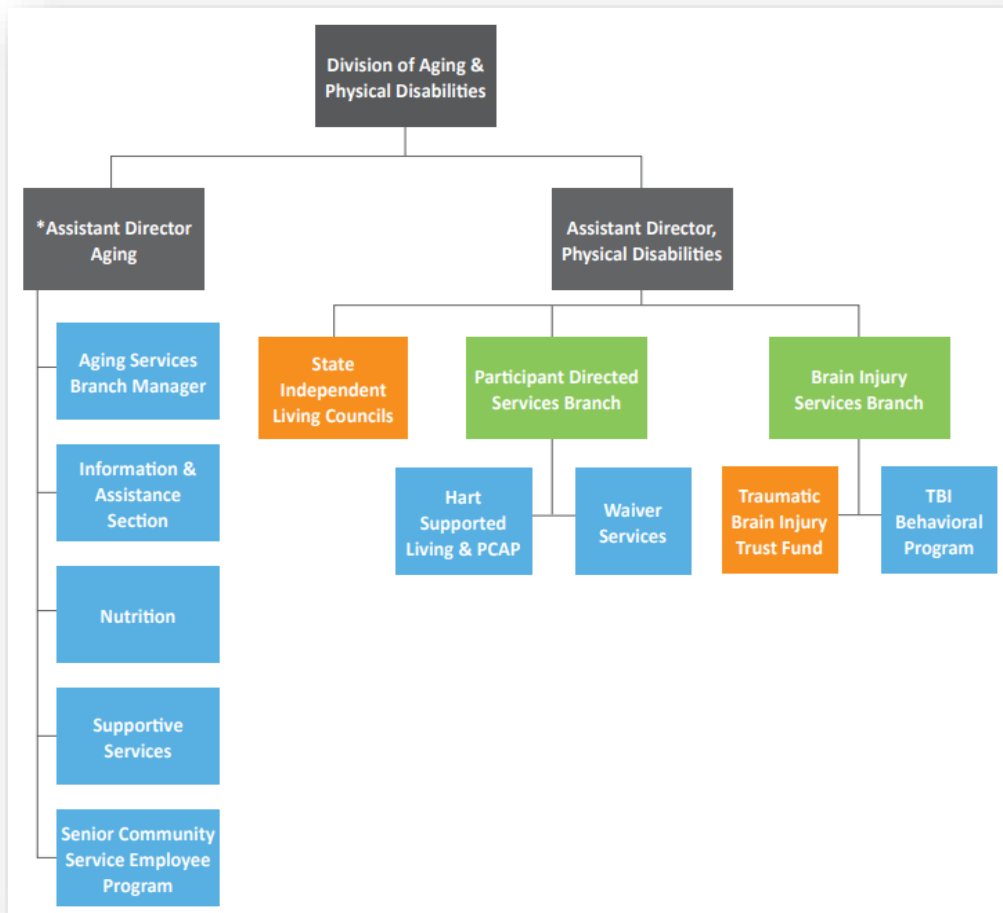


Figure iii: DAIL's Division of Finance and Administration