



September 22, 2016

Deborah Anderson, Commissioner
Department for Aging and Independent Living
275 E. Main St. 3E-E
Frankfort KY 40621

Dear Commissioner Anderson:

I am pleased to inform you that the Kentucky State Plan on Aging under the Older Americans Act for October 1, 2016 through September 30, 2019, has been approved.

The State Plan outlines a number of significant activities that will serve as a guide for Kentucky's Aging Network during the next three years. Of particular note are the following initiatives and activities:

- Improving health outcomes through evidence-based programming, meaningful partnerships with local and state entities and provision of comprehensive nutrition services;
- Strengthening DAIL programs through continuous quality improvement; and
- Empowering older adults to receive services in the setting of their choice and to participate in their care.

As a result, the State Plan reflects a proactive strategy to deliver high quality, comprehensive services to meet the needs of older persons and their caregivers in Kentucky.

The Atlanta Regional Office staff of the U.S. Administration for Community Living looks forward to working with you and the Kentucky Department for Aging and Independent Living in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact Constantinos "Costas" Miskis, Bi-Regional Administrator, at 404-562-7600. I appreciate your dedication and commitment toward improving the lives of older persons in Kentucky.

Sincerely,

A handwritten signature in blue ink, appearing to read "Edwin L. Walker".

Edwin L. Walker
Acting Assistant Secretary for Aging



Kentucky
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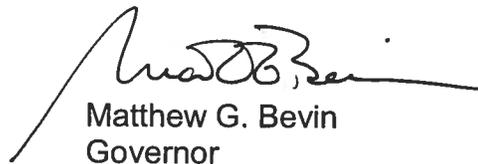
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**Message from Governor Bevin
Verification of Intent**

As Governor of 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, 2016 through September 30, 2019. 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 for the deliverer of services to older Kentuckians and their caregivers. DAIL's Mission and Vision expands beyond older adults and their caregivers and includes the physically disabled and those with brain injuries.

As Kentucky's aging and physically disabled population continues to increase, it is imperative a variety of service agencies and stakeholders continue to collaborate to provide comprehensive supports to the populations we serve. The Commonwealth of Kentucky remains dedicated to meet such comprehensive needs and to continue moving forward as a leader in the aging and disability community and will utilize the Department for Aging and Independent Living as the conduit for progress and collaboration.

Sincerely,



Matthew G. Bevin
Governor

EXECUTIVE SUMMARY

The federal fiscal year State Plan is provided by the Kentucky Department for Aging and Independent Living (DAIL) in response to the requirements set forth in the Older Americans Act of 1965 (as amended in 2006 and reauthorized in 2016). DAIL is designated as Kentucky's State Unit on Aging and is responsible for providing leadership across various state and federally funded programs targeting individuals who are older adults, physically disabled, and/or have a brain injury. While the plan is required in order to receive federal funding from the Administration on Community Living (ACL), Administration on Aging (AoA), the content incorporates the broader population served by the various programs within DAIL.

This state plan lays the foundation for building a successful infrastructure for a wide spectrum of community based services while also ensuring a full continuum of care across the lifespan that include nursing homes and other specialized skilled nursing facilities. The Kentucky plan provides a platform to build quality measures and value into every program and service, regardless of the setting. Four basic focus areas will be utilized to redesign Kentucky's foundation of care and support for the older adult, the disabled and their caregivers: the provision of Older Americans Act Core Programs, the application for and delivery of discretionary grants, promotion of participant-directed/person centered planning and ensuring the promotion of elder justice activities. Based on the four focus areas, DAIL will provide the leadership to accomplish the following goals throughout the designated planning period.

Goal 1. Empower Kentuckians and their support network to make informed decisions and easily access existing health and long-term care services and supports;

Goal 2. Empower Kentuckians to maintain the highest quality of life in the least restrictive environment possible through the provision of home and community-based services, including supports for caregivers;

Goal 3. Empower Kentuckians to stay active and healthy through services and prevention benefits, including affordable health care programs and other resources;

Goal 4. Protect the safety and rights of Kentuckians and seek to prevent their abuse, neglect, and exploitation; and

Goal 5. Ensure effective and responsive oversight of program and financial management.

MISSION & VISION

The Mission of the Department for Aging and Independent Living is to ensure the provision of services and supports that enhance individual dignity, independence, respect and choice to Kentucky's older adults, adult guardianship clients, individuals with physical disabilities, brain injuries and their caregivers.

Vision: All Kentuckians, regardless of age, ability, income or geographic location, will have access to quality services and supports provided in an appropriate setting of their choice.

CONTEXT

DAIL is Kentucky's designated lead agency to serve individuals who are older adults, physically disabled, have a brain injury or their caregivers. Currently, DAIL contracts or sub-contracts with a statewide network, including but not limited to, regional Area Agencies on Aging and Independent Living (AAAIL), Community Mental Health Centers (CMHC), Centers for Independent Living (CIL), and other organizations to implement the objectives of the department, including the provisions of the Older Americans Act.

Additionally, DAIL administers Kentucky's public guardianship program, the Consumer Directed Option for Kentucky's Home and Community-Based Medicaid and Michelle P. Waiver, and Participant Directed Services for the Supports for Community Living Waiver. It also administers the Traumatic Brain Injury Trust Fund, the Hart-Supported Living Program (for individuals with a disability recognized by the Americans with Disabilities Act), the Personal Care Attendant Program (PCAP), and DAIL certifies Adult Day Care Social Models and Assisted Living Communities.

Kentucky's structure and overarching vision and guiding principles provide the framework for DAIL to advance goals and objectives consistent with both national and state strategic goals. It was through stakeholder meetings across the state and the Area Agencies on Aging and Independent Living administering regional needs assessments and surveys that DAIL determined the goals and objectives. A variety of methods were used to announce meetings and included list serves, newspapers and word of mouth. The meetings were open to community based service providers, professional members of the community and consumers to offer contributions as how to best serve the needs of the Commonwealth. An online survey was also used to seek input on the development of the goals and objectives.

Like the Administration on Community Living's (ACL) Strategic Action Plan (2013-2018), Kentucky's initiatives for rebalancing its long-term care system also compliment and support that of the Centers for Medicare and Medicaid's plan for long-term care reform. Kentucky envisions a system in which funds and programs in the public and private sector are streamlined to enable easy consumer access. The system will allow older adults, those with disabilities and their caregivers to have access to a 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 be built 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.

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

- Affordable choices and options that promote independence and dignity as well as support their overwhelming desire to remain at home;
- Meaningful involvement and control in the design and delivery of the programs and services that affect their lives;
- Empowerment to make informed decisions about their care options;
- Easy access to a full range of health and long-term care supports;

- High-quality, flexible services and supports that can meet the unique and ever changing needs of individual consumers and their family caregivers;
- Right of protection from elder abuse, fraud, and exploitation;
- Assurance that they and their families and caregivers can easily obtain information about long-term care services;
- A coordinated and streamlined single point of entry into long-term care services for older and physically disabled adults regardless of the funding source;
- A coordinated care management process that encompasses a holistic approach to preventive, transitional and on-going care;
- Expanded community based alternatives to create a full, versatile, and seamless array of long-term care services; and
- Maximized funding by standardizing funding options and financial eligibility requirements.

Kentucky Aging and Disability Demographics

According to the U.S. Census Bureau Population Estimates, Kentucky's population in 2014 was 4.4 million and is expected to increase to an estimated 4.55 million by 2030. The largest category of persons within Kentucky's population is the Baby Boom generation (persons born between 1946 and 1964). According to the estimates, Kentucky's population over 60 is 925,000, 21%, and it is expected to increase to an estimated 1.17 million by 2030, or 25.6%. Currently, those who are 85 years and over have remained stable since 2010 and make up 1.7% of Kentucky's total population.

Kentucky remains a fairly homogenous state with the majority of residents reporting they are Caucasian (88.3%). 8.2% report as African American, and 3.4% report as Hispanic or Latino. The remaining percentage of the population reports in the American Indian and Alaskan Native and Asian alone categories. In contrast, diversity between the Appalachian areas of the state and urban settings is dramatic. The differences present unique challenges, particularly as they relate to transportation and the delivery of evidence-based practices and supportive services in rural, community-based settings. According to the Administration on Community Living's "A Profile of Older Americans: 2014," Kentucky ranked as the fifth state for the highest poverty rate for the older adults (11.2%). Kentucky also ranks higher than national averages for individuals with a disability. There are over 875,000 Kentuckians who self-identified as having a disability and as a result all disability groups within Kentucky are underserved and many are un-served depending on geographical location.

According to the Cornell University 2013 Disability Status report, 33.4% of Kentucky's population ages 65-74 have some form of disability (Figure 1). This percentage increases to 56.2% after the age of 75. These disabilities, particularly mobility, self-care, and independent living, have a great impact on the use and cost of long-term care services, whether in the community or in long-term care facilities. Due to the prevalence of chronic disease and the proportional increase of individuals who are aging, Kentucky will soon have the highest population in the nation of those with disabilities who require long-term care and support services.

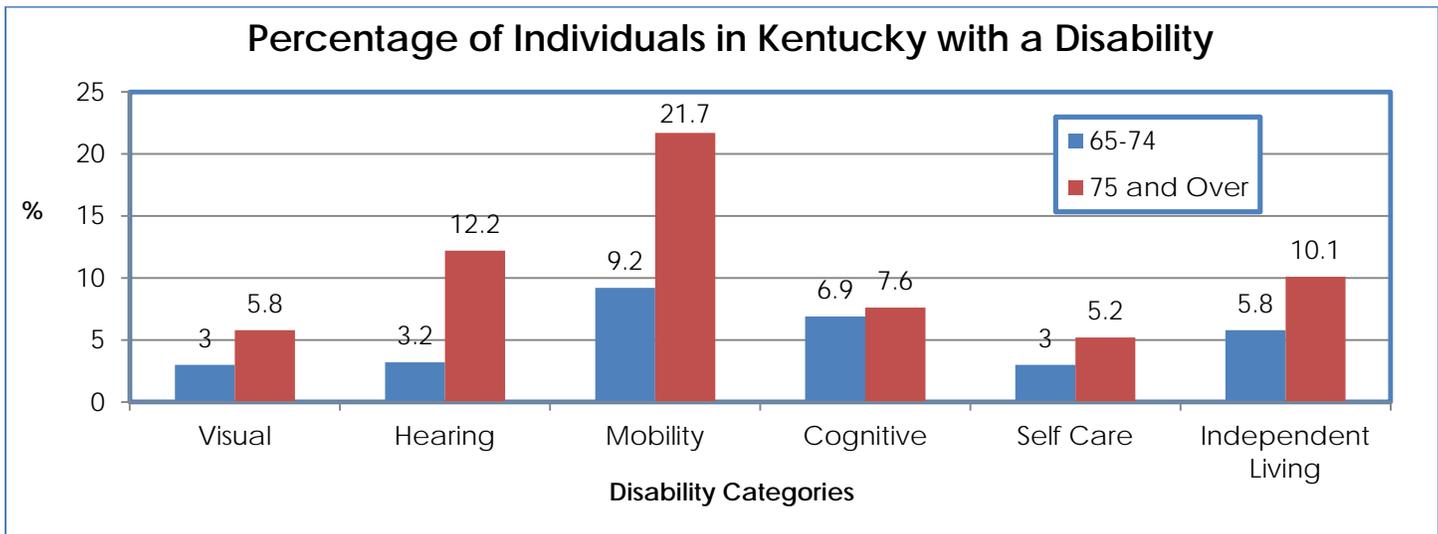


Figure 1. 2013 Disability Status Report – Kentucky Employment and Disability Institute at the Cornell University ILR School

Organizational Structure

The Kentucky Department for Aging and Independent Living was established in December of 2006. Formerly the Division of Aging, the elevation and reorganization expanded responsibilities to include the Division of Guardianship, the Hart Supported Living program, the Traumatic Brain Injury Trust Fund, and most recently the Centers for Independent Living (Attachment A). Consolidating the oversight and management of several long-term care services into a single agency bridged the disparity between the policies and core principles of institutional care with those of community-based care. This reorganization increased the provision and sustainability of needs-focused, long-term care programs and services that are highly specialized to accommodate the needs of particular consumers and populations, such as individuals with Alzheimer’s Disease and brain injury.

DAIL is located within the Kentucky Cabinet for Health and Family Services (the Cabinet). Sister departments include Community Based Services (Adult and Child Protection), Income Support, Family Resource Centers and Volunteer Services, Medicaid Services, the Department for Behavioral Health, Developmental and Intellectual Disabilities, the Office of Inspector General, and the Department Public Health (Attachment B). Each of these cabinet agencies plays an integral part in providing comprehensive services to older adult and disabled Kentuckians. While DAIL administers all programs funded through the Older Americans Act, other agencies manage additional federal and state funded programs that benefit older Kentuckians. Placement within the cabinet allows for open communication and coordination with these other agencies and provides additional insight and direction in how the elderly and disabled should be served. The Commissioner for the DAIL reports directly to the Secretary of the Cabinet who, in turn, reports directly to the Governor’s Office.

Aging and Disability Network

DAIL is the lead state agency responsible not only for administering the programs included in the Older Americans Act, but for establishing and maintaining the infrastructure necessary to meet the needs of the aged and disabled at the local level. Key partners in this endeavor currently are Area Agencies on Aging and Independent Living designated by the DAIL, Community Mental Health Centers, Centers for Independent

Living, Brain Injury providers, and various licensed and certified service providers and residential facilities for the older adult and disabled.

