



Regional Plans on Aging

Department for Aging and Independent Living

Fiscal Years 2020-2021

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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 2015-2017 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 VI (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 29, 2019.

Format: Text should be entered into the PDF file, using the most updated version of Adobe Reader currently available. This PDF file features the functionality to save the data you enter into the area plan.

Number of Copies: Submit a copy of this area plan electronically to DAIL.Aging@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?

Mission

The mission of Lake Cumberland Area Agency on Aging and Independent Living (LCAAAIL) is the promotion, planning and coordination of person-centered services to be available for all older adults, caregivers, family members, grandparents, persons with disabilities and the general community to improve their health, safety and overall well-being for the promotion of healthy aging, wellness and prevention.

Vision

The Lake Cumberland Area Agency on Aging and Independent Living (LCAAAIL) will be a leader in our communities as a resource center that coordinates, plans and implements a comprehensive system of care and support from the initial call for help for older citizens, caregivers, family members, grandparents, persons with disabilities, facilitating their ability to live in the environment of their choice; and will foster and embrace environments and practices that promote healthy aging, wellness and prevention.

Lake Cumberland Area Development District (LCADD) has been designated the Area Agency on Aging and Independent Living in accordance with the regulations set forth in Title III of the Older Americans Act of 1965, as amended. Lake Cumberland Area Agency on Aging and Independent Living (LCAAAIL) is responsible for administration of federal and state funded programs for the elderly, caregivers, family members, grandparents, persons with disabilities and the general community in the Kentucky counties of Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne which comprise the LCAAAIL service area.

The Older Americans Act, Section 301. (a)(1), states, "...the purpose of this title is to encourage and assist State agencies and Area Agencies on Aging to concentrate resources in order to develop greater capacity and foster development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements...for the planning, and for the provision of, supportive services, and multipurpose senior centers." Likewise, DAIL allocates State General funds to assure a comprehensive, coordinated system of care is available and accessible throughout the Commonwealth to older adults, caregivers, family members, grandparents, persons with disabilities and the general community. This network of

services is intended to facilitate and individual's ability to secure and maintain maximum independence and dignity in a home environment with appropriate supportive services; remove individual and social barriers to economic and personal independence; provide a continuum of care for vulnerable persons with disabilities and older individuals; and secure the opportunity for persons with disabilities and older individuals to receive managed in-home and community-based long-term care services. Thus, services are implemented through cooperative and collaborative efforts with state and local governments, communities, and other entities interested in assuring the people residing in their communities are able to access quality services and are able to live healthy, independent and secure lives as long as they can in the environments of their choice. This collaborative effort is met through a variety of means including but not limited to a variety of funding sources, donations, in-kind support, staffing support and volunteers. The goal is to create, maintain and continuously develop a strong network of programs and services that will enrich our communities in a variety of ways.

LCAAAIL intends to facilitate the continued development of this network of programs, services and activities by supporting the provision of Supportive Services, Homecare, Community Services and Supports funded through the Older Americans Act and State General Funds, Participant Directed Services, Veteran Directed Services, State Health Insurance Program, the Long-Term Care Ombudsman Program, Family Caregiver Program, Health Promotion and Disease Prevention services, Nutrition Program for the elderly, functions of Senior centers in addition to continuing an Aging and Disability Resource Center. LCAAAIL will seek additional grant opportunities and as awarded, will become prepared to implement for the expansion or addition of services for eligible seniors, Medicare beneficiaries, persons with disabilities, and caregivers.