Organizational Chart

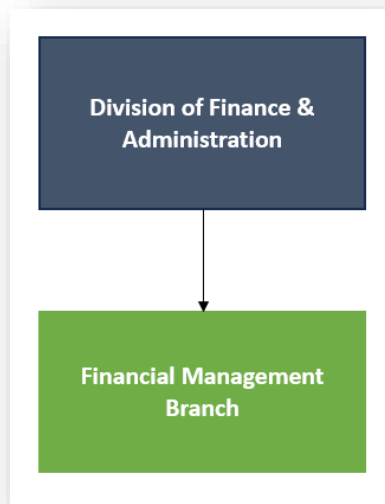
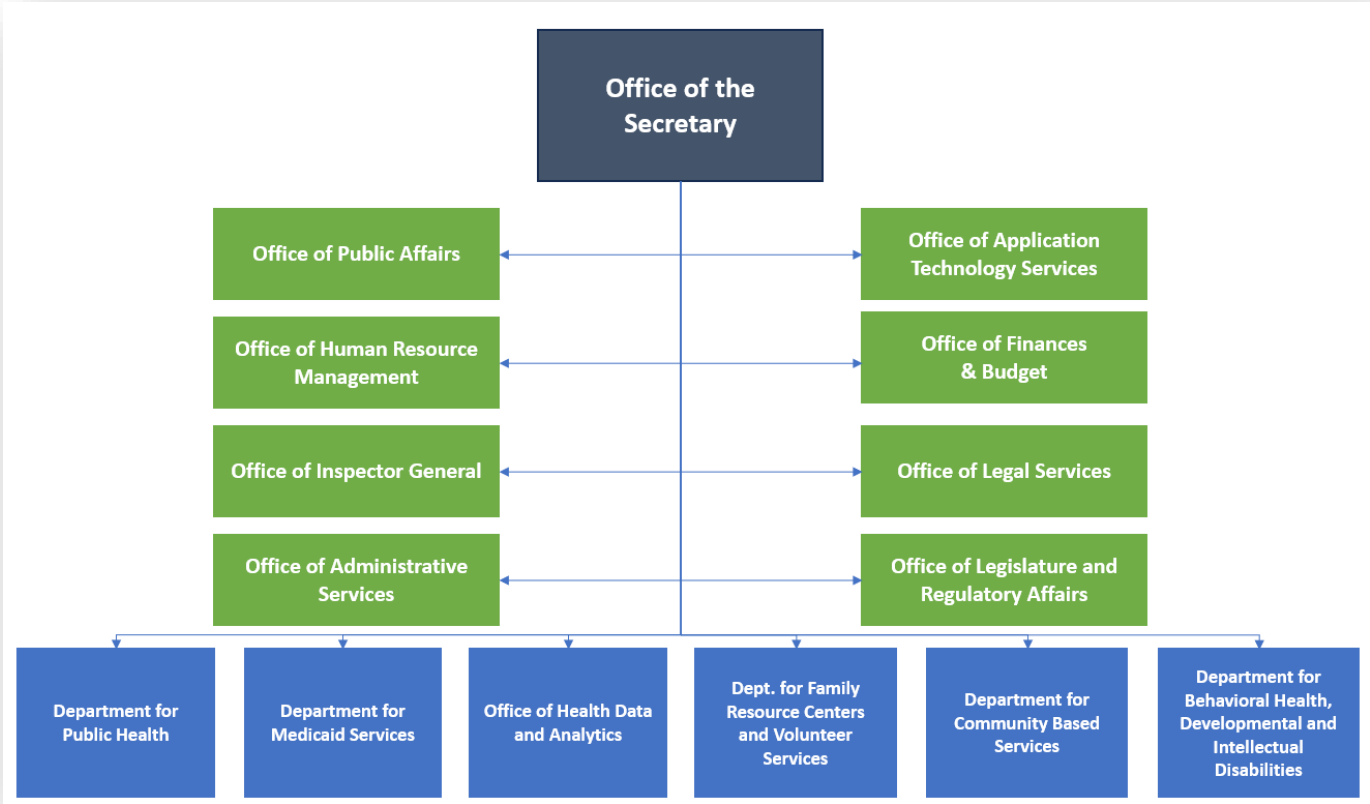