Administratively, DAIL develops policies and procedures for community-based programs and monitors the providers to ensure that these policies and procedures are implemented correctly and efficiently and to insure financial accountability. It is also DAIL’s responsibility to provide technical assistance and training to the aging network. Non-institutional options for long-term care services include Title III in-home services, the State Homecare Program, Consumer Directed Options, the Personal Care Attendant Program, Adult Day Care and Alzheimer’s Respite, Assisted Living Communities, Public Guardianship, and the Traumatic Brain Injury Trust Fund.

Another key component of the Kentucky aging and disability network includes the various advocacy and provider associations that work closely with the department to improve the delivery system. Organizations include the Brain Injury Alliance of Kentucky, AARP, the Alzheimer’s Association of Kentucky, ARC of Kentucky, Kentuckians For Nursing Home Reform, Kentucky Protection and Advocacy, the Kentucky Initiative for Quality Nursing Home Standards, the Kentucky Institute on Aging, Leading Age Kentucky, the Kentucky Association of Healthcare Facilities, and the Association of Adult Day care Centers. These are needed and welcome partners of the department.

Older Americans Act (OAA) Core Programs and State Funded Programs

Collectively, the DAIL aging and disability network reaches approximately 230,000 individuals through Title III programs annually (audited FY2014 data). In addition, Elder Abuse Prevention assisted 20,036 Kentuckians and the Long-term Care Ombudsman Program served 44,196. Additionally, the state funded Homecare Program served 5,282 individuals (Figure 3).

CONSUMERS SERVED FY2014	
Program	Total Served
Adult Day	201
Aging Disability Resource Center	31,480 calls 20,120 Level 1 Screenings
Elder Abuse Prevention	20,036
Guardianship	4,517
Hart Supported Living	383
Kentucky Caregiver Program	3,528 grandparents 5,416 grandchildren
Kentucky Homecare Program	5,282
Long-term Care Ombudsman	44,196
Older Americans Act Title III	231,547
Personal Care Attendant Program	299
Traumatic Brain Injury	433

Figure 2. Kentuckians Served by DAIL FY2014

Aging Disability Resource Center (ADRC). The ADRC serves as a highly visible and trusted place available in every community across the Commonwealth where people of all ages, incomes, and disabilities obtain information on the full range of long-term support options. DAIL maintains a toll-free phone number, while each of the AAAILs operate a local ADRC streamline access to long-term care. A level one screening is used to screen individuals for publicly funded long-term care 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.

Adult Day Care and Alzheimer's Respite. Adult Day and Alzheimer's Respite programs provide social and related support services for older persons and those with Alzheimer's Disease. These programs are designed to ease some difficulties of daily living and caregiving while helping elder Kentuckians remain in the mainstream of community life. Certified Adult Day programs are social models, which include supervision and care provided during any part of a day, but less than 24-hour care. DAIL certifies the social model programs and the regional AAAIL contract with the programs to provide the respite services. All programs offer help with self-administration of medications, personal care, self-care, social activities, and recreation. Alzheimer's respite is a program of supervision and care provided to a person with Alzheimer's Disease or related dementia to give caregivers temporary relief from care-giving duties. Alzheimer's respite services may be provided in the home or in an adult day care setting.

Disease Prevention and Health Promotion. Services provided through the contracted providers include routine health screening, nutrition counseling and education services, health promotion programs, home injury prevention, mental health screenings, benefits counseling, medication management, screening, education, and rehabilitation information. Evidence-based interventions are also utilized to help elder Kentuckians address their chronic health conditions and promote self-management.

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, and training. The grandparent must be the primary caregiver for a grandchild up to the age of 18 who is related to the child by blood, marriage, or adoption.

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 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, and respite care.

Nutrition Program for the Elderly. This nutrition program includes home-delivered meals and congregate meals at nutrition sites. The program helps improve the eating habits of participants, offers social networking opportunities, and helps participants remain healthy and independent by reducing hunger and food insecurity.

Senior Citizen Centers. More than 200 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, volunteer opportunities, and social activities and services to people 60 and older.

Senior Community Service Employment Program. The Senior Community Service Employment Program 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 who are disabled, family members, and caregivers. This statewide service is provided by local, well-trained counselors who provide, impartial counseling and assistance to people with questions or problems regarding Medicare and other related health insurances.

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

Supportive Services. Supportive Services are part of the Older Americans Act and certain services deemed "priority" services under the Act are funded annually. These 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.

Traumatic Brain Injury Trust Fund. Brain Injury (BI) is a significant health problem in Kentucky. In 2014, almost 90,000 non-fatal brain injury cases were treated at and discharged from Kentucky hospitals as acute care admissions or emergency department visits (Figure 4). This does not include the numerous individuals treated in outpatient facilities; federal, military, or Veteran's Administration hospitals; contiguous states; or those who do not seek medical treatment. According to the Kentucky Injury Prevention and Research Center's data, in 2014, 3,673 Kentucky residents sustained traumatic brain injuries that were significant enough to be admitted to a hospital as an inpatient and were expected to have sustained significant deficits due to this brain injury. Attempting to address the health crisis, the Kentucky Traumatic Brain Injury Trust Fund was created by the General Assembly in 1998 to provide services to children and adults with acquired and traumatic brain injuries. KRS 42.320 designates that the Trust Fund receive 5.5 percent of court costs collected by all circuit clerks statewide. In addition, KRS 189A.050 specifies that eight percent of the Driving Under the Influence (DUI) service fees shall be credited to the Traumatic Brain Injury Trust Fund. This statute also includes a cap of \$3.25 million to the Trust Fund. For administrative purposes, the Kentucky Brain Injury Trust Fund Board of Directors is attached to the Kentucky Cabinet for Health and Family Services, Department for Aging and Independent Living (DAIL).

**Cause of Injury, All Non-Fatal Kentucky Hospital Visits
Involving Brain Injury, 2014**

Includes TBI and ABI*

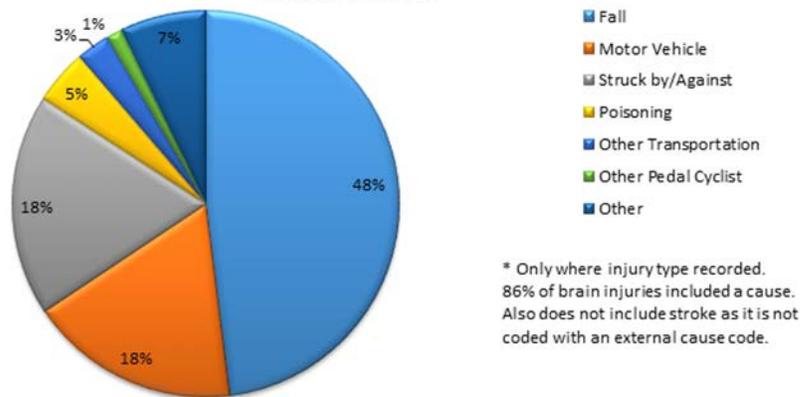


Figure 4. 2014 non-fatal brain injury cases

Discretionary Grants

Competitive and Discretionary Grants. DAIL has been fortunate to receive several grants from organizations such as the Administration on Community Living and the Centers for Medicare and Medicaid Services. The Department will continue to aggressively seek additional funding opportunities to support older Kentuckians and adults with disabilities. Most recently, DAIL was awarded discretionary grants for the development of Aging Disabilities Resource Centers, the Chronic Disease Self-Management Program, and the Alzheimer’s Disease Supportive Services Program. The department is currently partnering with other organizations within the Cabinet for Health and Family Services for two grants: Testing Experience and Functional Tools and Improving Arthritis Outcomes. The Green River AAAIL was a recipient of a CMS Care Transitions grant which has since ended but established a formal partnership with a major medical system in Western Kentucky. The KIPDA AAAIL received a grant from the Centers for Disease Control to create rural diabetes coalitions designed to eliminate diabetes-related disparities in vulnerable populations. KIPDA is also partnering with the University of Louisville and working on a U. S. Department of Health and Human Services, Health Resources and Services Administration Geriatric Workforce Enhancement Program grant, focusing on creating trans-disciplinary teams of professionals to traverse the health care arena on behalf of older adults living in rural communities with two or more chronic conditions, and one from the National Institutes of Health to provide for the enhancement of the geriatric healthcare workforce for primary care physicians in six targeted counties in Kentucky.

Testing Experience and Functional Tools (TEFT): In March 2014, the Centers for Medicare and Medicaid Services awarded Testing Experience and Functional Tools (TEFT) planning grant to the Cabinet for Health and Family Services Office of Health Policy (OHP) to test new quality measurement tools and demonstrate person-centered information exchange in two Medicaid community-based long-term services and supports (CB-LTSS) waiver programs. DAIL continues to partner with OHP to

implement the grant among the aging and physically disabled waiver population with hopes that the tools could be used across programs.

Improving Arthritis Outcomes: The Kentucky Department for Public Health (DPH) received a Centers for Disease Control grant to build, support, and enhance state arthritis programs in order to sustain and expand access, availability, and use of arthritis appropriate evidence based interventions within Kentucky. Through the development and maintenance of trainers, lay leaders, and partnerships strategies will embed the delivery of evidence-based interventions to improve arthritis outcomes in multiple sites, conduct surveillance, use data to inform decision making, and promote health equity. This continuing application builds upon an existing partnership between the Arthritis program in the DPH and DAIL to expand the number of community sites providing evidence-based arthritis interventions.

Kentucky's Department for Medicaid Services was awarded the Money Follows the Person Demonstration in 2007 (referred to as KY Transitions). Program staff continue to coordinate the delivery of services to participants with the help of the aging network in order to seamless transition from institutional settings to the community. More specifically, the Area Agencies on Aging and Independent Living served as support brokers and case managers for the self-directed Home and Community Based Waiver. DAIL was also involved with the program through the delivery of the Section Q of the Minimum Data Set, a mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes. This process provides a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems. When residents indicated in Section Q that they wished to return to the community, the ADRC in the area provided detailed information on resources available to residents to return to the community. Additionally the department was involved with the Balancing Incentive Program by participating in and implementing several major components of the grant. First, DAIL has moved to the use of a single assessment tool across all programs. Secondly, DAIL has implemented conflict free case management in the programs administered by the department. The ADRC has continued to serve as the No Wrong Door for aging and physical disability programs operated by DAIL and complements the on-line Waiver Case Management System of which staff across various departments within the cabinet helped develop and test. The WCMS is an online portal for Kentuckians who are interested in applying for a Medicaid waiver program.

Participant-Directed/Person-Centered Planning

Assisted Living Certification. Assisted living facilities in Kentucky are a private-pay living alternative between total independence and higher levels of residential care. Communities are certified by DAIL with a bi-annual review. Complaint investigations are also completed with assistance from the Office of the Inspector General, Adult Protective Services , and local law enforcement when appropriate.

Benefind. In February of 2016, Kentucky launched the *Benefind* system that allows Kentuckians to access public assistance benefits and information 24/7 through an online application and account. The goal of Kentucky's public assistance program is to build strong families and self-sufficiency through services such as food, cash, and medical assistance. Through *Benefind*, individuals and families can prescreen to determine if eligible for benefits, start an application process, access and review basic information about benefits; report

changes, submit requested verification documents, and view all electronic notices and correspondence related to their case. It is the ultimate goal of the Cabinet to incorporate all state and publicly funded benefit programs into the system to be accessed by health care providers as well as consumers.

Hart-Supported Living. The Hart-Supported Living program provides grants to individuals who have a physical or mental impairment as defined under the Americans with Disabilities Act (ADA) and who meet the financial eligibility criteria set forth by the program. The grants provide a broad category of highly flexible, individualized services that, when combined with natural unpaid or other eligible paid supports, provide the necessary assistance to enable a person who is disabled to live in a home that will promote the individuals independence and ability to participate in activities in the community with members of the general citizenry. A home is defined as one that does not segregate the individual from with general citizenry and is not a congregate living model (any single living unit where more than three people with disabilities reside).

Personal Care Assistance Program. The state funded consumer directed Personal Care Assistance Program (PCAP) is designed to help severely physically disabled adults 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 severely physically disabled with permanent or temporary recurring functional loss of two or more limbs.

Waiver Programs. DAIL is responsible for the administrative and monitoring oversight of the Consumer Directed Options/Participant Directed Services within Home and Community-Based Services waivers in Kentucky. Kentucky, the Cash and Counseling, (or the Consumer Directed Option/Participant Directed Service approach), allows Medicaid recipients or their representative receiving one of the Home and Community-Based wavier services (Table 1) to direct their own non-medical services (Model II waiver is exempt, as it is for individuals who depend on a ventilator). Recipients or their representatives are responsible for training and managing their service provider.

Kentucky HCB waivers and corresponding target populations

Waiver	Targeted Population	State Agency	Local Agencies
Acquired Brain Injury (ABI)	Short-term, intensive supports for those with an acquired brain injury	Department for Medicaid Services (DMS), Department for Aging and Independent Living (DAIL)	Statewide network of private providers Some Community Mental Health Centers (CMHCs);
Acquired Brain Injury – Long-term Care (ABI-LTC)	Acquired brain injury with long-term supports	DMS	Statewide network of private providers Some CMHCs (optional)
Home and Community Based (HCB)	Older adult or disabled who meet nursing facility level of care	DMS, DAIL	Area Agencies on Aging and Independent Living (AAAIL) Home Health Agencies Adult Day Health Care

Michele P	Intellectual disabilities and/or developmental disabilities	DMS, Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), DAIL	Statewide network of private providers CMHCs (optional)
Supports for Community Living (SCL)	Intellectual disabilities and/or developmental disabilities	DMS, DBHDID, DAIL	Statewide network of private providers CMHCs
Model II	Ventilator dependent	DMS	Home Health Agencies

Table 1. Structure of HCBS Medicaid waiver administration in Kentucky

Elder Justice

DAIL will ensure the rights of senior Kentuckians and individuals with a disability by offering consistent and accurate information through the Aging Disability Resource Center, as well as supports and advocacy through the Long-Term Care Ombudsmen, Public Guardianship Program, Local Coordinating Councils on Elder Abuse, and the Legal Services network. Abuse of individuals with Alzheimer’s disease or other disabilities is expected to increase as the population ages. The Kentucky Council on Alzheimer’s Disease, as well as the Institute on Aging, remains committed to the establishment of formalized training for all nursing home and residential living personnel, as well as hospital staff, and first responders.

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. DAIL and the Office of the State Long-Term Care Ombudsman work with the Elder Abuse Committee to focus on professional development and public awareness. Local Coordinating Councils on Elder Abuse serve as a model for other states to emulate. This network of councils has successfully created public awareness through published literature available at various locations within their communities. The Ombudsman program seeks to promote a safe environment for all residents and to be the voice for a variety of issues that affect any resident in long-term care.

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 support the efforts of local elder abuse prevention coalitions and multidisciplinary teams.

Legal Assistance. The legal assistance network in Kentucky is composed of several non-profit legal service agencies that provide civil legal assistance designed to alleviate the most brutal problems of Kentucky. These services typically address government benefits as well as housing and family law, and are provided to help people in emergency situations meet their need for food, shelter, medical care, and freedom from financial or physical abuse.

Long-Term Care Ombudsman. The Long-Term Care Ombudsman Program (LTCOP) advocates for over 33,000 residents of nursing homes, personal care homes, and family care homes throughout Kentucky. Ombudsmen work to resolve problems of individual residents and bring about improvements in care through changes at the local, state, and national levels. The LTCOP has been given the charge to promote systemic advocacy aimed at improving both the quality of life and the quality of care for all citizens residing within the long-term care system. The Kentucky LTCOP created and will continue to enhance the Multi-agency Regional Forums representing government partners such as Adult Protective Services, Guardianship, Office of Inspector General, the Office of Attorney General, Area Agencies on Aging and Independent Living, Kentucky Protection and Advocacy, and the Long-term Care Ombudsman. The state LTCO will continue to develop and conduct training and awareness courses on Elder Abuse and the need for community involvement.

Public Guardianship Program. Kentucky's public guardianship program currently serves over 4,000 wards of the state. Guardianship is a legal relationship between a court appointed guardian and an individual who has been declared "legally disabled" (wholly or partially). In guardianship, the court has determined the individual is unable to care for personal needs and /or unable to manage his/her financial resources. If no family member, friend, or neighbor is willing to serve or able to care for the individual, as a last resort a state guardian will be appointed by the court. The program has regional offices throughout Kentucky.

Other Initiatives

Alzheimer's Disease and Related Disorders Council. The Alzheimer's Disease and Related Disorders Council is appointed by the Governor and helps the Department for Aging and Independent Living identify issues to advance the treatment of people with memory loss and provide support and assistance to their families. The council has 15 members and represents agencies of state government that deal with dementia: local health departments, regional Alzheimer's Associations, the University of Kentucky Sanders-Brown Center on Aging, consumers, health care providers, and the medical research community. The duties of the Council include establishing and evaluating goals and outcomes and helping Kentuckians locate programs and information.

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

The University of Kentucky's Ohio Valley Appalachia Regional Geriatric Education Center (OVAR) has conducted trainings for the AAAs on how to plan and prepare for disasters. OVAR helps providers identify the critical components of care, identify and describe problems experienced by older persons, find and assess

existing best care practices, discover creative solutions to similar problems, and implement and replicate best care practices in health care and community settings. The State Long-term Care Ombudsman Program has worked in conjunction with OVAR, the University of Kentucky and the University of Louisville to create and disseminate a Disaster Planning and Coordination Manual designed specifically for long-term care facilities.

Functional Assessment Service Teams (FAST): The Department for Public Health Emergency Preparedness Branch employs a Functional and Access Needs (FAN) Coordinator to insure compliance with the National Response Framework’s definition of “special needs.” FAST is a federally funded program to support teams comprised of local or regional individuals with experience working with the older adult population. Members are identified by the Department for Public Health (DPH) and, utilizing an existing network of trained assessors from the Area Agencies on Aging and Independent Living, FAST members, upon request from a shelter manager, assess identified individuals who may require physical and/or intellectual supports in order to stay in a general population emergency shelter during times of disasters. Through a contractual arrangement with the DPH, DAIL and the AAAILs serve as Functional Assessment Service Teams.

Institute for Aging. The Kentucky Institute for Aging was created in 1974 by the Kentucky General Assembly. The goals of the Institute, which is comprised of 15 members appointed by the Governor, are: (1) assess, review, and appraise services and programs for older adults within the Commonwealth and nation; (2) recommend priorities for the state; and (3) increase awareness within the Commonwealth of issues related to aging and to advise the Secretary of the Cabinet for Health and Family Services and other officials of the Commonwealth on policy matters related to the development and delivery of services to the aged.

Veterans Directed Care. The Pennyrile Area Agency on Aging and Independent Living has established a Memorandum of Agreement with the Veteran’s Administration to provide Veteran’s Directed Care. Through the collaboration of the VA hospitals in Marion Illinois and Nashville Tennessee, veterans will be provided the opportunity to receive in-home services and supports, hire caregivers of their choice, and utilize funding through the VA to purchase these services. The Pennyrile AAAIL provides assessment and case management and services, and serves as the fiscal intermediary to process payment to the caregivers on behalf of the veteran. This project covers not only the Pennyrile AAAIL but also the Purchase AAAIL and the Green River AAAIL. The KIPDA AAAIL is in the process of conducting a program readiness review.

Mental Health and Aging Councils. The Area Agencies on Aging and Independent Living partner with the Department for Behavioral Health and Intellectual Disabilities to have regional mental health and aging coalitions. The coalitions review and analyze issues related to access and the actual provision of mental health services to older adults and to eliminate any barriers to access treatment. The Mental Health and Aging Coalitions hold conferences annually and publish resource information to raise awareness of mental health and aging issues.

BUDGET: Financial Situation in Kentucky

In fiscal year 2016, DAIL operated with a total budget just over \$70M (Figure 5). As with many other states, Kentucky continues to struggle through economic turbulence and reductions in state funding. According to the US Census Bureau, almost one in five Kentuckians (18.9%) lives on an income below the poverty level in comparison with 15.6% of the national population. There is a significant income differential between Kentucky's urban and rural residents with rural resident incomes, on average, about \$10,000 less than those of urban residents. Of the 120 counties in Kentucky, 22 are on the list of the 100 most impoverished counties in the United States. These counties are mostly located in rural, eastern Kentucky. The combined effects of out-migration of the young, aging in place, and high poverty rates has resulted in an aging population that is isolated and living on limited resources.

State General Funds have been reduced for the current fiscal year and reductions will be required of all cabinets during the next two fiscal years. Even with an approximate 26% in budget cuts in FY09-FY14, DAIL has found ways to prevent a reduction in services to current recipients. This has been accomplished through attrition, elimination of duplication of services, and efficiencies in program administration and oversight.

The sources of funds include state, federal, and restricted. Fiscal year 2016 included a cut of \$1.2 million and FY 17 and 18 will have a reduction in state funds in the amount of \$3.7 million each fiscal year.

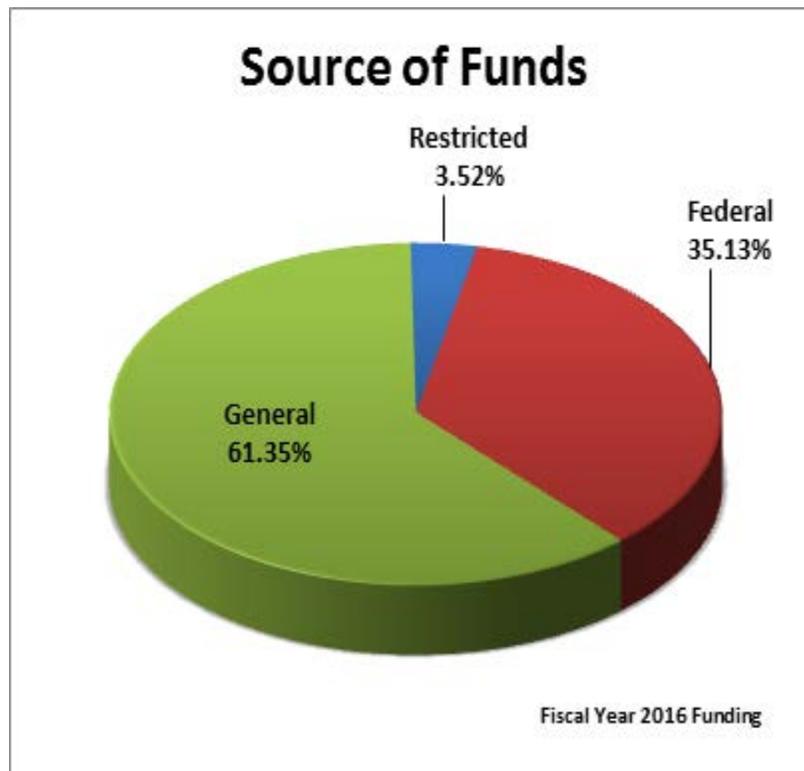


Figure 4. Funding sources for Kentucky's Department for Aging and Independent Living

It is anticipated that because of these additional cuts, participants may see a reduction in services and experience waiting lists for services. The Aging Disability Resource Center (ADRC) will be utilized to provide referrals to other publicly funded resources and services. Cost sharing and the use of the home and community-based waivers will also be used to ensure that Kentuckians have options to meet their needs and prevent unnecessary placement in a more restrictive setting. As previously stated, the aging network has been to lessen the impact of these cuts through attrition and the use of referrals through the ADRC, but there continue to be waiting lists for services (Table 2).

Waiting List	
Program	Awaiting Services
Adult Day	24
Hart Supported Living	204
Kentucky Caregiver Program	147
Kentucky Homecare Program	3,222
Personal Care Attendant Program	140
Title IIIB	586
Title IIIC1	175
Title IIIC2	1192
Title IIIE	418
Traumatic Brain Injury	116

Table 2 Waiting List data as of June 30, 2015

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

Affordable housing options for Kentuckians, particularly the older adult and disabled, are limited. Organizations such as the Kentucky Housing Corporation and the Federation of Appalachian Housing Enterprises work to invest in quality housing solutions for families and communities across Kentucky. DAIL works with both of these agencies to identify resolutions to the lack of housing. Assisted Living Communities in Kentucky are social models and, therefore, are ineligible for payment under Medicaid and Medicare. Seniors residing in Assisted Living Communities in Kentucky are primarily private-pay or possess long-term care insurance. Only two Assisted Living Communities in the Commonwealth are approved residences for Housing and Urban Development (HUD or Section 8) rental assistance.

Cost Sharing

In an attempt to serve more Kentuckians despite the reduction in funding, the Department for Aging and Independent Living will allow cost sharing on the following services funded by the Older Americans Act and Kentucky state general funds: Title B Personal Care, Homemaker, Chore, Adult Day Care, Assisted

Transportation, Disease Prevention and Health Promotion, Part E respite and supplemental services, the Kentucky Personal Care Attendant Program and the Kentucky Homecare Program. Services that may not cost share are: Information and Assistance, Outreach, Benefits Counseling, Case Management, Ombudsman, Elder Abuse Prevention, Legal Assistance, Congregate or Home Delivered Meals, Consumer Directed Option, and the Kentucky Caregiver Support Program. Each Planning Service Area (PSA) will have the option to implement cost sharing, and a public hearing will be held in each PSA prior to the implementation of cost sharing. DAIL will not permit cost sharing by a low-income older individual if the income of such individual is at or below the federal poverty line. The state may exclude from cost sharing low-income individuals whose incomes are above the federal poverty line, and shall not consider any assets, savings, or other property owned by older individuals when defining low-income individuals who are exempt from cost sharing, when creating a sliding scale for cost sharing, or when seeking contributions from any older individual. The AAAIL shall be responsible for determining cost sharing pay status by using state defined criteria. The co-payment amount shall be based solely on the individual's income and the cost of delivering services. (Table 3):

Percentage of Poverty	Payment Percentage
0-129%	0%
130%-149%	20%
150%-169%	40%
170%-189%	60%
190%-209%	80%
210% and above	100%

Table 3. Copayment per percentage of poverty

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 and the individual will be made aware of the policy.

FOCUS, GOALS AND OBJECTIVES

Stakeholder input was utilized for the development of the goals for the State Plan. Likewise, stakeholders were used to develop the objectives, strategies, and performance metrics. Each of the AAAILs conducted PSA specific needs assessments, and those were used to develop individual area plans. These plans were also used to determine objectives and strategies for the achievement of the goals.

Goal 1. Empower Kentuckians and their support network to make informed decisions, and be able to easily access existing health and long-term care services and supports

Objectives

OBJECTIVE 1.1 Utilize the ADRC to provide Kentuckians and their caregivers with unbiased information and provide referrals to other community based organizations.

OBJECTIVE 1.2 Utilize the Long-term Care Ombudsman to promote safety among residents at long-term care facilities.

OBJECTIVE 1.3 Utilize trained SHIP counselors to provide Kentuckians with information about their Medicare benefits and access the Kentucky Prescription Assistance Program

OBJECTIVE 1.4 Support training development to provide caregivers with the skills needed to care for loved ones.

OBJECTIVE 1.5 Utilize certified Case managers to support Kentuckians and their caregivers.

OBJECTIVE 1.6 Promote the development of education materials such as pamphlets and brochures for distribution to Kentuckians and their support network including medical professionals and providers.

OBJECTIVE 1.7 Utilize technology to provide resources to all Kentuckians.

OBJECTIVE 1.8 Engage in stakeholder involvement to improve and strengthen the aging and disability network in Kentucky.

OBJECTIVE 1.9 Ensure timely access to available supports and services.

OBJECTIVE 1.10 Utilize the Kentucky *Benefind* web based public benefit application program.

OBJECTIVE 1.11 Increase community transportation opportunities.

OBJECTIVE 1.12 Develop housing task force with the support of Federation of Appalachian of Housing Enterprises (*fah*), to examine housing issues for elder Kentuckians.

OBJECTIVE 1.13 Support the implementation of The CARE Act to recognize the critical role of the family caregiver.

Strategies	Responsible Entity	Completion Date
1.1. Implement ADRC staff certification process and ensure all ADRC staff complete certification process.	DAIL	October 2018
1.2. Promote the Ombudsman among residents and family members as a trusted resource in the long-term care setting	SLTCO DLTCO	June 2017
1.3. Recruit and train SHIP counselors to provide individualized counseling in the PSA.	PSA Contracted Providers	March 2017
1.4. Develop training materials for the designate PSA to provide to family caregivers annually.	DAIL and PSA Contracted Providers	June 2017
1.5. Develop and provide case management certification program	DAIL	July 2018
1.6. Develop newsletters, pamphlets and brochures	Contracted Providers	June 2017
1.7. Enhance existing web based resource directory	Contracted Providers Community Partners	June 2018
1.8. Provide stakeholders with the opportunity to engage the department in discussions to improve and enhance services and the delivery.	DAIL	January 2017

1.9. Enable the ADRC to be the single point of entry for long-term care services and supports	DAIL	July 2018
1.10. ADRC staff within the PSA will utilize the <i>Benefind</i> system to enroll Kentuckians in publicly funded services	PSA Contracted Providers	July 2017
1.11. Develop regional transportation task forces to determine additional transportation options for older adults and disabled Kentuckians.	Contracted Providers	June 2018
1.12. Develop regional housing tasks forces to determine additional housing options for Kentuckians who are older adults and/or disabled.	Contracted Providers <i>fahe</i>	June 2018
1.13. Work with hospitals and discharge planners to recognize the role and importance of the family caregiver during the discharge process.	DAIL and contracted providers	January 2018

Performance Metrics

- 1.1. 100% of ADRC staff will complete training and receive certification
- 1.2. 100% of LTC facilities will receive visits by DLTCO
- 1.3. Each PSA SHIP Director will increase volunteer base by 5% from FY15.
- 1.4. PSA Caregiver Trainings will be held annually.
- 1.5. 90% of PSA case managers will complete certification program
- 1.6. Two PSA specific brochures will be developed by each PSA and updated annually
- 1.7. A web-based resource directory will provide resources for all 120 counties in Kentucky
- 1.8. Host bi-annual “listening sessions” with stakeholders and DAIL staff
- 1.9. 75% of individuals requesting services through the ADRC will be screened and referred within 48 business hours.
- 1.10. 90% of individuals utilizing the PSA to access public services will be enrolled by the PSA in the *Benefind* system
- 1.11. Quarterly transportation task force meetings in each of the PSA.
- 1.12. Quarterly housing task force meetings in each of the PSA.
- 1.13. A standardized family caregiver information form will be developed and distributed to the Kentucky Hospital Association.

Goal 2. Empower Kentuckians to maintain the highest quality of life in the least restrictive environment possible through the provision of home and community based services including supports for caregivers

OBJECTIVE

- OBJECTIVE 2.1* Enhance the delivery of OAA Core programs within the PSA
- OBJECTIVE 2.2* Enhance the delivery of state funded programs within Kentucky
- OBJECTIVE 2.3* Certify provider agencies not regulated by Office of the Inspector General
- OBJECTIVE 2.4* Increase the number of SCSEP participants

OBJECTIVE 2.5 Utilize public guardianship services as a last resort

OBJECTIVE 2.6 Utilize wavier services for eligible recipients

OBJECTIVE 2.7 Integrate the Centers for Independent Living within the department

OBJECTIVE 2.8 Revise Kentucky Statutes to make improvements to service delivery

OBJECTIVE 2.9 Revise regulations to ensure program compliance with federal and state requirements

OBJECTIVE 2.10 Revise Standard Operating Procedures to ensure efficient operations of program delivery

OBJECTIVE 2.11 Advocate for additional funding to decrease the waiting list and those who are underserved

OBJECTIVE 2.12 Provide for trained staff to deliver services and supports to DAIL program recipients

OBJECTIVE 2.13 Promote dental care among older adult and disabled Kentuckians

OBJECTIVE 2.14 Advocate for flexibility of funding allocations to meet the needs of the service recipient and their caregivers.

Strategies	Responsible Entity	Completion Date
2.1. Strengthen contractual requirements of OAA providers	DAIL and Contracted providers	July 2017
2.2. Strengthen contractual requirements of DAIL service providers	DAIL	July 2017
2.3. Develop provider certification process	DAIL	June 2019
2.4. Require contracted providers to successfully transition SCSEP participants into permanent jobs.	DAIL	July 2018
2.5. Develop private guardianship training program	DAIL	September 2019
2.6. Screen program recipients for eligibility for the home and community based waivers	DAIL and Contracted provider	May 2016
2.7. Directly contract with the CIL to provide services to disabled Kentuckians	DAIL and CIL	July 2017
2.8. Review Kentucky Statutes and suggest revisions to the Legislative Research Commission	DAIL	January 2019
2.9. Review regulations of programs for older adults and disabled Kentuckians and submit for revision	DAIL	February 2017
2.10. Review and revise SOP for DAIL programs	DAIL	November 2016
2.11. Aging and Disability Network will advocate to elected officials for additional funding	PSA	December 2017
2.12. Develop training programs for direct services providers	DAIL and Contracted provider	March 2018
2.13. Work with Department for Public Health to provide educational materials on the importance of good oral health and how to access and pay for services	DAIL and DPH	June 2017
2.14. Develop person-centered policy for the utilization of service funding	DAIL	January 2018

Performance Metrics

2.1. Two additional deliverables will be placed in OAA provider contracts

2.2. Two additional deliverables will be placed in DAIL provider contracts
2.3. 100% of DAIL providers will be certified
2.4. 10% increase in the number of individuals served through SCSEP
2.5. A web-based training will be available to private guardians
2.6. 90% of program recipients will be screened for home and community based waiver services
2.7. New contracts will be established with 100% of the designated CIL in Kentucky.
2.8. 100% of statutes effecting DAIL will be reviewed
2.9. 100% of regulations effecting DAIL will be reviewed
2.10. 100% of DAIL SOP will be reviewed
2.11. 1% increase in state general funds for aging and disability programs
2.12. DAIL approved training curriculum will be available to 100% of providers
2.13. Distribution of educational materials to 100% of DAIL program recipients
2.14. 100% of DAIL policies will include a component for participant direction of funding

Goal 3. Empower Kentuckians to stay active and healthy through services and prevention benefits, including affordable health care programs and other resources

OBJECTIVE 3.1 Provide for and promote evidence based interventions.		
OBJECTIVE 3.2 Support health promotion disease prevention activities under IIIB		
OBJECTIVE 3.3 Provide for additional health education opportunities for homebound older adults and disabled Kentuckians and their caregivers.		
OBJECTIVE 3.4 Utilize discretionary grants to embed and enhance health programs in Kentucky		
OBJECTIVE 3.5 Train SHIP counselors on how to educate Medicare beneficiaries on prevention benefits available through Medicare.		
OBJECTIVE 3.6 Engage with local health departments to promote health education and programing		
OBJECTIVE 3.7 Engage with government park and recreation organizations to promote health activities		
OBJECTIVE 3.8 Promote health activities in long-term care facility settings		
OBJECTIVE 3.9 Provide health education in housing authority where the disabled and older adult reside		
OBJECTIVE 3.10 Increase nutrition education in the C1 and C2 setting.		
OBJECTIVE 3.11 Engage with the Department for Public Health and the Department for Behavioral Health, Developmental and Intellectual Disabilities Adult Substance Abuse Branch to develop a plan to address substance abuse among the elderly.		
Strategies	Responsible Entity	Completion Date
3.1. Offer evidence-based interventions in accordance to ACL standards	Contracted PSA	August 2017
3.2. Recruit community health providers to offer screenings and interventions to the aging and disability network	Contracted PSA	June 2018

3.3. Establish referral network that can provide health promotion information and opportunities for the homebound older adult and disabled Kentuckians and their caregivers	Contracted PSA	June 2018
3.4. Apply for additional funding to support health programs	DAIL, Contracted PSA	August 2019
3.5. Establish a training curriculum for SHIP counselors and materials for their distribution to Medicare beneficiaries	DAIL	August 2017
3.6. Develop a formal partnership with local health departments	Contracted PSA	July 2018
3.7. Develop an MOU with the Department of State Parks to support health education	DAIL	May 2018
3.8. Develop a formal partnership with membership organizations that represent long-term care facilities to offer health programming	DAIL, DLTCO	July 2018
3.9. Develop a formal partnership with housing organizations that serve the older adult and disabled Kentuckians to offer health programming	DAIL	July 2018
3.10. Develop additional methods of providing nutrition education in the community.	Contracted PSA	September 2018
3.11. Encourage the establishment of community based substance abuse treatment options for the elderly	DAIL, DPH, DBHDID	July 2018

Performance Metrics

- 3.1. Each PSA will embed a minimum of 1 evidence based intervention in the PSA the first year and an additional intervention each subsequent year.
- 3.2. The contracted PSA will increase IIIB Health Promotion units 5% each year utilizing FY14 units as a baseline
- 3.3. One in-home intervention will be offered in each of the PSA
- 3.4. Applications will be submitted to a minimum of 5 funders for the enhancement of health promotion activities in Kentucky
- 3.5. Training and outreach materials provided to PSA SHIP coordinators and all SHIP volunteers
- 3.6. A minimum of one advertised activity with the local health department will occur in each PSA
- 3.7. Health promotion information will be available at each state park
- 3.8. 2 LTC facilities in each PSA will offer health programming in the facility to residents and family members
- 3.9. 2 housing complexes in each PSA will offer health programming in the facility to residents
- 3.10. Increase nutrition education units offered in the PSA 5% over FY14 units each year.
- 3.11. After establishing a baseline in FY2017, increase the number of programs offered in each PSA by 2.

Goal 4. Protect the safety and rights of Kentuckians and seek to prevent their abuse, neglect, and exploitation

OBJECTIVE 4.1 Strengthen regulations related to abuse, neglect and exploitation.

OBJECTIVE 4.2 Revise Standard Operating Procedures for programs administered by DAIL.

OBJECTIVE 4.3 Support the Alzheimer’s Disease and Related Disorders Council

OBJECTIVE 4.4 Enhance the efforts of the Elder Abuse Councils in Kentucky to provide education and training on elder abuse, prevention and reporting.

OBJECTIVE 4.5 Provide education on guardianship process to ensure the safety and well-being of those at risk of abuse, neglect and exploitation

OBJECTIVE 4.6 Advocate for the improvement in the quality of long-term care services and supports.

OBJECTIVE 4.7 Ensure adequate coverage of ombudsman to support individuals in a nursing home.

OBJECTIVE 4.8 Provide Kentuckians with Legal Assistance services available through the Title III program.

OBJECTIVE 4.9 Support the Institute on Aging to increase awareness within Kentucky of issues related to aging.

OBJECTIVE 4.10. Develop task force to pursue criminal investigations in cases of exploitation of the older adults and disabled Kentuckians.

OBJECTIVE 4.11 Utilize the State Independent Living Councils and Centers for Independent Living to promote awareness and reporting of abuse, neglect and exploitation in the disability network.

OBJECTIVE 4.12. Ensure older adults and disabled Kentuckians and their caregivers are prepared in the event of a disaster.

OBJECTIVE 4.13 Reduce inappropriate petitions for appointment of state guardianship program.

Strategies	Responsible Entity	Completion Date
4.1. Review and suggest revisions to regulations that relate to the safety and well-being of elder and disabled Kentuckians.	DAIL and Contracted Providers	January 2019
4.2. Review and suggest revisions to Standard Operating Procedures that relate to the safety and well-being of elder and disabled Kentuckians.	DAIL and Contracted Providers	June 2019
4.3. Establish goals and outcomes for providing information and education.	DAIL and Council	January 2018
4.4. Provide for representation and departmental support for the State Elder Abuse Council and the regional councils.	DAIL and Contracted PSA	December 2019
4.5. Develop training available to all Kentuckians on the process of guardianship and the responsibilities of a guardian.	DAIL	June 2018
4.6. Develop staffing and training recommendations for use in long-term care facilities.	DAIL, community partners	November 2018
4.7. Recruit volunteers to ensure adequate presence in each long-term care facility.	Contracted Providers	March 2018

4.8. Conduct informational sessions on the services available through Title III Legal Assistance	DAIL and Contracted Providers	September 2018
4.9. Provide staffing and support to the Institute and recommend priorities for the state	DAIL	October 2018
4.10. Work with Kentucky State Police and the Office of the Attorney General to support investigations of exploitation.	DAIL	February 2019
4.11. Develop abuse, neglect and exploitation training for SILC and CIL.	DAIL	May 2017
4.12. Develop disaster plans for the PSA and work with service recipients to prepare for a disaster.	DAIL and Contracted Providers	March 2018
4.13. Develop educational materials for the Kentucky judicial system.	DAIL	July 2017

Performance Metrics

- 4.1. Each regulation will be reviewed.
- 4.2. Each SOP will be reviewed.
- 4.3. Goals and Outcomes will be developed annually.
- 4.4. Attend each elder abuse council meeting.
- 4.5. A web-based training will be developed by DAIL for individuals to educate themselves on guardianship.
- 4.6. Recommendations will be developed for dissemination.
- 4.7. Each region will increase volunteer recruitment by 5% after establishing a benchmark in FY17.
- 4.8. Increase number of individuals served through Title III Legal Assistance by 10% after establishing a benchmark in FY17.
- 4.9. Priorities for each biennium will be developed by the Institute on Aging.
- 4.10. Quarterly meetings will be held with AG and KSP.
- 4.11. Each SILC member and CIL director will be trained
- 4.12. PSA disaster plans will be submitted to DAIL by each PSA.
- 4.13. The number of inappropriate appointments of state guardianship will be reduced by 5%.

Goal 5: Ensure effective and responsive oversight of program and financial management.

- OBJECTIVE 5.1* Evaluate DAIL provider monitoring process and enhance current tools.
- OBJECTIVE 5.2* Evaluate internal controls at the DAIL
- OBJECTIVE 5.3* Develop training program for state guardianship workers and certification process to ensure staff have the skills necessary to provide the best level of care.
- OBJECTIVE 5.4* Provide effective technical assistance to providers

OBJECTIVE 5.5 Develop education and training program for state staff

OBJECTIVE 5.6 Promote continuous quality improvement –new branch

OBJECTIVE 5.7. Establish bench marking to serve as standard for service delivery and the point at which performance awards are given.

OBJECTIVE 5.8. Ensure/maximize cost-effective service delivery of contracted providers.

OBJECTIVE 5.9. Reduce inefficiencies in the administration and reporting of services.

Strategies	Responsible Entity	Completion Date
5.1. Review and revise DAIL staff positions to ensure duties are in line with program management	DAIL Management	May 2017
5.2. Develop DAIL Standard Operating Procedures for the internal operations	DAIL Program Staff	January 2017
5.3. Recruit retired business executives to serve as volunteers to examine and make recommendations of business practices.	DAIL Aging Program Providers	July 2017
5.4. Develop a process for providers to request technical assistance to ensure information is disseminated to all provides.	DAIL and Contracted Providers	July 2018
5.5. Develop a training curriculum which includes the Code of Federal Regulations and the Office of Management and Budget	DAIL	July 2017
5.6. Utilize the new branch established at DAIL to promote quality improvement.	DAIL	January 2018
5.7. Perform data analysis utilizing available data systems to establish performance benchmarks.	DAIL	June 2017
5.8. Utilizing available data systems and invoicing information to analyze the cost of services.	DAIL	June 2018
5.9. Revise tools used to report service delivery and provide training on the use.	DAIL Program Staff	May 2018

Performance Metrics

5.1. Each position description will match to duties of the staff.

5.2. Internal SOP will be developed.

5.3. Each region will recruit one volunteer to make recommendations.

5.4. Process will be utilized for information dissemination.

5.5. DAIL staff will be trained on CFR and OMB.

5.6. Each program administered by DAIL will be reviewed by the new branch.

5.7. Each provider will be provided with agency specific performance information.

5.8. A standardized cost for a unit of service will be established as a benchmark with no more of a 10% variance in the cost across the region.

5.9. Inaccuracies in reporting will be reduced by 10% after establishing a benchmark in 2017.

State plans must include measureable objectives that address focus areas outlined by the Administration on Community Living. The focus areas that were identified in the beginning of the plan include the provision of Older Americans Act Core Programs, the application for and delivery of discretionary grants, promotion of participant-directed/person centered planning and ensuring the promotion of elder justice activities. Taken from the objectives listed above, below they are grouped by the ACL focus area.

Older Americans Act Core Program Objectives

Ensure older adult and disabled Kentuckians and their caregivers are prepared in the event of a disaster.
Utilize the State Independent Living Councils and Centers for Independent Living to promote awareness and reporting of abuse, neglect and exploitation in the disability network.
Provide for and promote evidence based interventions
Support health promotion disease prevention activities under IIIB
Provide for additional health education opportunities for homebound older adult and disabled Kentuckians and their caregivers
Train SHIP counselors on how to educate Medicare beneficiaries on prevention benefits available through Medicare.
Engage with local health departments to promote health education and programing
Engage with government park and recreation organizations to promote health activities
Promote health activities in long-term care facility settings
Provide health education in housing authority where the disabled and older adult reside
Increase nutrition education in the C1 and C2 setting.
Enhance the delivery of OAA Core programs within the PSA
Increase the number of SCSEP participants
Integrate the Centers for Independent Living within the department
Revise regulations to ensure program compliance with federal and state requirements
Ensure timely access to available supports and services
Increase community transportation opportunities
Revise Standard Operating Procedures for programs administered by DAIL.
Revise Standard Operating Procedures to ensure efficient operations of program delivery

ACL Discretionary Grant Objectives

Utilize discretionary grants to embed and enhance health programs in Kentucky
Advocate for additional funding to decrease the waiting list and those who are underserved
Advocate for flexibility of funding allocations to meet the needs of the service recipient and their caregivers.

Participant Directed Person Centered Planning Objectives

Utilize the ADRC to provide Kentuckians and their caregivers with unbiased information and provide referrals to other community based organizations.
Utilize trained SHIP counselors to provide Kentuckians with information about their Medicare benefits and access the Kentucky Prescription Assistance Program
Support training development to provide Caregivers with the skills needed to care for loved ones.

Engage in stakeholder involvement to improve and strengthen the aging and disability network in Kentucky.

Elder Justice Objectives

Develop task force to pursue criminal investigations in cases of exploitation of the older adult and disabled.

Support the Institute on Aging to increase awareness within Kentucky of issues related to aging.

Support the Alzheimer's Disease and Related Disorders Council

Enhance the efforts of the Elder Abuse Councils in Kentucky to provide education and training on elder abuse, prevention and reporting.

Advocate for the improvement in the quality of long-term care services and supports.

Ensure adequate coverage of ombudsman to support individuals in a nursing home.

Provide Kentuckians with Legal Assistance services available through the Title III program.

Strengthen regulations related to abuse, neglect and exploitation.

Utilize the Long-term Care Ombudsman to promote safety among residents at long-term care facilities.

KENTUCKY INTRASTATE FUNDING FORMULA

The following is a description of the intrastate funding formula used to allocate Older Americans Act 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 formula was developed by a task force composed of representatives selected by the Institute for Aging, Kentucky Association of District Directors, Kentucky Association of Area Agencies on Aging and Independent Living, and the State Unit on Aging. All components of the formula have been updated to include information from the most recent census (Attachment E). There are no revisions to the Intrastate Funding Formula at this time.

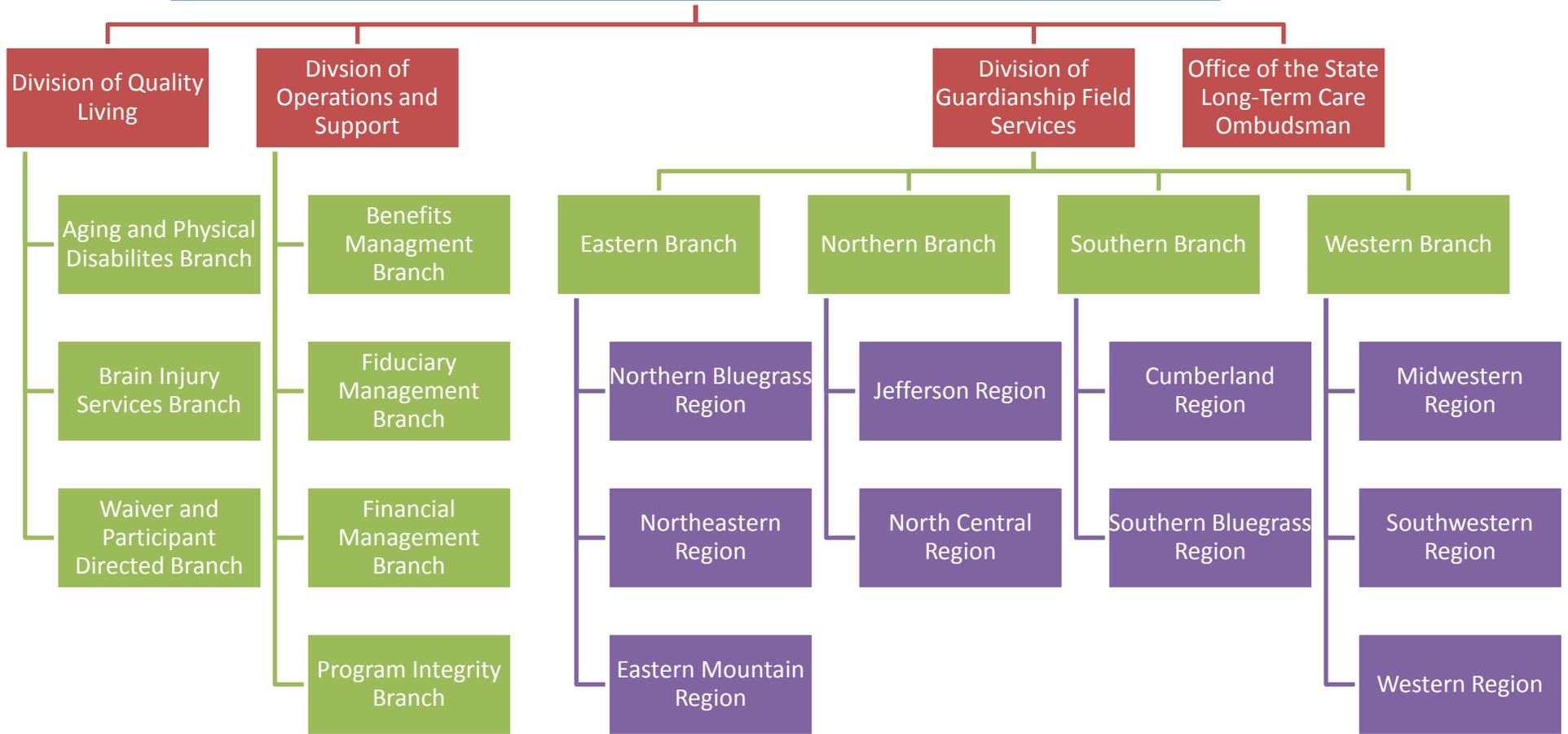
DESCRIPTION STATEMENT

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

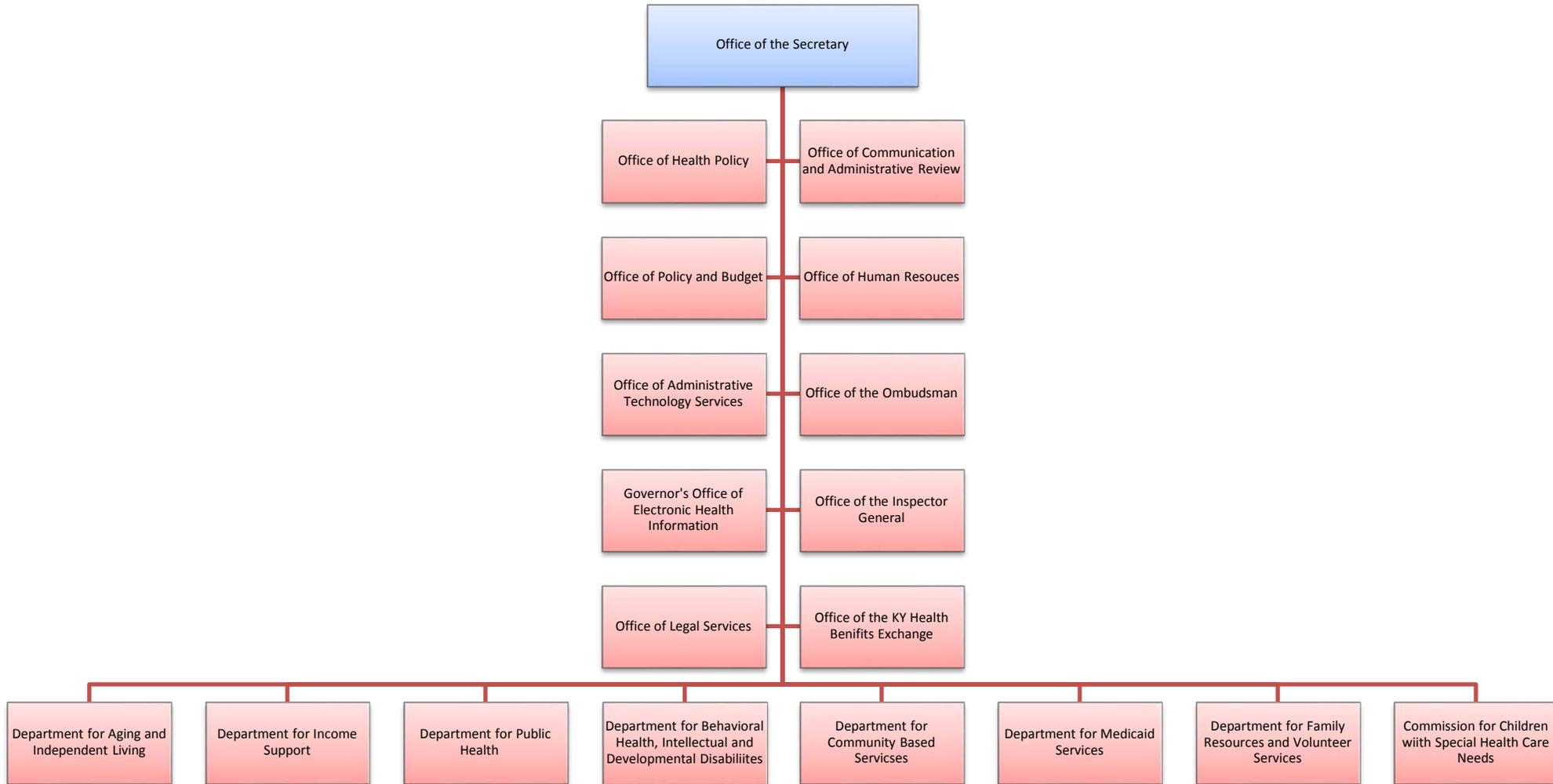
- Funds equal to those allocated in 1984 will be used as a base allocation for each Area Agency on Aging; and,
- All remaining funds will be allotted to the Area Agencies on a formula which is composed of the following demographic factors all from the U.S. Census Bureau:
 - 60+ Population -, Population Estimates Program V2014
 - 60+ Population living in rural counties - 2010-2014 American Community Survey
 - 60+ Low Income Population - 2010-2014 American Community Survey
 - 60+ Low Income Minority Population - 2010-2014 American Community Survey

In order to give consideration to rural areas and low income minority elderly, they were weighted at 1.05 each. The other two factors were weighted at 1.00 each. The total of the four demographic categories for the state was then divided into each area total for the same four categories. This resulting percentage determined the portion of funds each area received.

Department for Aging and Independent Living



Cabinet for Health and Family Services



Attachment C

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES Older Americans Act, As Amended in 2006

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 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service 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.

(a)(2)(B) The State agency shall 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.

(a)(2)(E) The State agency shall 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;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies 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.

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

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall 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 health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

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

(C) legal assistance;

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

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

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

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

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (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

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas 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 (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall 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--

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide 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) Each area agency on aging shall 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)(F) Each area agency will:

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

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

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will

pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

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

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

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will 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.

(13)(C) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, 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) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out 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;

(17) 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.

Sec. 307, STATE PLANS

(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.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

(11)(A) The plan shall provide 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 (A) 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.

(11)(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.

(11)(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;

(11)(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, 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--

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) 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
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

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

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

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

- (i) older individuals residing in rural areas;
- (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- (iv) older individuals with severe disabilities;
- (v) older individuals with limited English-speaking ability; and
- (vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

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

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

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

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall

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

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

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

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order

Attachment C (Continued)

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A) The State Agency requires 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) The State plan is based on such area plans.

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

(2) The State agency:

(A) evaluates, 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) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public 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) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

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

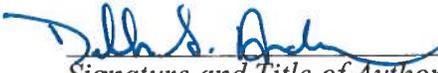
(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are 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.

 Commissioner
Signature and Title of Authorized Official

July 1, 2014
Date

Attachment D

INFORMATION REQUIREMENTS

Section 305(a)(2)(E)

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

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

Section 306(a)(17)

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

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

Section 307(a)(2)

The plan shall provide that the State agency will:

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

Response: The designated PSA signs assurances that in accordance to the OAA, an adequate

proportion of part B funds are expended in access services, transportation, health services, outreach, information and assistance, case management services, in-home services and legal assistance. Currently each AAAIL expends 65% of their allocated services funds on access, in-home, and legal assistance.

Section (307(a)(3))

The plan shall:

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

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

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

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

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

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

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

Section 307(a)(10)

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

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

Section 307(a)(14)

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

(A) identify the number of low-income minority older individuals in the State, including the

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

Response: Kentucky's 60+ minority population makes up 7.9% of the total 60+ population. Of that, 19.9% are low income minority. Less than 1% of the state's 60+ population is limited English proficiency. To that extent, minority population is weighted at 8%, minority poverty is 2% and Limited English Proficiency is 4%.

Section 307(a)(21)

The plan shall:

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

Response: Kentucky has very few Native Americans, with less than .3% reporting American Indian and Alaska Native race and origin alone. The designated PSA signs assurances that they shall provide information and assurances concerning services to older individuals who are older Native Americans. They will pursue activities, including outreach, to increase access to programs and benefits provided under the Older Americans Act.

Section 307(a)(29)

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

Response: DAIL has a Disaster Coordinator who is the initial point of contact to initiate implementation of the disaster plan and protocol and assure the protocol includes the programs, documents, equipment, supplies and communications necessary to serve older adults and individuals with disabilities. The coordinator provides direction to staff to begin implementation of contact and information dissemination to regional and local agencies. DAIL will coordinate its disaster preparedness efforts to secure the connection between officials responding to disasters and emergencies with providers of services for the elderly in regional and local communities. Each designated PSA completes regional disaster plans every three years with a revision each year. In the plan they must address how they will continue services during a disaster and how they will assess the needs of those receiving services such as senior center services and in home services. The plan also includes a process for the storage of records and computerized documents and transfer to an alternate work space for department staff at a separate location in the event a disaster destroys its facility and contents of the facility and assure the protocol provides for resuming operations within 24 hours of a disaster. Additionally, the designated PSA work as a Functional Assessment Service Teams members to conduct assessments to evaluate resources necessary to support persons with functional and access needs within the general population shelters. Please see DAIL Disaster Preparedness Standard Operating Procedures in Attachment F.

Section 307(a)(30)

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

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

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

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

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

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

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

Response: DAIL has established programs in accordance to Section 705(a)(7) and can be referenced in the state plan beginning on page 14 of the state plan.

(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:

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order

Kentucky is a mandatory reporting state as outlined in Kentucky Revised Statute 209.030. Any person, including but not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, shall report or cause reports to be made in accordance with the provisions of this chapter. Death of the adult does not relieve one of the responsibilities for reporting the circumstances surrounding the death.

ATTACHMENT E

KENTUCKY INTRASTATE FUNDING FORMULA

The following is a description of the intrastate funding formula used to allocate Older Americans Act 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 formula was developed by a task force composed of representatives selected by the Institute for Aging, Kentucky Association of District Directors, Kentucky Association of Area Agencies on Aging and Independent Living, and the State Unit on Aging. All components of the formula have been updated to include information from the most recent census (Attachment C). There are no revisions to the Intrastate Funding Formula at this time.

DESCRIPTION STATEMENT

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

- Funds equal to those allocated in 1984 will be used as a base allocation for each Area Agency on Aging; and,
- All remaining funds will be allotted to the Area Agencies on a formula which is composed of the following demographic factors all from the U.S. Census Bureau:
 - 60+ Population -, Population Estimates Program V2014
 - 60+ Population living in rural counties - 2010-2014 American Community Survey
 - 60+ Low Income Population - 2010-2014 American Community Survey
 - 60+ Low Income Minority Population - 2010-2014 American Community Survey

In order to give consideration to rural areas and low income minority elderly, they were weighted at 1.05 each. The other two factors were weighted at 1.00 each. The total of the four demographic categories for the state was then divided into each area total for the same four categories. This resulting percentage determined the portion of funds each area received.

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**Department for Aging and Independent Living (DAIL)
Disaster Planning and Preparation**

Introduction

Kentucky is prone to a variety of disasters. Among the most common affecting Kentucky's 120 counties are severe thunderstorms, flooding, tornadoes and winter storms, which often eliminate travel, electricity and telecommunications for days. In addition, Kentucky's proximity to the New Madrid Seismic zone indicates a severe threat of devastating damage to the entire state, especially Western Kentucky. Studies indicate a 90% possibility that an earthquake with a magnitude of at least 6.0 will occur by 2040 in this area.

There is a great and obvious need to improve and develop an effective disaster response network in both the state and local aging network. The fifteen (15) Area Agencies on Aging and Independent Living (AAAIL) have a disaster plan in place and these plans receive ongoing updates to reflect improved and integrated response systems. The ongoing development of disaster plans and procedures addressing disasters and emergencies will strengthen statewide disaster planning partnerships and response for consumers.

Advocacy and coalition building may be the keystone to developing an effective disaster plan. DAIL, Area Agencies on Aging and Independent Living and providers can improve effective response for older adults and the frail elderly if included in statewide disaster response initiatives. The three stages of Disasters and Emergencies:

- Preparedness Phase - Normal readiness and preparedness operations
- Response Phase - Actual operations
- Recovery Phase - Resume of normal operations, damage assessment and repair

DISASTER PREPAREDNESS Federal Government Role	DAIL – DP – 7.2
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Federal Government Role

The *Federal Response Plan* developed and maintained by the Federal Emergency Management Agency (FEMA), outlines the actions of the federal government in response and recovery and details agency responsibilities.

The *Federal Response Plan* designates Health and Human Services (the parent agency of AoA) as the primary lead federal agency for Essential Service Function (ESF) #8 (Reception and Care) and as a supportive agency for six other ESF's

Federal assistance will be requested when disaster or emergency-response relief requirements exceed the state's capability. Federal assistance will be provided under the provisions of the National Response Plan (NRP).

The federal government will provide funds and assistance to areas of the Commonwealth declared major disaster areas by the President.

Federal agencies may provide unilateral assistance under their statutory authority to states affected by a major disaster in lieu of a Presidential declaration.

DISASTER PREPAREDNESS State Emergency Plan	DAIL – DP – 7.3
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State Emergency Plan Overview

The Director of Kentucky Emergency Management (KyEM), in concert with the Adjutant General, will act for the Governor of Kentucky to coordinate all disaster and emergency response by and between all state agencies and all local political subdivisions in conformance with KRS Chapter 39A.

The Kentucky Emergency Operations Center (EOC) is located at Boone Center in Frankfort and is operated by KyEM. The Kentucky EOC is staffed at all times by a KyEM Duty Officer who is responsible for contacting the appropriate agency when an emergency or disaster threatens or strikes.

Each designated state agency having a significant emergency response capability must appoint an emergency response coordinator who is empowered to commit the resources of the agency. These persons will operate from the Kentucky EOC. The remaining agencies of state government are placed on stand by status during times of emergency.

The Cabinet for Health and Family Services (CHFS) is one of the state agencies designated as having significant response capability and will collaborate with the Kentucky Division of Emergency Management in Frankfort in coordinating disaster response efforts.

The Department of Public Health (DPH) is the lead in disaster response for the Cabinet. All other departments and divisions in the Cabinet shall be prepared to follow any directives given by DPH. DPH will also operate the Department Operations Center (DOC) located in the DPH Auditorium in Frankfort regarding ESF

All state responses during emergency and disaster operations will require the expenditure of funds. The Governor has the authority to determine the manner in which such state services will be funded.

KyEM, through the Public Information Officer, will coordinate the distribution of all official public information,

KyEM will render advice and assistance to state and local government agencies in developing and revising: emergency operations plans, public information, training programs, funding, tests and exercises, and proper administration of local programs.

KyEM will coordinate, as necessary, planning and response operations with adjoining states.

DISASTER PREPAREDNESS State Emergency Plan	DAIL – DP – 7.3
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Local government assumes the responsibility for providing mass care and for coordinating the various agencies and organizations normally assisting victims and emergency response.

Local governments will fully commit their resources before requesting assistance from the state.

Requests for assistance from a lower level of government will be forwarded to a higher level of government only after resources at the requesting level are clearly inadequate to cope with the situation.

Emergency assistance provided by the state is a supplement to, and not a substitute for, assistance, which can be provided by local governments.

The resources of state government will be made available to state agencies to cope with emergencies and disasters affecting any area of the state.

DISASTER PREPAREDNESS State Unit on Aging (DAIL) Duties	DAIL – DP – 7.4
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Department for Aging and Independent Living (DAIL) Duties

DAIL will work with the *Kentucky Division of Emergency Management (KyEM)* and the Department of Public Health (DPH), designated as the lead for disasters by the Cabinet of Health and Family Services, to offer a coordinated approach to emergencies and disasters affecting the elderly and adults with disabilities during all phases of disaster.

(1) DAIL Goals:

- (a) Develop a disaster plan for the Department that coordinates with the KyEM state plan and the plans of the 15 Area Agencies on Aging and Independent Living and their service providers.
- (b) Coordinate via the Cabinet for Health and Family Services the key roles to be integrated into disaster planning, preparedness and response systems;
- (c) Develop and maintain partnerships and raise awareness in disaster planning, preparedness and response regarding the elderly and individuals with disabilities.
- (d) Be involved in all emergency and disaster planning meetings, event briefings, post-event discussions and any other activity regarding all phases: Planning/Preparing, Response and Recovery. Share relevant information with AAAIL Disaster Coordinators/Officers.
- (e) Provide training and practice regarding emergencies and disasters for Department staff and AAAIL Disaster Coordinators/Officers and others.
- (f) Provide technical assistance, information, and updates to the AAAIL's regarding efforts in Kentucky regarding disasters and emergencies.

(2) DAIL Responsibilities:

(a) Preparation Phase

- 1. Designate a Disaster Officer/Coordinator to act as liaison between the State Emergency Management, Cabinet for Health and Family Services, the AAAIL's, AoA and other federal, state, regional and local entities.
- 2. Coordinate with Executive and Management personnel to determine the roles and responsibilities of DAIL staff during emergencies and disasters and maintain an updated contact list for department staff to use in the event of an emergency.

DISASTER PREPAREDNESS State Unit on Aging (DAIL) Duties	DAIL – DP – 7.4
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3. Develop and maintain an updated DAIL Disaster Notebook to include pertinent information for DAIL staff working in the field or at an alternate site.
4. Maintain a listing of off-site hardware and software including an inventory of all equipment (vendor and ID numbers) as well as procedures for accessing resources and information should in-house computerized access be compromised. This task is done periodically via Cabinet IT Policies and Emergency Procedures.
5. Assure that each AAAIL has a written and understandable disaster plan that addresses all possible contingencies and a person assigned responsibility for coordinating disaster relief efforts.
6. Direct AAAIL's to submit revised disaster plans each year (if changes have occurred) with their Area Plan revisions and a new Disaster Plan with every new Area Plan.
7. Provide training and periodic review of the DAIL Disaster Plan that may include practice drills/table-top activities of emergency protocols.
8. Develop a plan for debriefing and managing staff stress following disastrous events.
9. Coordinate disaster preparedness efforts with those of the AAAIL's to secure the connection between officials responding to disasters and emergencies with providers of services for the elderly in regional and local communities.
10. Ensure activities regarding location and identification include a review of AAAIL efforts, identification of potential sources of information, and work on the state level to assure a smooth and uninterrupted flow of information.
11. Devise and monitor procedures to assure the orderly flow of information under conditions of difficulty.
12. Develop reporting procedures for the AAAIL's as well as a method to disseminate information to both internal and external agencies, as needed.
13. Advise the AAAIL's to develop a portable (mobile) Disaster Notebook with pertinent information for those AAAIL staff working in the field or at alternative sites.
14. Educate agencies involved in disaster assistance on the services and information DAIL and AAAIL's can provide, and be sure the DAIL and AAAIL's understand what services and information other agencies can provide.

DISASTER PREPAREDNESS State Unit on Aging (DAIL) Duties	DAIL – DP – 7.4
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15. Encourage AAAIL's to begin development and planning regarding electronic or hard copy mapping (GIS) indicating concentrations of elderly and individuals with disabilities and those consumers that may need additional assistance.
16. Assure that all entities understand the data needs of the Aging Network, as well as the data needs of agencies external to the Aging Network.
17. Participate in any KyEM emergency planning teams, response activities, briefings, post-event discussions and evaluations, and in ongoing training exercises to prepare for disasters/emergencies.

(b) During a Disaster

1. Follow the Cabinet's plans for evacuating the facility that details evacuation routes, procedures for securing the facility, and protocols for ensuring that staff and visitors are safe and accounted for.
2. Follow the direction of the Cabinet regarding how services will be provided and maintained during a crisis including the identification and use of alternative sites or different modes of providing services should the facility itself be affected
3. Follow the direction of the Cabinet which may include: reception and care (registration, clothing, social services, and sheltering), chore services, transportation, home delivered meals, protective services for the aged and disabled designed to assist them in remaining in their own homes or counseling with individuals about alternate care, and the provision of personnel to assist with tasks related to the event as directed.
4. DAIL will direct department staff to provide support and technical assistance to the AAAIL's to ensure the continuation of program services.
5. Facilitate the provision of DAIL resources to emergency response efforts as required by the KyEM State plan and as ordered by the Governor or designee, especially in regards to older adults and individuals with disabilities.
6. DAIL will initiate a call-down to all affected AAAIL's after the Governor has declared a state disaster to assure their emergency plan is initiated and the emergency plans of the affected providers are initiated.

DISASTER PREPAREDNESS State Unit on Aging (DAIL) Duties	DAIL – DP – 7.4
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7. Contact AAAIL's and ask for a **brief preliminary** status report regarding the needs and the affect on seniors and adults with disabilities in their districts. If the AAAIL has been affected, DAIL will send the "AAAIL Disaster Checklist and Preliminary Report" to each AAAIL via e-mail for their completion and return to DAIL.
8. DAIL will document the preliminary number of elderly and adults with disabilities affected by the event so that a report can be generated and sent to the appropriate agencies based on mapping completed by the AAAIL's for location of those affected populations.

(c) After A Disaster Occurs

1. Provide technical assistance and guidance in restoring attention to program basics and routine services.
2. Review all reports, notes, forms and documents to determine lessons learned, gaps in service to be identified, shortcomings noted, etc.
3. Communicate both HORIZONTALLY- with other state-level organizations, including KyEM and Department of Public Health -- and VERTICALLY – with all levels of the Aging Network (AoA, AAAIL's, providers, etc)
4. Investigate available disaster relief and assistance programs and identify gaps.
5. Work with the AAAIL's to gather the needed documents and reports to pursue a disaster-relief reimbursement grant via AoA. (see DAIL - DP - 7.6)
6. Support the efforts of the AAAIL's to assist and make information available to emergency workers regarding location and special needs of older adults and adults with disabilities in shelters and long-term care facilities and to assist at disaster recovery centers (DRC's).
7. Advocate for and report on the needs and interests of older adults and adults with disabilities at federal, state and local briefings, de-briefings, meetings, trainings, drills and committees.
8. Disseminate reports and updates to federal and state agencies during and after a disaster as required.

DISASTER PREPAREDNESS Area Agencies on Aging and Independent Living	DAIL – DP – 7.5
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Area Agencies on Aging and Independent Living

(1) Goal:

Regionally, local coalitions will provide the opportunity for information sharing between the Area Agencies on Aging and Independent Living (AAAIL) and their community partners. Many local organizations may be unfamiliar with the needs of the populations served by the AAAILS regarding disaster situations.

By cultivating relationships with local service providers, shelters, emergency officials, police and government, AAAILs can improve the delivery of services to the elderly and adults with disabilities in a disaster situation.

(2) AAAIL Responsibilities:

(a) Disaster Preparation

1. Develop a disaster plan; submit to DAIL with 3-4 year area plan and annually as revised
2. Collaborate with first responders (i.e. fire department, law enforcement, and emergency management) in their respective jurisdictions during the planning processes.
3. Coordinate with local Kentucky Emergency Management (KyEM) for integration into their disaster planning, preparedness and response systems and have a seat at the table.
4. Coordinate 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.
5. Develop and maintain local coalitions for community disaster planning
6. Assist older adults and adults with disabilities to be prepared for emergencies and disasters and to shelter at home for as long as 48-72 hours, if needed
7. Encourage agency staff to be prepared and develop plans for their family.
8. Identify the agency's critical functions and develop plans to continue services (how and where).
9. Locate and designate operation centers and alternates when primary center is in affected area.

10. Provide for the back up of systems that provide data, records, financial information and resources if power is interrupted or lost.
11. Define staff duties, responsibilities, chain of command, and communication flow in times of an emergency and disaster.
12. Establish a contact/response network in case of a disaster.
13. Develop a portable disaster response notebook that includes pertinent information for agency staff working in the field or at an alternate site.
14. Determine alert procedures for both working and non-working hours.
15. Determine alternate procedures when normal communication systems are affected.
16. Develop and/or be involved in educational opportunities concerning emergencies and disasters for AAAIL staff, senior center staff, consumers, and citizens.
17. Provide an opportunity for agency staff and senior center staff to attend disaster training events offered by other emergency and disaster services in the community
18. Develop and distribute information on disaster planning, availability of resources and services
19. Educate local emergency and government officials, as well as experienced service providers, on the needs of the elderly and adults with disabilities in disaster situations
20. Advocate for community assistance in disaster planning and response.
21. Assure that home delivered meal drivers are recognized by law enforcement and other emergency personnel and are granted access as needed.
22. Have nutrition service providers stock three (3) day supply of shelf staple meal supplies for use during a disaster.
23. Expand community partnerships and awareness in disaster planning, preparedness and response on an ongoing basis.
24. Ensure that all RFPs and provider contracts require disaster plans that are current and comprehensive; then monitor those emergency preparedness plans
25. Establish a process to designate the location and contact information for individuals with disabilities and frail elderly served by the AAAIL considered "at risk" and likely needing assistance during a disaster or emergency. Include in this process how the information will be made available to local Emergency Management, first responders, and/or other

DISASTER PREPAREDNESS Area Agencies on Aging and Independent Living	DAIL – DP – 7.5
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disaster assistance entities. (The ideal process utilizes mapping software; however, manual mapping and database printouts may also be used).

26. Participate in discussions regarding any special needs or “at risk” registry in the AAAIL district. Provide feedback and suggestions that represents older adults and adults with disabilities regarding the development of any registry.

(b) During a Disaster

1. Determine status of buildings/offices and ability to continue operations or if an alternate workstation be utilized.
2. Contact AAAIL staff and determine status and ability to work.
3. Contact providers and determine status and ability to provide services as needed.
4. Contact and coordinate with local emergency and rescue agencies to determine the needs of the community, the status of older adults and those with disabilities and coordinate response to those populations using current method of “mapping” those populations.
5. Begin call-out or visits to those older adults and adults with disabilities that may need priority emergency response by following staff duty roster in disaster plan.
6. Respond in 24-48 hours, if possible, to DAIL regarding overall status of agency, staff, providers and populations served by the AAAIL and follow-up by completing the Preliminary Status Report Form.
7. Be available to assist local and regional disaster agencies such as, American Red Cross, Public Health, Emergency Management, law enforcement, fire personnel and others, to meet the needs of older adults and adults with disabilities.

(c) After the Disaster Occurs:

1. Continue services to assist older adults and adults with disabilities recover after the disaster by working with local and regional response teams, providing resources, advocacy, and assistance in applying for any disaster assistance funds available.
2. Provide a brief verbal report initially; then written reports once the event subsides to DAIL to allow information to be shared during conference calls, de-briefings, and post-disaster

DISASTER PREPAREDNESS Area Agencies on Aging and Independent Living	DAIL – DP – 7.5
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reviews with state and federal agencies and disaster personnel.

3. Be prepared to participate in conference calls, discussions and meetings to determine lessons learned, gaps in services, significant issues and updates to plans and procedures and responses.
4. Document detailed information and record all services rendered, all funds utilized, regional demographics, and other pertinent information during an event to facilitate any reimbursement from AoA.
5. Cooperate with all requests from DAIL for updates, briefings, information, reports and documents, to facilitate an exchange of information and required data with other state agencies and federal agencies.

DISASTER PREPAREDNESS Disaster Relief Reimbursements	DAIL – DP – 7.6
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Disaster Relief Reimbursements

(1) Funding Authority and Amounts:

Under the OAA, Section 310, the Assistant Secretary for Aging has the authority to provide disaster funding to SUAs and to Title VI funded Tribal organizations for expenses related to a disaster.

If the disaster event is catastrophic and affects many citizens, the Governor will request the President to declare a national disaster for the geographic area affected. This authority relates to the Stafford Act, which outlines the perimeters of Federal involvement in disasters. When the President makes such a declaration, State Agencies and Tribal organizations may apply for a grant for disaster assistance from AoA.

- (a) AoA funding is in the form of a direct grant to either of these entities and no match is required. The grant award is for a period of one year with the possibility of an extension if circumstances warrant more time.
- (b) The amount of funding available to applicants is determined by three factors: (1) the number of older persons affected, (2) the amount and severity of need, and (3) the amount of disaster funds available in the AoA set aside.
- (c) As prescribed by the OAA, at the beginning of the Federal Fiscal Year, October 1 – September 30, AoA sets aside an amount of Title III funds equal to two percent of the allocated Title IV funding for the year. That amount is variable from year to year but generally averages \$500,000 to \$800,000 per year nationally.
- (d) Grant awards vary depending upon the factors above with a general range of \$3,000 to \$150,000 per year.

Submission of applications during the last ten days of September is discouraged because the processing time is insufficient. However, since disasters can occur at any time, late year requests are often funded from funds for the next Fiscal Year. Early in the Fiscal Year, the award amount is usually small since it is not possible to predict the number of events or extent of damage throughout the year.

(2) Pursuing a Disaster Grant:

After a disaster occurs within the State of Kentucky, which could be in the form of: tornadoes, flood, severe storms, extreme heat, ice, etc. and

DISASTER PREPAREDNESS Disaster Relief Reimbursements	DAIL – DP – 7.6
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depending upon the damage, the Governor should seek a presidential disaster declaration. Upon receiving a presidential declaration, an application for disaster assistance can be completed.