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

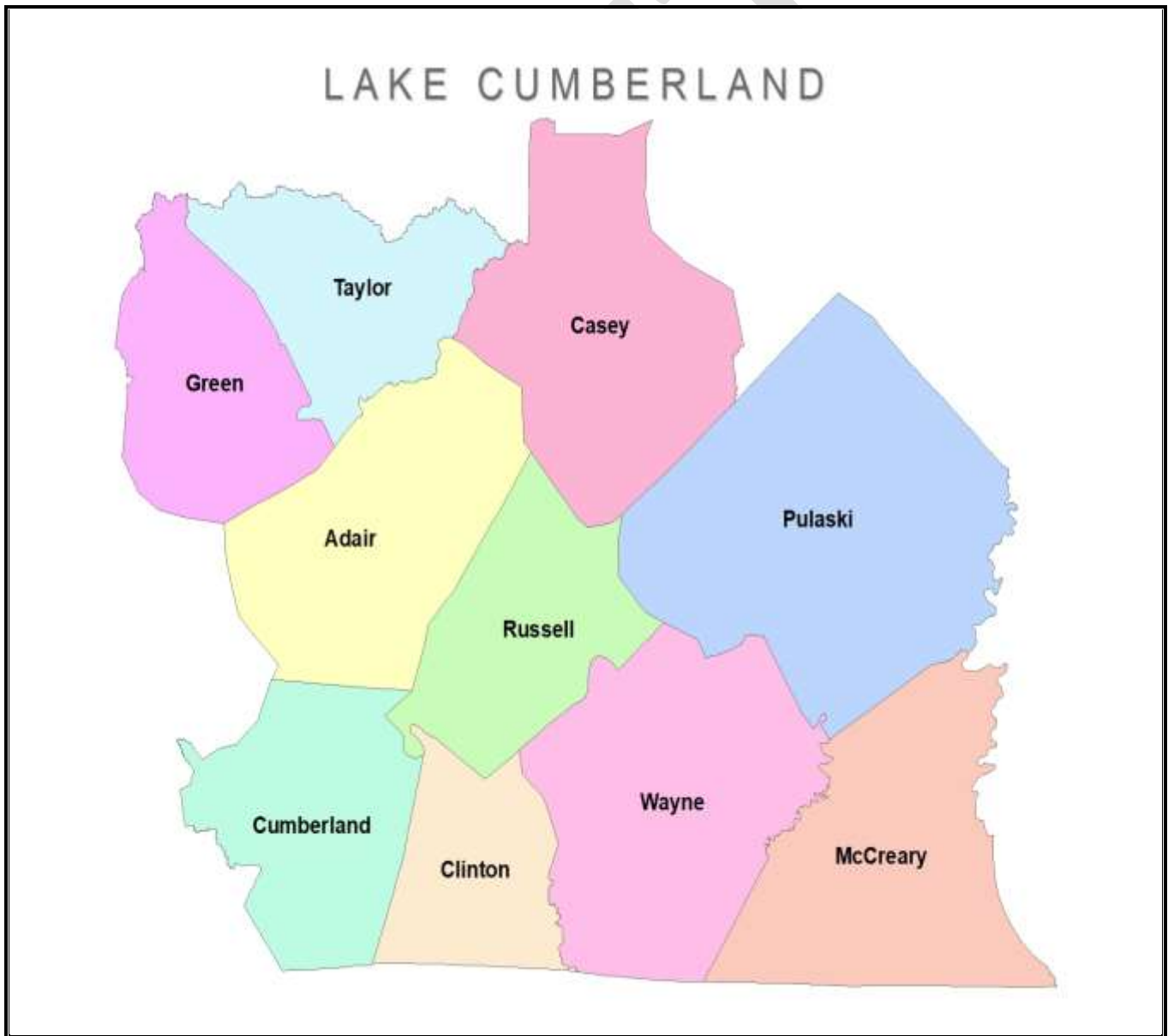
The Lake Cumberland Area Development District is multi-county (10) which includes: Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne counties. LCADD is a planning agency charged by statute with providing various planning and administrative duties. In the early 1970's Lake Cumberland Area Agency on Aging was created, within the coterminous boundaries of Lake Cumberland Area Development District and 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 mostly rural areas with the Lake area being the main recreational attraction.

II. Service Area

3. 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.

The Lake Cumberland AAAIL is bordered by Barren River AAA to the West and Cumberland Valley AAA to the east and is comprised of the following counties: Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne

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/

Year for which data is current: 2017

Information
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%
c. Percent 60+ who are low income (poverty rates as provided by HHS)	<input type="checkbox"/>	17.7%
d. Percent 60+ who are minority	<input type="checkbox"/>	4%
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"/>	42.2%
g. Percent 60+ with limited English proficiency	<input type="checkbox"/>	1.5%
h. Percent 60+ with Alzheimer's Disease or related dementia	<input type="checkbox"/>	11%
i. Percent 60+ isolated or living alone	<input type="checkbox"/>	41.6%
j. Percent of grandparents or older relative raising a child under 18	<input type="checkbox"/>	2.2%

*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	36%
b. State government grants/contracts	42%
c. Local government grants/contracts	
d. Foundation grants/contracts	
e. Corporate grants/contracts	
f. Direct mail fundraising	
g. Fundraising events	
h. Individual contributions	1%
i. Fees for services	1%
j. Other (Specify: <u>In-Kind</u>)	20%
k. Other (Specify: <input type="checkbox"/>)	
Total.....	100%

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

Name of Source		Value (\$ amount) for current fiscal year FY18
A	Ombudsman State	\$ 39,993.00
B	Elder Abuse	\$ 6,106.94
C	National Family Caregiver	\$ 191,071.95
D	Title VII Ombudsman	\$ 7,867.00
E	ADRC	\$ 14,112.00
F	NSIP	\$76373.00
G	ACA MIPPA SHIP	\$ 17131.00
H	ACA MIPPA AAA	\$9632.00
I	ACA MIPPA ADRC	\$ 4563.00
J	Kentucky Caregiver Support Program	\$94330.00
K	PDS	\$ 650261.05
L	CMS- SHI	\$ 32698.00
M	Title III- B Ombudsman	\$ 17798.02
N	Home Delivered Meals (Title III & Homecare)	\$ 408837.49
O	Congregate Meals	\$ 397723.00
P	Homecare (Homemaking & