

# Regional Plans on Aging

Department for Aging and Independent Living

*Fiscal Years 2023-2025*

*Revised December 10, 2021*

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In accordance with the Older Americans Act of 1965, as amended, Section 307(a)(1), the Department for Aging and Independent Living prepared a Kentucky Comprehensive Aging Area

**Plan format with input from Area Agencies on Aging and Independent Living. This format is to be used by area agencies on aging and independent living in developing an area plan for the administration and provision of specified adult and aging services in each planning area. The Area Plan required for FY 2023-2025 will be three-year plan cycle.**

**Area plans are prepared and developed by the Area Agencies on Aging and Independent Living. Each agency is responsible for the plan for the multi-county planning and service area (PSA) in which the agency is located. The area plan should reflect the efforts of the AAAIL in:**

- **Determining the needs of the older population within its service jurisdiction;**
- **Arranging through a variety of linkages for the provision of services to meet those needs; and**
- **Evaluating how well the needs were met by the resources applied to them.**

**In addition to those services mandated under Title III-B (supportive services), Title III-C (congregate and home-based nutrition), Title III-D (disease prevention), Title III-E (caregiver), Title VII (elder abuse, ombudsman), plans provide for Homecare, Adult Day Care and Alzheimer's Respite, Personal Care Attendant, SHIP, LTC Ombudsman, Kentucky Family Caregiver, Consumer Directed Options, Community Preparedness Planning and a range of other programs, many of which are planning and service area specific.**

**Due Date: Completed area plans are due March 31, 2022.**

**Number of Copies: Submit a copy of this area plan electronically to [DAILAging@ky.gov](mailto:DAILAging@ky.gov)**

**The disaster plan and Senior Community Service Employment Program are separate plans and not included in this plan. Separate instructions will be sent for those plans by the program coordinator.**

## Area Agency on Aging and Independent Living

### I. **Mission and Vision**

Some things to consider when developing your mission and vision:

- **Why do we exist? Who do we serve? and Why? What values govern our decision-making?**
- **What do we ultimately see as our vision for older Kentuckians and their caregivers in our AAA region?**

#### **1. How do you describe the purpose of your agency and what you are trying to achieve?**

The mission of Lake Cumberland Area Agency on Aging and Independent Living(LCAAAIL) is to promote, plan and provide coordination of person-centered services for older adults, family members, caregivers, grandparents, persons with disabilities also resources to the public at large while advocating for services and the rights of older adults.

Our is vision is to maintain, while striving to improve, the quality of life of Lake Cumberland’s older adults and disabled individuals in and around our communities by providing supports, services and friendly assistance to meet the desired outcomes of our neighbors.

#### **2. Please provide a short narrative or introduction which includes basic information about the agency and the area it serves.**

The Lake Cumberland Area Development District, Inc. Est, 1969 serves ten counties which include: Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne. LCADD is a planning agency charged by statute with providing various planning and administrative duties. Lake Cumberland Area Development District is charged with the responsibility of planning and administration of programs for the elderly. The Department for Aging and Independent Living expanded the name and thus responsibilities of the Area Agencies on Aging in Kentucky in 2007; now named Area Agencies on Aging and Independent Living (AAAIL). The Lake Cumberland ADD provides the following: Community Development Block Grant, Transportation, Workforce Investment Area and Planning. The area is composed of rural areas with the Lake area being the main recreational attraction.

#### **3. Provide examples of how your agency is working to meet the CHFS Mission: to be a diverse and inclusive organization providing programs, services and supports that protect and promote the health and well-being of all Kentuckians and their communities include examples of**

- 1. Equity**
- 2. Health and well-being**
- 3. Resilient individuals and communities**
- 4. Structural Economic Support**

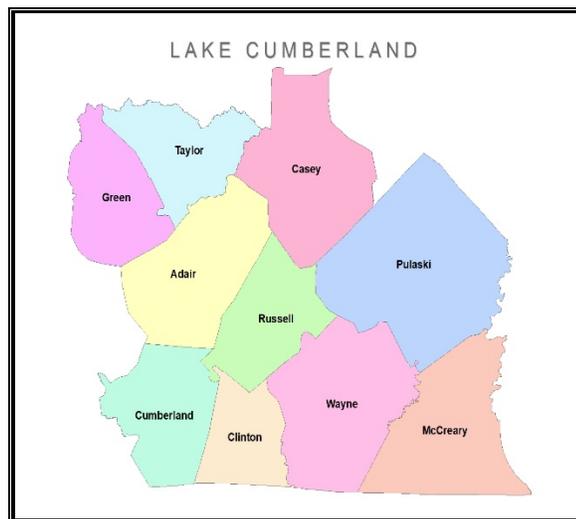
Our agency intends to work closely with the newly established Office of Dementia Services to provide additional education and resources to our communities. LCAAAIL anticipates preparation to begin conversations with county officials regarding Age Friendly Community designations as well as Dementia Friendly Community designations. Our goal is to encourage established health promotion education and also identify new programs to bolster our investment into our community's health and well-being of older adults and individuals with disabilities. Our Aging and Disability Resource Center will continue to field all calls of individuals in search of nutrition supports, in-home/community services, grandparent/caregiver assistance, etc. Virtual health and wellness opportunities will be explored. Continuing education for these staff members is of utmost importance. LCAAAIL will continue to operate Older American Act programs, such as nutrition programs, to the highest standards and making the availability of such supports to eligible individuals an unimpeded journey. Our community needs assessment identified food insecurity as a serious concern – our goal is combat this concern with additional access to foods (to include fresh fruits and vegetables) through collaborations/partnerships with community vendors as well as funded programs, as available. Our Aging Advisory Council remains 'the finger on the pulse' of our communities – their advocacy on behalf of our communities is vital and assists our agency in formulating new ways to make our communities better.

## II. Service Area

4. **How do you define the geographic boundaries of your service area region? Please be sure to indicate which counties you serve. Insert a map of your region as well.**

LCAAAIL serves the Kentucky counties of Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne. Our area boasts two broadly recognized lakes – Lake Cumberland and Dale Hollow Lake. Part of the Daniel Boone National Forest can be found in the Lake Cumberland area as well as many battle fields other recognized monuments. Train enthusiasts enjoy visiting the Big South Fork Scenic Railway located in Stearns, KY.

*Attach Map (Only utilize the following file types: \*.bmp, \*.jpg, \*.gif, \*.png, \*.tif)*



### III. Profile of Your Region

4. Please complete a demographic profile of your region by answering the questions below.

(Much of this data is available through the University of Louisville website; data are available by KYAAAIL areas.)

[www.ksdc.louisville.edu/](http://www.ksdc.louisville.edu/)

Year for which data is current: 2019

|   |                                     | Information<br>Not Available |
|---|-------------------------------------|------------------------------|
| a. Percent of persons 60 and older in your region                       | <input type="checkbox"/>            | 25%                          |
| b. Percent of region's total population over 60                         | <input type="checkbox"/>            | 25.6%                        |
| c. Percent 60+ who are low income (poverty rates as provided by HHS)    | <input type="checkbox"/>            | 18.9%                        |
| d. Percent 60+ who are minority   | <input type="checkbox"/>            | 3.7%                         |
| e. Percent 60+ who live in rural areas                                  | <input type="checkbox"/>            | 100%                         |
| f. Percent 60+ with severe disability (3 or more ADL/IADL impairments)* | <input type="checkbox"/>            | 13.4%                        |
| g. Percent 60+ with limited English proficiency                         | <input type="checkbox"/>            | 0%                           |
| h. Percent 60+ with Alzheimer's Disease or related dementia             | <input checked="" type="checkbox"/> |                              |
| i. Percent 60+ isolated or living alone                                 | <input type="checkbox"/>            | 24.2%                        |
| j. Percent of grandparents or older relative raising a child under 18   | <input type="checkbox"/>            | 2.4%                         |

\*ADLs (Activities of Daily Living): feeding, getting in/out of bed, dressing, bathing, toileting. IADLs (Instrumental Activities of Daily Living): Meal preparation, light housework, heavy housework, laundry, shopping, taking medicine

### IV. Funding Sources for Your AAAIL

|   | %   |
|---|-----|
| 5. In your last fiscal year, what percent of your revenue was from... |     |
| a. Federal grants/contracts   | 47  |
| b. State government grants/contracts                                  | 31  |
| c. Local government grants/contracts                                  |     |
| d. Contracts obtained via a Network Lead Entity*                      |     |
| e. Foundation grants/contracts  |     |
| f. Corporate grants/contracts   |     |
| g. Direct mail fundraising  |     |
| h. Fundraising events   |     |
| i. Individual contributions   | 1   |
| j. Fees for services  | 1   |
| k. Other (Specify: <u>In-Kind</u> )                                   | 20  |
| Total.....  | 100 |

\*Network Lead Entity means an organization who has formal partnerships with health care and other relevant sectors to address health and social needs in a coordinated way. NLEs function as a one-stop-shop for contracting with health care entities, and often deploy a multi-payer strategy to ensure individuals have access to needed programs and services; beyond contractual arrangements with health care entities, other sources of financing that networks may draw upon are federal grants (e.g. Older Americans Act and discretionary) or other publicly-funded resources at the state or local levels, philanthropic support, private pay arrangements, and civic/community investment (e.g. local businesses, United Way, etc.). An important part of any robust

community integrated health network is the inclusion of evidence-based health promotion and disease prevention programs.