Following the initial efforts of the Emergency Response Teams, there is an intensified need for the many services generally provided by OAA funded programs.

Since these funds are intended as a reimbursement for additional expenses incurred during a disaster event, it may take some time to determine the number of older people affected and the needs that must be met by the Aging Network.

- (a) The first step is to contact the appropriate AoA Regional Office to provide an overview of the situation, the number of elderly affected by the disaster, and estimated needs.
- (b) A representative from the AoA Regional Office may also contact the DAIL disaster coordinator to inquire about damages, and the subsequent needs of populations served. E
- (c) Typically, grant applications to AoA are to request funds for assisting with the expenses incurred above and beyond available funds often the most pressing needs are the provision of information, establishment of a system of communication and the provision of outreach, food/water, transportation and emergency health and safety services for older individuals and their caregivers.
- (d) The Area Agency on Aging and Independent Living should contact the DAIL to notify whether their area needs assistance. They should submit a written request of estimated funds needed as well as photos of the damage with detailed documentation. A document showing the ADD, the county or counties affected, the percent of the population 60+, and total population must be created.
- (e) A brief program narrative must be submitted providing a clear and concise description of the number of older persons affected, the severity, and the types of assistance needed.
- (f) After gathering the appropriate information from the AAAIL's, an amount to request from AOA will be determined by the DAIL. The amount of funds requested should be discussed with the AoA Regional contact before the application is completed. Sharing a draft of the application with the AOA Regional contact is beneficial to expedite the application and award process.
- (g) DAIL will submit the proposal electronically via www.grants.gov. A copy of the application packet can be downloaded allowing DAIL to

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complete the process off-line, and then the completed application can be uploaded and submitted at the grants.gov website.

- (h) Applicants must have a Dun and Bradstreet Data Universal Numbering System (DUNS) number and register in the Central Contractor Registry (CCR).
- (i) AoA is available to assist with the preparation of a disaster assistance application, by contacting AoA's Grants.gov Help Desk at (202) 357-3438.
- (j) A standard 424 Application must be completed with budget justifications and a budget narrative reflecting how the funds will be used. The CHFS process for signatures on the 424 Application will be followed.
- (k) DAIL will be notified in writing if the application has been approved and the amount of the actual award. Upon receiving the Grant Award, the Program Support and Financial Management Branch will be notified, as E-98 forms will need to be created and submitted to modify the contracts for those AAAILs receiving disaster funds.

Overall for all AAA Disaster Plans:

- Plan must include the name of the Disaster Coordinator/Officer and one back-up person and emergency contact numbers and be made available to staff, EM, DAIL and others that may be assisting with disaster response.
- Focus on personal preparedness for both staff and consumers to be ready to shelter in place for the first 48-72 hours in a disaster such as the ice storm where all systems may be compromised after a disaster has occurred.
- Training is very important. AAAs can do their own, partner with KY Emergency Management, Local Public Health, Red Cross, Citizen Corps, OVAR-GEC, etc. Information passed out at home visits, staff meetings, health fairs, other community events, PSAs, and any other way to get the word out to about being ready is of utmost importance!!
- Coordination and Communication with other emergency and disaster entities in the region to keep the issues faced by both older adults and adults with disabilities at the planning table and in discussions about preparedness and response. This is to both assure they know that the AAAs can be a resource for them as well as what may be needed from them when a disaster occurs regarding the populations the AAAs serve. This coordination and communication should be ongoing before, during and after the disaster.
- Assure that Planning is part of the contract with your providers and that they realize the role they may be asked to play when a disaster occurs. Share this information with your local EM and DPH and Red Cross; especially regarding meals, transportation and sheltering if needed.
- Contact DAIL with what has happened, estimate of how many affected, anticipated needs and estimated expenditures as soon as possible after the disaster and provider ongoing updates.
- All staff at the AAA should know the plan, and perhaps even have a copy along with pertinent emergency names and contact information.
- There should be a listing of AAA clients that will require assistance when a disaster strikes to share with emergency responders; such as: location and contact info, name, special needs, medical issues, and caregiver contact information if applicable.
- AAAs as the aging specialists should also be able to also help designate concentrations of elderly such as senior housing, LTC facilities, senior centers, meal sites, etc. and be available to assist as needed with seniors and adults with disabilities at these sites and at the shelters and with I & A & R tasks.

DISASTER PREPAREDNESS PLAN

FOR THE

(PROVIDE NAME OF AGENCY)

DATE SUBMITTED: _____

Note: Plan is to be revised and updated each year with Area/Regional Plan revisions at minimum and from Lessons Learned/De-Briefings when a disaster or emergency event occurs.

DISASTER STAFF FOR THE AREA AGENCY ON AGING

DISASTER COORDINATOR FOR AGING:

NAME:
JOB TITLE:
WORK ADDRESS:
CITY/STATE ZIP:
TELEPHONE:
FAX:
EMAIL ADDRESS:

OTHER STAFF RESPONSIBLE IN ASSISTING WITH DISASTER PLANNING:

NAME:
JOB TITLE:
WORK ADDRESS:
CITY/STATE ZIP:
TELEPHONE:
FAX:
EMAIL ADDRESS:

NAME:
JOB TITLE:
WORK ADDRESS:
CITY/STATE ZIP:
TELEPHONE:
FAX:
EMAIL ADDRESS:

NAME:
JOB TITLE:
WORK ADDRESS:
CITY/STATE ZIP:
TELEPHONE:
FAX:
EMAIL ADDRESS:

NAME:
JOB TITLE:
WORK ADDRESS:
CITY/STATE ZIP:
TELEPHONE:
FAX:
EMAIL ADDRESS:

AREA SPECIFIC DISASTER INFORMATION

DISASTERS THAT HAVE, OR COULD OCCUR, IN YOUR SERVICE AREA:

DESCRIBE THE CURRENT DISASTER RESPONSE SYSTEM UTILIZED BY YOUR AGENCY:

TOTAL NUMBER OF ELDERLY PERSONS IN YOUR AREA (ESTIMATED):

PER COUNTY:

COUNTY

NUMBER

PLEASE ATTACH OR DESCRIBE BELOW THE STANDARD OPERATING PROCEDURE UTILIZED BY YOUR AGENCY WHEN A DISASTER IS REPORTED (RESPONSE PHASE) AND AFTER THE DISASTER (RECOVERY PHASE):

ALERT PROCEDURES/STAFF DUTIES AND RESPONSIBILITIES

AREA AGENCY ON AGING STAFF EMERGENCY INFORMATION MEETING PLACE
IN THE EVENT THE OFFICE IS DESTROYED: _____

POSITION/ NAME	HOME PHONE	ASSIGNMENT
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LIST VOLUNTEERS AND/OR VOLUNTEER ORGANIZATIONS WILLING AND ABLE
TO HELP IN AN EMERGENCY/DISASTER:

ALERT PROCEDURES FOR WORKING AND NON-WORKING HOURS:

ALTERNATE OPERATION CENTER(S):

COORDINATION

PLEASE LIST AGENCIES YOU COORDINATE WITH DURING A DISASTER:

PLEASE LIST AGENCIES YOU COORDINATE WITH IN PREPARING FOR A
DISASTER:

HAS YOUR AGENCY DEvised AN INTRA-AGENCY "PLANNED CALL TREE"
FOR DISASTER RESPONSE?

YES _____ NO _____

IF NO, DOES YOUR AGENCY PLAN TO DEVELOP ONE?

YES _____ NO _____

PLEASE IDENTIFY OTHER DISASTER RESPONSE AGENCIES IN YOUR AREA
EQUIPPED TO ASSIST ELDERLY CITIZENS:

IS EMERGENCY PLANNING INCLUDED IN RFPS AND CONTRACT SOLICITATIONS;
(ESPECIALLY FOR INFORMATION AND ASSISTANCE, MEAL AND
TRANSPORTATION PROVIDERS)?

YES _____ NO _____

IF NOT INDICATED ABOVE, ARE SENIOR CENTERS IN YOUR AREA INVOLVED IN
PLANNING AND RESPONDING TO DISASTERS? (INCLUDES HAVING A PLAN)

YES _____ NO _____

RECORD KEEPING AND ASSESSMENT

DESCRIBE THE METHOD UTILIZED BY YOUR AGENCY IN KEEPING RECORDS ON
THE FOLLOWING DURING A DISASTER:

1. STAFF TIME (INCLUDING OVERTIME);
2. SUPPLIES;
3. NUMBER OF SENIOR CONTACTS;
4. TYPE AND AMOUNT OF SERVICE PROVIDED;
5. RESOURCE INVENTORY USED;
6. INTAKE FORMS FOR ALL SENIORS;
7. ANY CONTRACTED SERVICES;
8. PERSONAL EXPENSES;
9. PHONE LOG

DESCRIBE THE METHODS UTILIZED BY YOUR AGENCY IN ASSESSING THE EFFECTS OF DISASTERS:

DOES THE AGENCY HAVE A METHOD TO KEEP FIRST AID KITS, EMERGENCY KITS AND SUPPLIES STOCKED AT ALL PROGRAM SITES?

COALITIONS AND TRAINING ENDEAVORS

IS YOUR AGENCY A MEMBER OF A COALITION OF DISASTER RESPONDERS IN YOUR AREA?

YES _____ NO _____

IF NO, DOES YOUR AGENCY PLAN TO DEVELOP SUCH A COALITION?

YES _____ NO _____ N/A ____

DOES YOUR AGENCY PROVIDE TRAINING FOR DISASTER PREPAREDNESS AND RESPONSE TO EMPLOYEES AND/OR OTHER AGENCIES IN YOUR AREA?

YES _____ NO _____

HOW WILL THE AGENCY WORK WITH FIRST RESPONDERS AND EMERGENCY SERVICES AND OTHERS TO ASSIST INDIVIDUALS WITH CRITICAL AND IMMEDIATE NEEDS?

DESCRIBE HOW THE AGENCY ENCOURAGES, EDUCATES AND ASSISTS STAFF, OLDER ADULTS AND OTHERS SERVED REGARDING EMERGENCY AND DISASTER PREPAREDNESS?

IDENTIFY RECENT TRAININGS HELD BY YOUR AGENCY OR ATTENDED BY DISASTER RESPONSE STAFF IN YOUR AGENCY.

WHAT TRAINING OR EVENTS ARE BEING PLANNED REGARDING DISASTER AND EMERGENCY PREPAREDNESS AND RESPONSE?

IDENTIFY TRAININGS THAT INCLUDED INFORMATION ON TERRORISM AND BIOTERRORISM AND PANDEMIC FLU OUTBREAK.

WHAT IS THE AGENCY'S PLAN REGARDING TERROISM OR BIOTERROISM AND PANDEMIC FLU EVENT?

PLEASE RATE HOW PREPARED YOUR AGENCY AND STAFF ARE TO ASSIST THE ELDERLY IN CASE OF A DISASTER.

VERY PREPARED	_____
PREPARED	_____
SOMEWHAT PREPARED	_____
NOT PREPARED	_____

IF AGENCY IS NOT WELL PREPARED, WHAT NEEDS TO IMPORVE AND WHAT ACTION WILL BE TAKEN TO BE BETTER PREPARED?

WHAT RESOURCES WILL ASSIST YOUR AGENCY IN BECOMING PREPARED?

NOTE: (ATTACH LIST OF SENIOR CENTERS, SERVICE PROVIDERS, AND LONG-TERM CARE FACILITIES IN EACH COUNTY SERVED).

	Total Population	Population 60 years and over	Population 60 years and over with income below poverty level	Minority Population 60 years and over with income below poverty level	Rural population 60 years and over (2010)
Barren River ADD	292864	20.8%	12.9%	18.9%	63.1%
Big Sandy ADD	149854	22.5%	15.9%	19.3%	85.4%
Bluegrass ADD	798139	19.5%	10.1%	22.3%	32.5%
Buffalo Trace ADD	56194	23.2%	15.1%	9.7%	79.0%
Cumberland Valley ADD	234519	22.0%	19.1%	26.9%	63.8%
FIVCO ADD	135839	24.4%	13.6%	17.9%	46.6%
Gateway ADD	82925	20.8%	16.4%	26.8%	79.9%
Green River ADD	215351	22.4%	9.3%	14.8%	47.6%
Kentucky River ADD	110491	23.2%	20.1%	15.9%	90.0%
KIPDA ADD	988372	20.4%	9.4%	19.1%	11.5%
Lake Cumberland ADD	208253	24.2%	17.8%	17.2%	74.7%
Lincoln Trail ADD	274445	19.8%	10.6%	13.7%	64.4%
Northern Kentucky ADD	451592	18.4%	9.1%	21.5%	25.0%
Pennyrile ADD	218233	21.9%	10.9%	26.2%	61.2%
Purchase ADD	196386	24.9%	9.4%	19.2%	58.1%
Kentucky	4413457	21.0%	11.8%	19.9%	44.8%

Attachment I

Top Needs Identified by PSA Needs Assessments

Abuse

Affordable housing

Caregivers support

Caring for grand children

Congregate meals

Evidence based health promotion

Financial assistance for basic needs

Health services at senior centers

Home delivered meals

Homemaker

I&A

Home repairs

Meals

Mental health

Medical transportation

Non-medical transportation

Outreach

Post hospital care

Post hospital durable medical equipment

Personal care

Transportation

Respite services