Figure iv: DAIL's Division of Quality Improvement Organizational Chart



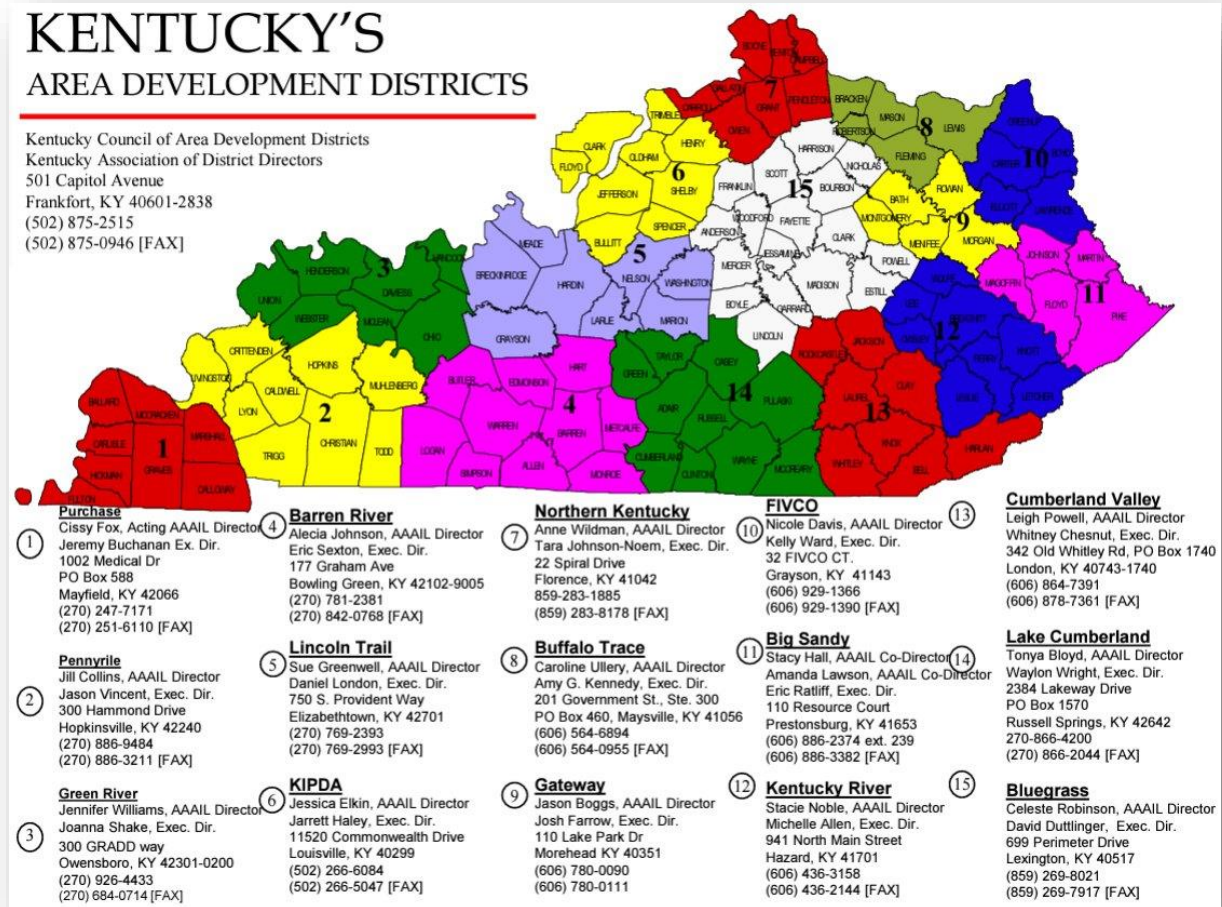
Figure v: Kentucky's Cabinet for Health and Family Services Organizational Chart



APPENDIX D: AREA DEVELOPMENT DISTRICT MAP

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

Figure vii: Kentucky's ADD Map



APPENDIX E: ASSURANCE FORMS

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

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; . . .

(b) 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);

(C) 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

(D) legal assistance;

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

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

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

(4) (A)

(i)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

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

area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

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

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

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

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

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

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

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

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

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

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

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

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

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

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making

behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Such assessment may include—

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



Signature and Title of Authorized Official

7/15/2024

Date

State Plan Guidance

INFORMATION REQUIREMENTS

Section 305(a)(2)(E)

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

RESPONSE:

The Interstate Funding Formula that DAIL will be using takes into account the priority areas listed above. 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;

RESPONSE:

DAIL will meet this requirement by incorporating this assurance into the PSA Area Plan and in contractual requirements. The AAAIL must submit a three-year plan which will specify that each agency will, to the extent feasible, coordinate with DAIL to disseminate information about the assistive technology entity and access to assistive technology options for serving older individuals. The PSAs will provide, as part of the Area Plan, a narrative description of local and regional efforts supporting this priority. ODA annually monitors Area Plans and various portions of related assurances by providing PSA with tools to detail how each assurance is achieved.

Section 306(a)(17)

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

RESPONSE:

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

Section 307(a)(2)

The plan shall provide that the State agency will —...

(C) *specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

RESPONSE:

The designated PSA signs assurances that in accordance to the OAA, an adequate proportion of part B funds are expended in access services, transportation, health services, outreach, information and assistance, case management services, in-home services and legal assistance. Currently each AAAIL expends 65% of their allocated services funds on access, in-home, and legal assistance. The process the state utilizes to determine the percentage of allocated funds to access services was developed in conjunction with the interstate funding formula. The state will develop and report the specific percentage that is expended for each access category and will submit this information with the state plan amendment when coming into OAA Final Rule compliance.

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;

RESPONSE:

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

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

RESPONSE:

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

and

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

RESPONSE:

Using the latest census information from the University of Louisville State Data Center, the rural population over the age of 60 is identified and used as a basis for the funding formula. More importance was placed on this factor in the IFF. The designated PSA regional plans must include explanations of how they provide equitable allocations of funds for programs and services.

Section 307(a)(10)

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

RESPONSE:

The DAIL IFF weights individuals who are 60+ living in a rural area at 1.05. Other factors and weights in the IFF are individuals who are 60+: 1; individuals who are 60+ low income: 1; and individuals who are 60+ low income minority: 1.05.

The designated PSA regional plans must include explanations of how they provide equitable allocations of funds for programs and services.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*
(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

RESPONSE:

Kentucky's 60+ minority population makes up 7.9% of the total 60+ population. Of that, 19.9% are low income minority. Less than 1% of the state's 60+ population is limited English proficiency. To that extent, minority population is weighted at 8%, minority poverty 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.*

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 incase 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

RESPONSE:

At the election of the State, Kentucky will utilize the latest census information from the University of Louisville State Data Center to determine how prepared the State is for anticipated change in the number of older individuals during the 10 year-period following the fiscal year for which the plan is submitted.

Section 307(a)(28)

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

RESPONSE:

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.

Section 307(a)(29)

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

RESPONSE:

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

Section 705(a) ELIGIBILITY —

(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;

RESPONSE

DAIL has established programs in accordance to Section 705(a)(7) and can be referenced in the state plan beginning on page 12.

(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;

RESPONSE:

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.

(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;

RESPONSE:

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.

(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;

RESPONSE:

DAIL will not supplant funds made available under this subtitle and will only use additional funding to support and enhance.

(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);

RESPONSE:

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);

(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;

RESPONSE:

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;

(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

RESPONSE:

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.

(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.*

RESPONSE:

DAIL assures that all information gathered in the course of receiving reports and making referrals shall remain confidential except:

- If all parties to such complaint consent in writing to the release of such information;
- 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
- 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.

APPENDIX F: INTRASTATE FUNDING FORMULA

KENTUCKY INTRASTATE FUNDING FORMULA

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 2018-2022 American Community Survey PUMS Estimates (Appendix G).

DESCRIPTION STATEMENT

Available funding to the AAA network is determined after first subtracting (A) up to the maximum amount allowable for State Plan administration and (B) IIIB funding for the Long-Term Care Ombudsman Program (LTCOP) (established in coordination with the Long-Term Care Ombudsman) as determined by LTCOP program needs each year. The LTCOP set aside will in no case be less than the minimum amount required under the OAA. NSIP funds are distributed based on the prior federal fiscal year performance of each AAA. All remaining funds are 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+
- Low Income, based on 60+ poverty
- Greatest Economic Need, based on 60+ minority poverty
- Greatest Social Need, based 60+ rural

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 rural and low-income minority individuals. The intrastate formula reflects the following factors:

The formula is applied as follows: the 60 plus population + (Rural 60 plus population x 1.05) + Low Income 60 plus population + (Low Income Minority 60 plus population x 1.05) = Total with weight / Grant Total with Weights = Percentage of Funding allocated to the AAA.