**6. List below all sources of program and staff revenues for your agency.**

|   | Name of Source  | Value (\$ amount)<br>for Fiscal Year<br>2021 |
|---|---|--|
| A | Ombudsman State   | \$34,894.00                                  |
| B | Elder Abuse   | \$6764.08                                    |
| C | National Family Caregiver   | \$ 364,403.21                                |
| D | Title VII Ombudsman   | \$26,038.22                                  |
| E | ADRC  | \$59,400.00                                  |
| F | NSIP  | \$86,327.00                                  |
| G | ACA MIPPA SHIP  | \$16,146.00                                  |
| H | ACA MIPPA AAA   | \$18,995.00                                  |
| I | ACA MIPPA ADRC  | \$4,898.00                                   |
| J | Kentucky Caregiver Support Program  | \$89,811.00                                  |
| K | PDS, VDC and HCBW Traditional CM & AC   | \$ 705,951.23                                |
| L | SHIP  | \$ 33,505.00                                 |
| M | Title III- B Ombudsman  | \$ 13,407   00                               |
| N | Home Delivered Meals (Title III & Homecare)   | \$ 1,099,460.20                              |
| O | Congregate Meals  | \$ 762,700.12                                |
| P | Homecare (Homemaking & Personal Care, Chore, Escort, Supplies, Home Repair & Respite) | \$ 378,000.00                                |
| Q | Legal Assistance  | \$[11,765.00]                                |
| R | Transportation  | \$137,480.09                                 |

|                    |   |                       |
|--------------------|---|-----------------------|
| S                  | Information and Referral ( Title III and Homecare)        | \$112,669.05          |
| T                  | Case Management (Title III and Homecare)                  | \$305,251.00          |
| U                  | Recreation  | \$ 32,000.00          |
| V                  | Title III B (Personal Care, Respite, Chore and Homemaking | \$66,979.00           |
| W                  | Disease Prevention Health Promotion Title III D           | \$ 77,495.72          |
| X                  | FAST  | \$ 1000.00            |
| Y                  |   | \$ .                  |
| Z                  |   | \$ .                  |
| AA                 |   | \$ .                  |
| BB                 |   | \$ .                  |
| <b>GRAND TOTAL</b> |   | <b>\$4,067,339.69</b> |

↑ Use these letters to indicate program funding sources in Section V.

## V. Services Offered as Part of Your Plan

|   | Is this type of service offered?    |                                     | Is service directly provided by AAAH? |                                     | Is service provided under contract? |                                     | Number of people served in FY21 | Amount spent in FY21 (round to nearest hundred) | Funding source(s) (use letters from Section IV) |
|---|-------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|---|---|
|   | Yes                                 | No                                  | Yes                                   | No                                  | Yes                                 | No                                  |                                 |   |   |
| <b>a. Advocacy</b>                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                 |   |   |
| <b>b. Information and Referral</b>                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 1575                            | 141,519.59                                      | s   |
| <b>c. Legal Assistance</b>                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 78                              | 14,140.64                                       | q   |
| <b>d. Transportation</b>                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 0                               | 3,169.80  | r   |
| <b>e. Home Delivered Meals</b>                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2382                            | 944,913.83                                      | n   |
| <b>f. Congregate Dining</b>                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 826                             | 216,288.94                                      | o   |
| <b>g. Senior Center</b>                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                 |   |   |
| <b>h. Mental Health Services</b>                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                 |   |   |
| <b>i. Dementia Care or Support Group</b>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                 |   |   |
| <b>j. Caregiver Support Group</b>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 63                              | 205,462.00                                      | c   |
| <b>k. Caregiver Training or Education</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                 |   | c   |
| <b>l. Training or Education for Older Adults</b>      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                 |   |   |
| <b>m. Training or Education for Service Providers</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                 |   |   |
| <b>n. Training or Education for Volunteers</b>        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                 |   |   |
| <b>o. Case Management</b>                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 176                             | 340,929.19                                      | t   |
| <b>p. Housing or Shelter Assistance</b>               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                 |   |   |
| <b>q. Personal Care or Home Health Services</b>       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | 73                              | 97,441.68                                       | p, v  |
| <b>r. Homemaker Services</b>                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 129                             | 207,304.44                                      | p,v   |
| <b>s. SHIP</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 480                             | 27,626.73                                       | l   |
| <b>t. Elder Abuse Prevention</b>                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                 |   | b   |
| <b>u. Disease Prevention Health Promotion (III-B)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                 |   |   |
| <b>v. Disease Prevention Health Promotion (III-D)</b> | <b>Yes</b>                          |                                     | <b>Yes</b>                            |                                     | <b>Yes</b>                          |                                     | 0                               | 6,838.72  | w   |
| <b>w. Adult Day</b>                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                 |   |   |
| <b>x. PDS, VDC and HCBW Traditional CM and AC</b>     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 218                             | 705,951.23                                      | k   |
| <b>y. Ombudsman</b>                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 407                             | 63,940.31                                       | a,d,m   |
| <b>z. Telephone Reassurance</b>                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                 |   |   |
| <b>aa. Friendly Visitors</b>                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                 |   |   |
| <b>ab. Personal Care Attendant Program</b>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                 |   |   |
| <b>ac. Senior Community Service Employment</b>        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                 |   |   |

|   | Is this type of service offered?    |                                     | Is service directly provided by AAAIL? |                                     | Is service provided under contract? |                                     | Number of people served in FY13 | Amount spent in FY21(round to nearest hundred) | Funding source(s) (use letters from Section IV) |
|---|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|--|---|
|   | Yes                                 | No                                  | Yes                                    | No                                  | Yes                                 | No                                  |                                 |  |   |
| <b>ad. Other – Specify: MIPPA SHIP</b>                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 123                             | 29,283.012                                     | g   |
| <b>ae. Other – Specify:MIPPA AAA</b>                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 123                             | 10,952.00                                      | h   |
| <b>af. Other – Specify:MIPPA ADRC</b>                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 25                              | 5,837.41                                       | i   |
| <b>ag. Other – Specify: Kentucky Caregiver</b>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 85                              | 67,362.68                                      | j   |
| <b>ah. Other – Specify: ADRC</b>                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 3925                            | 56,348.00                                      | E,s   |
| <b>ai. Other – Specify: NSIP</b>                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2214                            | 82,358.00                                      | o   |
| <b>aj. Other – Specify: FAST</b>                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 0                               | \$995.00                                       | x   |
| <b>ak. Other – Title III Chore and Respite</b>              | Yes                                 |                                     | Yes                                    |                                     | Yes                                 |                                     | 9                               | 1,874.88                                       | v   |
| <b>al. Other – Specify: Recreation</b>                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 0                               | 608.98   | u   |
| <b>am. Other – Specify: Homecare Chore, Escort, Respite</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 45                              | 32,419380                                      | p   |

In regards to Older Americans Act Programs, please answer the questions below.

|   |              |
|---|--------------|
| What percent of your service population is minority?                    | <b>5.79%</b> |
| What percent of your service population is low income?                  | <b>65%</b>   |
| What percent of your service population is limited English proficiency? | <b>0%</b>    |
| What percent of your service population is rural?                       | <b>100%</b>  |

In regards to state funded Homecare Program, please answer the questions below.

|   |             |
|---|-------------|
| What percent of your service population is minority?                    | <b>1%</b>   |
| What percent of your service population is low income?                  | <b>98%</b>  |
| What percent of your service population is limited English proficiency? | <b>0%</b>   |
| What percent of your service population is rural?                       | <b>100%</b> |

In regards to the Medicaid Waiver Program, please answer the questions below.

|   |             |
|---|-------------|
| What percent of your service population is minority?                    | <b>1%</b>   |
| What percent of your service population is low income?                  | <b>100%</b> |
| What percent of your service population is limited English proficiency? | <b>0%</b>   |
| What percent of your service population is rural?                       | <b>100%</b> |

## VI. Program Explanation

Detailed program-specific policies and procedures will be reviewed during the yearly on-site monitoring. Please ensure that each program listed in the previous question has policies and procedures and that these are available for review during onsite monitoring. Assurances will also be verified during monitoring.

## VII. Partnerships and Collaborations

7. Do you engage in partnerships or collaborations with other programs or agencies in your service area?

Yes

No

8. If yes, please identify key partners and collaborators, what activities you collaborate on, and when this partnership or collaboration began (year). Attach additional sheets as necessary to list all partnerships and collaborations.

|    | Collaboration Partner                   | Activity or Focus of Collaboration                                     | Approx. Year Began |
|----|---|--|--------------------|
| 1  | Lake Cumberland Housing Agency          | Housing  | 1989               |
| 2  | Comfort Keepers                         | In-Home Respite  | 1996               |
| 3  | Hospice of Lake Cumberland              | Caregiver Support Groups   | 2000               |
| 4  | AARP                                    | Aging & Retirement   | 2000               |
| 5  | Lake Cumberland Regional Hospital       | Caregiving   | 2005               |
| 6  | Veterans Administration                 | Veteran-Directed Care  | 2017               |
| 7  | Social Security                         | Medicare   | 1990               |
| 8  | Lake Cumberland Community Action Agency | Li-HEAP, Weatherization  | 1995               |
| 9  | Feeding America                         | Commodities  | 2009               |
| 10 | UK Extension Offices                    | Caregiver/Grandparent Support Groups (Kentucky and National Caregiver) | 2010               |

|    |   |   |      |
|----|---|---|------|
| 11 | Rite Aid Pharmacy                             | Caregiver Support Groups & Senior Centers<br>Education/Health Promotion   | 2016 |
| 12 | Encompass                                     | Caregiver Support Group & Senior Center   | 2014 |
| 13 | Family Resource Centers                       | Grandparent Support Groups  | 2010 |
| 14 | Lifeline Home Health                          | Senior Centers/Caregiver  | 2010 |
| 15 | Amedysis                                      | Senior Center/ Caregiver  | 2010 |
| 16 | Lake Cumberland District<br>Health Department | Senior Centers  | 2016 |
| 17 | Lake Cumberland<br>Community Coalition        | Area Service Providers/Resources Meetings to<br>address topics such as drug rehabilitation,<br>homelessness, etc. | 2020 |
| 18 | Trager Institute                              | Public education/awareness; service<br>coordination   | 2022 |

## VIII. Capacity Assessment

9. Do you collect information from seniors, caregivers, service providers, elected officials, committee members, and/or interested citizens about needs or gaps in services for older adults in your service area?

- Yes  
 No

10. If yes: How do you collect this information?

Community needs assessment, client satisfaction surveys, community forums and meetings as well as informational events.

11. How often do you collect this information?

- Monthly  
 Quarterly  
 Semi-annually  
 Annually  
 Other: The community needs assessment is completed with the revision of the regional area plan.

12. When did you conduct your most recent capacity assessment? 11/2021  
(month and year)

13. When is the next capacity assessment scheduled? 11/2025

(month and year)

**14. How will you use this information to coordinate planning and delivery of services for older adults and persons with disabilities?**

The information gathered assists in determining the needs across our 10 county area. The data enables us to analyze and prioritize services and programming in an effort to mitigate deficiencies and address the areas of greatest need.

**IX. Capacity Building Plan**

**15. Identify your top three overall agency goals for this planning cycle.**

1. To best meet the needs of our communities, knowledge of available resources is key. LCAAAIL will engage the public by way of traditional media. The community needs assessment identified the newspaper, television, radio and telephone as preferred methods of obtaining information.

2. In October of 2021, LCAAAIL was awarded a three year HUD grant, Older Adult Homes Modification Program – A program to assist older adults to age in place safely within their own homes and communities. While implementing this grant-funded program, additional needs may be identified and addressed further serving and providing for the needs of our older adults.

3. LCAAAIL intends to begin discussion regarding virtual availability of health promotion services in our 10 county area/area senior centers.

**16. What is your plan for achieving these goals in the coming planning cycle? Please include how you will gauge your progress throughout the planning cycle.**

Additional focus will be placed upon the most utilized methods of obtaining community information in our rural area. Our agency looks forward to the positive impact the HUD grant program will have for approximately 104+ older adult homeowners in our 10 county area. Further planning will continue and ultimate piloting/implementation of health promotion services via virtual settings.

**17. Were the goals from the last plan period completed?**

Yes

No

**If not, why?**

N/A

18. What were your goals from the previous planning cycle that were not achieved and why?

N/A

19. Total number of program managers/supervisors   3   Number

20. Total number of program staff   18   Number

21. Total number of program volunteers (in house & contract)   135   Number

22. Do all supervisors (in house & contract) have access to computers with internet access?

- Yes, all
- Half or more
- Less than half
- No, none

23. Do all direct service (in house & contract) staff have access to computers with internet access?

- Yes, all
- Half or more
- Less than half
- No, none

24. Do volunteers (in house & contract) have access to computers with internet access?

- Yes, all
- Half or more
- Less than half
- No, none

25. How many new volunteers were recruited in the past 12 months?   104   Number

Which programs? [ Title III C1, C2. ]

26. How many new staff were hired by the AAAIL in the past 12 months?   3   Number

Which programs? [ Homecare, HCBW Participant Directed Options ]

27. Are there written job descriptions for all positions in your agency?

Staff?  Yes  
 No

Volunteers?  Yes  
 No

28. Do you conduct annual performance reviews for all staff?

- Yes
- No

If no, please explain?

**29. Do you have any plans to help staff members increase knowledge or skills during the next year?**

- Yes
- No

**30. If yes, please describe your plans and the specific sources for these trainings.**

In addition to the required trainings to meet program objectives, LCAAAIL will seek opportunities that are offered locally and online. LCAAAIL staff and/or volunteers will have access to learn new and innovative practices that promote advanced knowledge of their scope of practice. Staff and/or volunteer trainings will incorporate visual, written and/or auditory instructions to facilitate the various means of learning. Teaching to the strengths of an individual is a tool that will assist to maximize their knowledge levels. Peer training is also utilized.

**31. Do you have a plan to promote volunteer opportunities across programs? Be sure to specifically include SHIP, Senior Center Services and Ombudsman**

- Yes
- No

**32. If yes, please describe your plans. If no, why not?**

The SHIP, Senior Center Services and Ombudsman Programs administered via LCAAAIL plans to focus on the promotion of volunteer opportunities by increasing communications among many partnerships in the community. Opportunities to increase community outreach, speaking engagements, media support and program brochures will be sought to accomplish an increase in volunteers. The recognition luncheons also include certificates and awards that help to show appreciation, support and recruit volunteers.

**33. How will you measure your progress toward achieving your overall agency goals?**

Progress will be measured both by the increased number of volunteers, and the increased opportunities for exposure throughout the community. Promotion of awareness and education of LCAAAIL services will be evident as volunteer numbers will increase. Ongoing goal for the seniors and their families in our communities to be better informed regarding their rights, available assistance, and benefits as Medicare recipients.

## X. Public Hearing

**34. Area Plan Public Hearing**

| Date | Time | Location/Method | # of participants participating | # of staff participating | # of others participating |
|------|------|-----------------|---------------------------------|--------------------------|---------------------------|
|------|------|-----------------|---------------------------------|--------------------------|---------------------------|

|         |                      |                              |    |   |    |
|---------|----------------------|------------------------------|----|---|----|
| 3/11/22 | 10:00<br>a.m.<br>CST | Russell County Senior Center | 20 | 9 | 11 |
|         |                      |                              |    |   |    |
|         |                      |                              |    |   |    |
|         |                      |                              |    |   |    |
|         |                      |                              |    |   |    |

| <b>Date plan available for review</b> | <b>Place(s) available for review</b>              | <b>Dates advertised</b> | <b>Ad appeared in newspaper</b> |
|---------------------------------------|---|-------------------------|---------------------------------|
| 3/2/2022                              | Lake Cumberland Area Development District         | Through 3/11/2022       | Commonwealth Journal            |
| 3/2/2022                              | Lake Cumberland Area Development District website | Through 3/11/2022       | Commonwealth Journal            |
|                                       |   |                         |                                 |
|                                       |   |                         |                                 |
|                                       |   |                         |                                 |

**35. Participation in Public Hearing was actively sought from:**

Older adults and disabled individuals residing in the 10 county area along with their caregivers, family and friends as well as low-income and minority individuals and those who are LEP and/or considered at risk. Aging Advisory Council members are encouraged to participate.

**36. Indicate means used in soliciting views:**

LCADD website. Written comments are invited to be mailed or emailed to our office.

**37. Summary of public comments:**

No additional public comments were made.

**38. Summary of changes as a result of public comments:**

No additional public comments were made.

**XI. Service Usage**

**39. What are the three most frequently identified needs or gaps in older adult services in your service area?**

1. | **Lack of knowledge of available resources** |
2. | **Transportation** |
3. | **Food insecurity/Understanding discharge instructions after hospital stay** |

**40. Describe the strengths in your area's service delivery.**

LCAAAIL will use the methods most commonly used (as noted by the community needs assessment) to better educate and touch our communities. Transportation discussion is an ongoing conversation. LCAAAIL anticipates the development of programs and partnerships to mitigate this need. The same shall be said for food insecurity. Case managers will be provided additional training regarding post-hospital stay case management styles and resources to better serve those with post-hospital stay inquiries.

**41. Describe the weaknesses in your area's service delivery and has this changed since the last plan period?**

The availability of transportation funding and providers continues to be an ongoing discussion.

**42. What has the AAAIL determined to be the three most utilized services in your service area?**

1. | **ADRC** |
  - 1a. **Why is this service used more than others?**

ADRC is the gateway to resources and services.

2. | **Medicaid Waiver Services** |
  - 2a. **Why is this service used more than others?**

Service availability and participant choice.

3. | **Title III C1 and C2** |
  - 3a. **Why is this service used more than others?**

Nutritional supports.

**43. What has the AAAIL determined to be the three least utilized services in your service area?**

1. | **Title III E NFCS** |
  - 1a. **Why is this service used less than others?**

Caregivers very often find themselves exhausting themselves to provide the best care; however, they are reluctant to sometimes trust someone else to provide the same level of care.

2. | **Respite** |
  - 2a. **Why is this service used less than others?**

Caregivers very often find themselves exhausting themselves to provide the best care; however, they are reluctant to sometimes trust someone else to provide the same level of care.

3. | **Legal Services** |

**3a. Why is this service used less than others?**

This service readily available but not as widely used as other services, such as in-home/direct care services.

**XII. Participant Feedback and Satisfaction**

**44. Do you obtain regular feedback from clients about their satisfaction with services?**

- Yes
- No

**45. If yes, how is feedback obtained? (Check yes or no for each)**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| a. Client surveys or interviews               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| b. Caregiver surveys or interviews            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c. Provider logs                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| d. Provider surveys or interviews             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| e. Client focus groups                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| f. Other, Specify: Community Needs Assessment | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**46. How often is feedback collected?**

- Monthly
- Quarterly
- Semi-annually
- Annually
- Other, Specify: Community Needs Assessment – Every 3 years

**47. What do you do with this information? How is it used?**

Analyze the information to determine what services best meets the needs and thus prioritize funding allocations. Communications are used to improve client satisfaction by improving services which results in successful outcomes.

**48. Is there a formal process to investigate complaints?**

- Yes
- No

**49. Is there a formal process to respond to complaints?**

- Yes
- No

**XIII. Coordination and Collaboration**

**50. What are your procedures and methods for ensuring that services for older adults are delivered in a coordinated and efficient way?**

All coordination efforts begin with our Aging and Disability Resource Center (ADRC). Our educated and resourceful staff assist individuals in identifying resources to meet their individualized needs – person-centered approach. The intake and assessment process results in referrals to appropriate programs and services to ensure the needs of each individual is met. We continue to promote a unified effort to collaborate and partner with area service providers and other community-based organizations to grow the resource directory used to help individuals in need.

**51. Do you have plans to improve service coordination?**

- Yes  
 No

**52. If yes, please describe your plans. If no, why not?**

We are constantly evaluating and assessing existing processes to make them more efficient. Intake and referral data is collected and reviewed bi-monthly with reporting to DAIL monthly. Referrals to in-house programs are followed to ensure timely assessment has been completed for initiation of services. Referrals to outside resources are followed up on to ensure needs have been met.

**53. How will you measure the effectiveness of your service coordination?**

Client satisfaction as well as employee satisfaction as well as employee performance. Success rates and success stories also assist to chronical the overall effectiveness of our efforts.

**XIV. Outreach & Expansion**

**54. Do you have plans to conduct outreach to those with “greatest economic and social needs” (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older persons with disabilities, older persons with limited English, and older individuals residing in rural areas) as specified in the Older Americans Act?**

- Yes  
 No

**55. If yes, please describe your plans. If no, why not?**

The LCAAAIL will provide plans for outreach to target those with “greatest economic and social needs”, 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 through the Aging and Disability Resource Center referrals to programs that may best meet their needs. The effectiveness of outreach is monitored annually where specific questions are addressed in the monitoring tool to evaluate the actions. These include, but are not limited to, the following: the identification of participants in need of services, the provision of information on available services, usage of existing services, prioritization of low-income minority elderly and the provision of a worker with current knowledge of services available. Should a deficiency in the aforementioned areas occur, LCAAAIL staff shall do follow-up monitoring to assure the deficiency has been resolved as swiftly as

possible. Outreach and education also takes place among our Aging Advisory Council as well as county officials who are familiar with the communities within their regions.

**56. How will you measure your progress?**

Client satisfaction surveys, which are completely anonymously, do provide authentic responses which are used to ensure program integrity. Resource or educational events attended (health fairs, etc.) attendee numbers are also monitored.

**57. Do you have plans to increase the visibility of your AAAIL's services?**

- Yes  
 No

**58. If yes, please describe your plans. If no, why not?**

LCAAAIL will be promoted as a regional leader in planning and providing coordination of elderly and disabled service to Kentuckians through media visibility, participation in community meetings and outreach efforts. Media visibility shall be accomplished through web site, newspaper and radio announcements, social media sites, speaking engagements by staff, attending inter-agency meetings and resource brochures outlining elderly services provided by the LCAAAIL will be distributed with the LCAAAIL toll-free number included.

**59. How will you measure your progress?**

Baseline on media visibility of LCAAAIL shall be determined by an increase of information and assistance requests received from the previous year(s).

**XV. Community Opportunities**

**60. How many of the counties in your service area currently have at least one focal point? 10**

**61. What services do focal points/multi-purpose centers typically offer in your region?**

Congregate meals, Home Delivered Meals, Information and Assistance, Preventative Health, Legal Assistance, Transportation, Recreation, Walk with Ease, Bingocize, Nutrition Education, community events for older adults.

**62. Do you have plans to improve or expand senior center/focal point services?**

- Yes  
 No

**63. If yes, please describe your plans. If no, why not?**

Increase the effort to address the mental health awareness and offer an environment of supports and resources (peer support, counseling, companionship program). Virtual health and wellness programs.

**64. How will you measure your progress?**

Client satisfaction surveys. Increased number of client participants. Positive word of mouth response. Client-specific outcomes will be met.

**65. Do you have a community education plan to increase long-term care planning among older adults and individuals with disabilities to remain in their home?**

- Yes
- No

**66. If yes, please describe your plans. If no, why not?**

Our agency contract with a legal aide provider who provides free assistance to older adults in need of support for tasks such as long-term planning. Our SHIP Coordinator also works with older adults to provide Medicare/Medicaid supports. Lake Cumberland's Medicaid waiver program is growing which continues to support older adults/disabled individuals to remain in their own homes and avoid institutionalization. Our AAAIL staff visit our centers frequently to be a familiar face of assistance.

**67. Do you have a plan to improve or expand training for your AAAIL staff or other contracted providers?**

- Yes
- No

**68. If yes, describe your plans. If no, why not? Please describe the current training plan for each program.**

The Lake Cumberland Area Agency on Aging conducts in house orientation for all new employees. Training includes, at a minimum, familiarization with Older Americans Act, AAA Policies and Procedures Manual, specific programmatic SOPs and KAR and LCADD personnel policies. Hands-on orientation will continue until staff can work efficiently and independently (one month +). Additional training for staff is provided directly by the Department for Aging and Independent Living and Office of Dementia Services. Other educational opportunities are offered by the Kentucky Association of Area Agencies on Aging as well as the National Association for Area Agencies on Aging. Other opportunities include the Home and Community Based Services Conference and Administration for Community Living. District Ombudsmen are required to attend Long-Term Ombudsman training as provided by DAIL quarterly.

**69. How will you measure your progress?**

For new employees, it is measured by the successful completion of the probationary period. Job performance reviews are completed at two months, four months and six months of employment as well as annually/as necessary. Annual monitoring of the subcontractor and AAA as required to assure training requirements are met and client-specific outcomes are met.

**XVI. Information and Referral**

**70. Does your agency maintain and staff a separate information and referral line?**

- Yes

No

**71. How does your agency advertise and/or market your information and referral system.**

Written material is available as well as staff speaking engagement opportunities. We are listed in area resource directories and can be found on the elder care locator. We work diligently to ensure our supports and services are made increasingly known in our communities.

**72. If yes: On average, how many intake calls do you handle in a typical month? # 325-375**

**73. Do you assess client satisfaction of the information and referral process?**

Yes

No

**74. Do you have a plan for improving the information and referral process?**

Yes

No

**75. If yes, please describe your plans.**

Additional staff training on updated information and resources available. Continued client satisfaction surveys to evaluate a callers outcome.

**XVII. Financial Management and Fund Development**

**76. Do you have adequate funding to meet your community's needs?**

Yes

No

**77. What needs are difficult to meet with current funding levels?**

Home repair and modification are voiced needs that often exceed the funding to assist or exceed program limitations. As noted, the OAHMP HUD grant that LCAAAIL/ADD was awarded will assist eligible older adults with these needs for the three year performance period, but can end. Transportation services are also underfunded and with limited available providers.

**78. Provide an explanation of how program income, fees, donations as well as other resources (i.e. local fund grants) will be collected and used to expand services.**

Grant-funded opportunities continue to be sought. Program-income, fees and donations are collected and reported regularly via invoicing as they relate to specific programs. Fundraisers are occasionally conducted. Donations are graciously accepted.

**79. Do you have a plan for increasing the financial resources available to your agency?**

Yes

No

**80. If yes, please describe your plans.**

Our Medicaid waiver program is capable of providing additional funding. Our Kentucky Council of Area Development Districts also houses a staff member who assists in locating funding/service opportunities for the state's AAAILs.

**81. Are financial reports shared with the aging council and board members?**

- Yes  
 No

**82. How do you provide for equitable allocations of funds for programs and services within the planning and services area? Summary must include the AAAIL allocation process approved by the regional Council on Aging and ADD Board. The most recent census data available must be used for determining the distribution of funds.**

We allocate program funds to each contracted provider based on the funding formula utilized by CHFS/DAIL. We capture census data for each of our 10 counties to determine the population of over age 60, rural, low-income, and low-income minority. We present the allocation breakdown of each program by county to our Aging Advisory Council and our LCADD Executive Board for approval.

**83. How does your agency assure that all funds are expended?**

We track spending per program per month. When line item adjustments are warranted and approved, funds are reallocated to best fit the needs of individuals receiving these services.

**84. How does your agency assure the operation of a program in the absence of funding due to over-expending of program dollars or inadequate budgeting during the program year?**

It is the desire of LCAAAIL that this circumstance does not occur and every effort is placed to monitor allocated funds closely and responsibly.

**85. If funds are not expended, what does your agency do with the remaining funds?**

The Department of Aging and Independent Living is notified in this event. Unexpended funds can often be used by sister agencies who may be experiencing a shortfall.

## **XVIII. PROGRAM SITE MONITORING**

**86. Please describe your in-house evaluation, desktop and on-site monitoring process of all direct and contract programs for compliance with state and federal guidelines. (Copies shall be made available during onsite monitoring)**

We monitor financials monthly and address issues at that time. Program coordinators and the Director of LCAAAIL are responsible for specific program monitoring of each program. LCAAAIL is responsible for monitoring each contracted provider. Desktop monitoring does occur for OAA programs utilizing the SAMS database. Service provider locations are visited and monitored for program compliance. Any deficiencies found are noted in our monitoring letter to the provider. The provider is given a specific timeframe to have those deficiencies corrected. We utilize a specific monitoring tool for each program that captures all areas CHFS/DAIL monitors the AAA on. For

programs provided in-house, the AAA Director meets with the program coordinator monthly/as necessary to review operations and ensure Policy and Procedures are being adhered to.

**87. Please describe any other methods to your evaluation and monitoring process.**

LCAAAIL communicates regularly with contracted providers to discuss program status. Any areas of concern are handled immediately and efficiently.

**XIX. GOALS**

**Goals are visionary statements that describes the strategic direction in which the region is moving while objectives are the attainable, specific and measurable steps the region will achieve its goal. A well-written goal summary can aid the region in educating the public, lawmakers and other agencies of the operation of programs and services of the agency. Please provide a narrative for how the region will meet the goals listed below**

**Goal 1.** Provide long-term services and supports that enable older Kentuckians, their families, caregivers, and persons with disabilities to fully engage and participate in their communities.

The Lake Cumberland Area Agency on Aging and Independent Living will efficiently, and with great care, provide for the needs of our area's older adults and disabled individuals and will do so with great respect. Our staff will continue to tirelessly work and advocate for individuals in need of available services and supports. LCAAAIL looks forward to initiating new and exciting program ideas to promote the health and well-being of our district's older and/or disabled population.

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

Our ADRC provides the initial contact for most individuals. LCAAAIL will continue to ensure that each call is responded to timely and efficiently. It is at this time that the person-centered approach is both discussed and implemented.

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

LCAAAIL will continue to work closely with the the Kentucky Council of Area Development District staff member whose main responsibility is to seek business agreements with private entities for

programming outside what is currently funded by state and/or federal funds. Our goal is to sustain existing programs but also supplement with additional services and funds.

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

LCAAAIL staff are trained on the prevention of fraud, abuse, neglect and exploitation. We are committed to adhere to all reporting requirements. Our Elder Abuse Council meets regularly to specifically address this very important issue. Our LTC Ombudsman visits our senior centers and regularly speaks to participants regarding fraud, abuse, neglect and exploitation. Inter-agency meetings are attended by staff in which APS/CPS and law enforcement are present. We participate in the World Elder Abuse Awareness Day annually.

**Goal 5.** Ensure continuous quality improvement principles to ensure the Area Agency on Aging and Independent Living operates efficiently and effectively.

Client satisfaction surveys are vital to glean information to better provide for our communities. Staff meetings are essential to discuss any deficiencies and put into place correction actions. Communication is vital among all staff as well as contracted providers to ensure that quality care remains the standard.

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

LCAAAIL does not discriminate based on social, cultural, racial or geographical barriers. All individuals who contact our ADRC for supports provided the same intake questions as required on the state regulated tool which allows for fair assessment of needs and services.

## **XX. Kentucky's Outcome and Performance Measures 2023-2025**

*Instructions: Develop objectives for each goal listed below. Do not limit yourself to the space provided. Provide the strategies for meeting the objectives as well.*

### **GOAL 1: Provide long-term services and supports that enable older Kentuckians, their families, caregivers, and person with disabilities to fully engage and participate in their communities.**

Objective

Efficiently, and with great care, provide for the needs of our area's older adults and disabled individuals and will do so with great respect.

Objective

Ensure staff are appropriately trained and equipped to provide appropriate available supports to the area's older adults and disabled population.

Strategies

Additional training specific to the identified needs in the Lake Cumberland area. Continued and increased outreach with other community-based organizations as well as providers and vendors who serve older adults and disabled individuals.

|   |                                 |
|---|---------------------------------|
| Person and entity responsible for completion<br>Susan Taylor, Director – Lake Cumberland Area Agency on Aging and Independent Living; LCAAAIL Staff | Date<br>In process and ongoing. |
|---|---------------------------------|

|   |                                 |
|---|---------------------------------|
| <b>GOAL 2: Ensure older Kentuckians, persons with disabilities, caregivers and families have access to person-centered planning and options counseling for their long-term services and supports.</b> |                                 |
| Objective<br>The person-centered approach will begin with ADRC.   |                                 |
| Objective<br>The person-centered approach will be continued during intake, the referral process and with service delivery.  |                                 |
| Strategies<br>Continued training regarding options counseling and the person-centered approach. Monitoring will include assuring that the person-centered options are discussed and encouraged.       |                                 |
| Person and entity responsible for completion<br>Susan Taylor, Director – Lake Cumberland Area Agency on Aging and Independent Living; LCAAAIL Staff   | Date<br>In process and ongoing. |

|  |                                 |
|--|---------------------------------|
| <b>GOAL 3: Increase the development and implementation of business-related strategies that promote innovation, collaboration, and sustainability of aging and disability network partners.</b> |                                 |
| Objective<br>Sustain existing programs but also supplement with additional services and funds.   |                                 |
| Objective<br>Work closely with KCADD staff to identify potential business agreements with private entities for programming outside what is currently funded by state and/or federal funds.     |                                 |
| Strategies<br>Efficient and responsible implementation of currently funded services with the addition of other funded supports identified as needs in our 10 county area.                      |                                 |
| Person and entity responsible for completion<br>Susan Taylor, Director – Lake Cumberland Area Agency on Aging and Independent Living; LCAAAIL Staff  | Date<br>In process and ongoing. |

|  |  |
|--|--|
| <b>GOAL 4: Prevent abuse, neglect, and exploitation while protecting the rights of older Kentuckians and persons with disabilities.</b>  |  |
| Objective<br>Adhere to all reporting requirements – be aware and observant.  |  |
| Objective<br>Continue education and outreach efforts in the community related to prevention of elder abuse, neglect and exploitation of our older adults and disabled individuals. |  |

|   |                         |
|---|-------------------------|
| Strategies  |                         |
| Provide training/education to our staff and service providers annually on Abuse, Neglect and Exploitation Prevention. Continued support of Elder Abuse Council. Continued participation in World Elder Abuse Awareness Day. |                         |
| Person and entity responsible for completion  | Date                    |
| Susan Taylor, Director – Lake Cumberland Area Agency on Aging and Independent Living; LCAAAIL Staff   | In process and ongoing. |

|   |                         |
|---|-------------------------|
| <b>GOAL 5: Ensure continuous quality improvement principles to ensure the Area Agency on Aging and Independent Living operates efficiently and effectively.</b>   |                         |
| Objective   |                         |
| Utilize client satisfaction surveys as a metric for success.  |                         |
| Objective   |                         |
| Timely and efficiently address dissatisfaction and other concerns expressed by clients/participants, staff, other older adults and persons with disabilities as well as the governing Board of Directors. |                         |
| Strategies  |                         |
| Monitor ADRC call volume and trends, including any complaints or concerns. Continually monitor client satisfaction surveys and mitigate negative responses.   |                         |
| Person and entity responsible for completion  | Date                    |
| Susan Taylor, Director – Lake Cumberland Area Agency on Aging and Independent Living; LCAAAIL Staff   | In process and ongoing. |

|   |      |
|---|------|
| <b>GOAL 6: Ensure that all Kentucky elders and individuals with disabilities have equitable access to services regardless of any social, cultural, or geographic barriers.</b>  |      |
| Objective   |      |
| Ensure that equitable access is available to all eligible services without discrimination based on social, cultural, racial or geographical barriers.   |      |
| Objective   |      |
| Ensure that contracted providers provide equitable access to services without discrimination based on social, cultural, racial or geographical barriers.  |      |
| Strategies  |      |
| All LCAAAIL staff area trained to clients/participants with equality, dignity and respect. Continued training on cultural competency and diversity. ADRC staff will utilized standard intake forms to ensure that each individual is equitably assessed for support and services. |      |
| Person and entity responsible for completion  | Date |

## XXI. PERFORMANCE PLAN FORMS

**These are the Performance Plan Forms that are referenced in the instructions. Please find them in the attachment marked forms. They are as follows:**

**Form A – Area Agency on Aging and Independent Living Advisory Council Membership**

**Form B – Area Agency on Aging Independent Living Administration Staffing Plan**

**Form C – Area Agency on Aging Independent Living Direct Staffing Plan**

**Form D – Provider Direct Staffing Plan**

**Form E – Case Managers**

**Form F – SHIP Counselor Locations**

**Form G – SHIP Counselor Details**

**Form H– Ombudsman Advisory Council Membership**

**Form I – Provider Site List**

## XXII. WAIVER & SPECIAL PROGRAM APPROVALS

### A. DIRECT SERVICE WAIVER REQUEST FOR THE PERIOD OF THE PLAN

*Instructions: In accordance with Section 316 of the Older Americans Act (Chapter 35, 42 U.S.C. 3030c-3) Area Agencies on Aging will submit all of the required items listed below to the Department for Aging and Independent Living when initially requesting to provide a service directly. Contact the appropriate Programs Field Representative for more information.*

#### **Statement of Request – One request for each service.**

FY-20 Lake Cumberland AAAIL is requesting a waiver to operate the Nutrition Program directly. The LCAAAIL has been successfully operating the program for 10+ plus years and after formal advertisements in a regional newspaper, there were no providers interested to fulfill the procurement requirements. The LCAAAIL feels we have made a “good faith” effort in this respect.

Lake Cumberland AAAIL in the process of procuring a subcontractor for Title III C2 services and Homecare HDMs.

#### **Actions taken prior to determination of direct service provisions**

- **Names of potential providers contacted, their responses, and**
- **Names of newspapers and documentation of announcement of the availability of funds.**

A Request for information (RFI) was advertised in the Commonwealth Journal on 12/23/2021, 12/30/21 and 1/6/22 for a Nutrition Provider; notice for Title III C1 and notice for Title III C2 and Homecare HDMs. There were no calls or requests to provide Title III C1 services received in our office. LCADD will remain the provider. There were four interest responses to the Title III C2/Homecare HDM notice. Only two of them completed the RFI process. At this time, the Aging Advisory Council will be reviewing the two responses for Title III C2/Homecare HDMs services. The selected and approved Title III C2/Homecare HDMs provider should begin service with the new fiscal year, FY 2023.

**Scope of Work – One scope of work completed for each service.**

LCAAAIL will continue to provide Title III C1 services, to include management of the 10 county senior centers and central kitchen. Congregate meals will be prepared at the central kitchen. Home-delivered meals will continue to be prepared by the central kitchen until which time a new provider is selected, approved and contracted for following FYs.

**Budget Justification – One budget justification for each service. Explain how AAAIL determined final unit cost.**

Meals in the Lake Cumberland Area are based upon cost reimbursement analysis. This would include the cost of ready-to-serve meals and delivery costs.

*\*Scope of work must be detailed further in the Area Plan, service section. Budgets must be detailed in plan budget section.  
Note: Additional information and/or documentation may be required by the State Agency.*

**B. PROGRAM APPROVAL/EXCEPTION REQUESTS FOR THE PERIOD OF THE PLAN**

**Special Program Approval**

**A request is required that includes justification for special program approval.**

N/A

**Exception Requests (includes meals served less than 5 days per week and non-traditional meals requests)**

**A request for an exception of service is required. Exceptions are granted only on a temporary basis. Justification along with a plan and timeline for meeting program compliance is required.**

The Lake Cumberland Area requests an exception allowing the continued utilization of frozen meals as a part of our home delivered nutrition services (until which time procurement ends a Title III C2 and Homecare HDM provider is selected and with executed contract). Due to the rural nature of our area adding frozen meals as a supplement to traditional meals allows us to serve a higher volume of participants.

Frozen meals meet the nutritional needs of the participants in the Lake Cumberland Area. Research gathered from home delivered meal participants in our area has shown that our home meals promote a healthy lifestyle; are visually appetizing; and satisfy their taste preferences. When ninety home delivered participants were surveyed this year; 90% said they were often or always satisfied with the taste of their meal, and 100% reported they were satisfied with their home delivered meal services.

Frozen meals are currently being utilized as a supplement to traditional meals and would only be used when the participant has expressed a preference for frozen meals or lives off an established route. The participant receiving frozen meals must also have proper storage and heating facilities available in the home; and be able to prepare and consume the meal alone or have available assistance. These requirements are assessed regularly during food delivery and in home assessment to ensure that the frozen meal meets the participant's needs.

**XXII. PROVIDER APPROVALS**

**List of Contracts with a Profit Making Organization**

**Instructions:** List of contracts with profit making organizations and approval request - A new approval is required for all contracts with profit making organizations for a new multi-year area plan. Only submit one sample of a CONTRACT unless there are significantly different requirements between contracts.

The form below shall be used to list all of the for-profit contractors with information under each contractor containing:

- Name and address of each for-profit service provider
- Service to be provided by provider
- The unit of service to be provided
- Total amount per unit of service not to exceed a certain amount per contract period

**Complete the list of contracts with any Profit Making Organization.**

*Important Note: Any and all contractual relationships with a Profit Making Organization requires DAIL prior approval not less than thirty (30) days prior to signing of contract by the area agency and service provider. This includes contracts obtained through an NLE. You need to send a facsimile of your contract with a profit-making organization for prior approval for any and all contractual relationships.*

| <b>List of Contracts with Profit Making Organization(s) &amp; Approval Request</b> |  |   |                                 |
|--|--|---|---------------------------------|
| <b>Name &amp; Address<br/>For-Profit Services Provider</b>                         | <b>Services to be provided</b>                                       | <b>Unit of Service to be<br/>provided</b> | <b>Cost/Unit of<br/>Service</b> |
| Lifeline Homecare, Inc<br>PO Box 429<br>Somerset KY 42502                          | Homemaking, Personal<br>Care, Chore, Escort,<br>Respite, Home Repair | 30 min = 1 unit                           | \$14.62                         |
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## **XXIV. ASSURANCES**

- 1. Each Area Agency on Aging and Independent Living shall assure that case management services under Title III of the OAA will not duplicate case management services through other federal and state-funded programs and will include in its annual plan the coordination of case management services between programs.**
- 2. Each Area Agency on Aging and Independent Living shall provide for adequate and qualified staff for service provisions.**
- 3. Each Area Agency on Aging and Independent Living assures that the Area Agency on Aging and Independent Living and Independent Living and its services provider staff are trained as required for their job functions.**
- 4. Each Area Agency on Aging and Independent Living and Independent Living shall assure that there is an integrated regional client management data system.**
- 5. Each Area Agency on Aging and Independent Living shall encourage local cities and towns to plan for the growing aging populations and needs.**
- 6. In accordance Sec. 306(a) of the Older Americans Act, each Area Agency on Aging and Independent Living shall assure 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 and 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:**
  - (a) Services associated with access to services transportation, health services (including mental health services)**
  - (b) 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 public supported programs for which the consumer may be eligible**
  - (c) Case management services**
  - (d) 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**
  - (e) Legal assistance.**
- 7. Each Area Agency on Aging and Independent Living shall assure that it will establish 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.**
- 8. Each Area Agency on Aging and Independent Living shall assure that it will develop proposed methods to achieve the objectives described in Section 306(1), paragraph (4)(a)(i), clause I as follows:**
  - (a) 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;**
  - (b) 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;**
  - (c) Include the proposed methods to achieve the objectives described in Section 306(a), paragraph (4)(a)(i), clause (I)**
- 9. Each Area Agency on Aging and Independent Living shall provide information to extent to it meets the following objectives:**
  - (a) Establishes 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;**

**(b) Includes specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.**

- 10. Each Area Agency on Aging and Independent Living shall assure that it will conduct outreach efforts that identify individuals eligible for assistance under this Act, with special emphasis on-older individuals residing in rural areas and older individuals with greatest social and economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English proficiency; older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to above and the caretakers of such individuals, and older individuals at risk for institutional placements of the availability of such assistance.**
- 11. Each Area Agency on Aging and Independent Living shall assure 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.**
- 12. Each Area Agency on Aging and Independent Living shall assure that it 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.**
- 13. Each Area Agency on Aging and Independent Living shall assure that in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), it will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2001 in carrying out such a program under this Title.**
- 14. Each Area Agency on Aging and Independent Living shall provide information and assurances concerning services to older individuals who are older Native Americans including-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 and Independent Living will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title; an assurance that the Area Agency on Aging and Independent Living will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and an assurance that the Area Agency on Aging and Independent Living 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.**
- 15. Each Area Agency on Aging and Independent Living shall provide assurances that the Area Agency on Aging and Independent Living will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.**
- 16. Each Area Agency on Aging and Independent Living shall provide assurances that the Area Agency on Aging and Independent Living will disclose to the Assistant Secretary and the State agency --the identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and the nature of such contract or such relationship.**
- 17. Each Area Agency on Aging and Independent Living shall provide assurance that the AAAIL 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.**
- 18. Each Area Agency on Aging and Independent Living shall provide assurances that the AAAIL 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.**
- 19. Each Area Agency on Aging and Independent Living shall provide assurances that the AAAIL 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.**
- 20. Each Area Agency on Aging and Independent Living shall provide assurances that preference in receiving services under this Title III of the Older Americans Act will not be given by the Area Agency on Aging and**

**Independent Living to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this subchapter.**

- 21. Each Area Agency on Aging and Independent Living shall provide assurances that funds received under this Title will be used; to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph Section 306(a)(4)(A)(i); and in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in section 212 of the Older Americans Act.**
- 22. Each Area Agency on Aging and Independent Living shall provide for a legal representation/advise in accordance with Chapter 4, Section 731 of OAA (Chapter 35, 42 U.S.S. 3058j) including a listing of the types of cases that will be accepted through this program.**
- 23. Each Area Agency on Aging and Independent Living shall assure that its legal assistance provider will identify and serve those who are homebound by reason of illness, incapacity, disability or otherwise isolated.**
- 24. Each Area Agency on Aging and Independent Living and independent living shall provide assurances that the legal assistance provider will make referrals and maintain an individual referral list for clients who request services but are not served.**
- 25. Each Area Agency on Aging and Independent Living shall implement and oversee a community Elder Abuse Prevention program in accordance with Chapter 3, Section 721 of OAA (Chapter 35, 42 U.S.C. 3058i) for the prevention of elder abuse including neglect and exploitation. The program shall coordinate with LTC Ombudsman, senior centers, long term care facilities, judicial, law enforcement and other community agencies.**
- 26. Each Area Agency on Aging and Independent Living shall develop programs, services and initiatives that support a comprehensive coordinated system of care for older Kentuckians.**
- 27. Each Area Agency on Aging and Independent Living shall facilitate the coordination of community-based, long-term care services designed to enable older individuals to remain in their homes.**
- 28. Each Area Agency on Aging and Independent Living shall maintain a plan for the development and administration of regional ADRC and coordinate information and access to regional services.**
- 29. Each Area Agency on Aging and Independent Living shall provide assurance that if entering into an agreement with a profitmaking organization for the provision of services not otherwise receiving services under the OAA shall follow all provisions listed in Section 212 of the Older Americans Act.**
- 30. Each Area Agency on Aging and Independent Living shall plan for the development of consumer directed options to expand service delivery and coordination with other service delivery.**
- 31. Each Area Agency on Aging and Independent Living shall assure Title III-B Supportive Services will be delivered in the District in accordance with Section 321 of the OAA, as amended.**
- 32. Each Area Agency on Aging and Independent Living shall assure service providers have an adequate process for referral, service scheduling, and an internal evaluation system to ensure quality services are provided.**
- 33. Each Area Agency on Aging and Independent Living and independent living shall provide assurances for coordination of services described in Section 321 (a) of the OAA with other community agencies and voluntary organizations providing the same services, including agencies that carry out intergenerational programs or projects.**
- 34. Each Area Agency on Aging and Independent Living shall implement services in accordance with 910 KAR 1: 180 for the provision Homecare services to be delivered in the District.**
- 35. Each Area Agency on Aging and Independent Living shall provide a process used to ensure the Homecare program coordinate services for individuals with other publicly funded community long-term living services.**
- 36. Each Area Agency on Aging and Independent Living shall implement services in accordance with 910 KAR 1:160 for the provision of Adult Day Care and Alzheimer's respite services.**

37. Each Area Agency on Aging and Independent Living receiving funds to implement Personal Care Assistance Program (PCAP) in the district, shall provide for the implementation and oversight of the PCAP program and its provisions according to 910 KAR 1:090
38. Each Area Agency on Aging and Independent Living shall provide a plan for the provision of SHIP services which includes those provided by Title III-B Legal Services and ACL funds.
39. Each Area Agency on Aging and Independent Living shall provide for locally accessible counseling to individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
40. Each Area Agency on Aging and Independent Living assure that the SHIP program will target outreach in order to address access to counseling for low-income, dual-eligible, and hard-to-reach populations.
41. Each Area Agency on Aging and Independent Living enhance the counselor work force including the recruitment and training of counselors and volunteers and shall ensure that all SHIP counseling sites have access to a computer with Internet access and are registered on the SHIP NPR website: [www.shipnpr.acl.gov](http://www.shipnpr.acl.gov).
42. Each Area Agency on Aging and Independent Living ensure participation in SHIP education and communication activities, thus enhancing communication to assure that SHIP counselors are equipped to respond to counseling needs and that the regional coordinator will disseminate information as needed and conduct quarterly meetings with SHIP staff and volunteers.
43. Each Area Agency on Aging and Independent Living provide for the implementation and management of Title III C-1 (Congregate) Services and maintain a plan for back up food preparation sites and nutrition sites.
44. Each Area Agency on Aging and Independent Living shall provide for the implementation and management of Title III C-2 (Home-Delivered Meal) Services, including an emergency plan for back up food preparation sites and nutrition sites.
45. Each Area Agency on Aging and Independent Living shall provide nutritionally balanced meals that comply with the most recent Dietary Guidelines, published by the Secretary of Health and Human Services and the Secretary of Agriculture, and Dietary Reference Intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences for meals funded through Title III-C Nutrition Services Program.
46. Each Area Agency on Aging and Independent Living shall provide for nutritional screening, nutrition education, and where appropriate nutrition counseling.
47. Each Area Agency on Aging and Independent Living shall comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual.
48. Each Area Agency on Aging and Independent Living shall implement a plan for furnishing emergency meals during inclement weather conditions, power failure, any disaster that may cause isolation, medical emergencies, or those with a special need. At least three menus that meet the nutritional requirements of the program shall be planned.
49. Each Area Agency on Aging and Independent Living shall provide for Title III D services as outlined in Sections 361 & 362 of OAA (Chapter 35, 42 U.S.C. 3030M), by providing integrated health promotion and disease prevention programs to older adults that are evidence-based as defined by the ACL to promote healthy lifestyles and behaviors.
50. Each Area Agency on Aging and Independent Living provide or arrange for medication management programs in accordance to Title III D, including activities to screen to prevent drug reactions and incorrect prescriptions.
51. Each Area Agency on Aging and Independent Living provide for a healthy aging initiative, including coordination with state health and wellness programs and senior games.
52. Each Area Agency on Aging and Independent Living coordinate the recruitment, supervision, retention, recognition and training of volunteers, including senior centers, long term care ombudsman and SHIP (benefits counseling) volunteers within Area Agency on Aging and Independent Living programs.

53. Each Area Agency on Aging and Independent Living assist with and coordinate activities to encourage opportunities for older persons to stay active and involved through community volunteerism.
54. Each Area Agency on Aging and Independent Living provide for support of caregivers through regional programs that provide information, assistance accessing resources, training, respite, counseling, support groups and other services provided in National Family Caregiver Support Program in accordance with Section 373 of OAA (Chapter 35, 42 U.S.C. 3030s-1.
55. Each Area Agency on Aging and Independent Living shall provide for support of grandparents/relative caregiver through regional programs that provide information, assistance accessing resources, training, respite, counseling, support groups and other services provided in National Family Caregiver Support Program and Kentucky Caregiver Support Program.
56. Each Area Agency on Aging and Independent Living shall inform the public, including policy makers, about the challenges the elderly face when disability changes their lives. Maintain an AAAIL Advisory Council consisting of older individuals, including older rural and minority who are participants or who are eligible for programs assisted under OAA.
57. Each Area Agency on Aging and Independent Living shall provide for coordination and delivery of Title III services to residents of long-term care facilities including community based services which residents may access, when other public resources are not available to provide such services.
58. Each Area Agency on Aging and Independent Living provide community awareness regarding the needs of residents of long-term care facilities.
59. Each Area Agency on Aging and Independent Living shall provide for a formal process to receive/identify, investigate and resolve inquiries and complaints that are made by or on behalf of residents of licensed Long Term Care facilities.
60. Each Area Agency on Aging and Independent Living shall maintain a management system which ensures accountability of the district office to respond to the resident's needs including certified back-up in absence of the District Long Term Care Ombudsman.
61. Each Area Agency on Aging and Independent Living provide to the general public, potential residents of long-term care facilities and facility residents information and education regarding: The LTC Ombudsman Program, navigating the long-term care system, Residents' Rights in Long-Term Care facilities.
62. Each Area Agency on Aging and Independent Living shall utilize the state-provided system to document information on complaints and conditions in long-term care facilities; maintaining confidentiality and prohibiting disclosure of identity of any complainant or resident, except as allowed under 42 U.S.C. 3058g (5)(D)(iii). Submit quarterly, annual and special reports as required by the State Long Term Care Ombudsman and DAIL.
63. Each Area Agency on Aging and Independent Living shall provide for adequate legal counsel, without conflicts of interest, to provide advice and consultations for the protection of health, safety, and welfare of residents, and support the district LTC Ombudsman by representing older adults as provided under the Act for legal representation.
64. Each Area Agency on Aging and Independent Living 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.
65. Each Area Agency on Aging and Independent Living shall provide assurances to provide for a District LTC Ombudsman Advisory Council in accordance with state requirements.
66. Each Area Agency on Aging and Independent Living provide for the support of the District LTC Ombudsman program with state funds (CMP) as well as with funds from the federal Title VII Ombudsman and Elder Abuse Prevention program.
67. Each Area Agency on Aging and Independent Living provide for the expansion of the District LTC Ombudsman program as additional funding is provided.

68. Each Area Agency on Aging and Independent Living make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing services offered through the AAAIL. As appropriate and possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.
69. Each Area Agency on Aging and Independent Living shall coordinate with the state, local and/or regional public mental health services agency to: 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 and Independent Living with mental health services provided by community health centers and by other public agencies and local mental health organizations to facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings. Coordination shall be conducted in a manner that is responsive to the needs and preferences of older individuals and their family caregivers, by: collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care. In coordination with local mental health entities, continuously analyze and recommend strategies as needed to modify the local system of long-term care to better: respond to the needs and preferences of older individuals and family caregivers; facilitate the provision, by service providers, of long-term care in home and community-based settings.
70. Target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings; implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and providing for the availability and distribution of public education programs provided through the Aging and Disability Resource Center, the Area Agency on Aging and Independent Living, and other appropriate means relating to: the need to make individual improvements in daily health and wellness habits; plan in advance for long-term care; and (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.
71. Each Area Agency on Aging and Independent Living shall provide assurances that funds received will be used: to provide benefits and services to older individuals, giving priority to older individuals with greatest economic need, older individuals with greatest social need and older individuals at risk for institutional placement, low income minority older individuals, older individuals with limited English proficiency, and older individual residing in rural areas; and in compliance with the assurances Section 306(a)(13) and the limitations specified in Section 212.
72. Each Area Agency on Aging and Independent Living will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.
73. Each Area Agency on Aging and Independent Living shall include in the area plan statistical data indicating projected changes in the number of older individuals residing in the AAAIL over the next 10-year period, the impact of changes in population to older individuals and the AAAIL's services, statistical data regarding projected changes in minority, low-income, number of older rural individuals and other target populations over the next 10-year period for which data is available. Further, the AAAIL shall provide an overview of an analysis regarding how programs, policies, resources and services can be adjusted to meet the needs of the changing population of older individuals in the planning and service area, particularly supportive services to address the change in the number of individuals age 85 and older in the planning and service.
74. Each Area Agency on Aging and Independent Living shall provide services in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the AAAIL to build the capacity in the planning and service area to meet the needs of older individuals for: health and human services; land use; housing; transportation; public safety; workforce and economic development; recreation; education; civic engagement; emergency preparedness; and any other service as determined by the AAAIL in coordination with public officials.
75. Each Area Agency on Aging and Independent Living shall provide, to the extent feasible, the provision of services under the Older Americans Act and Kentucky Administrative Regulations consistent with self-directed care.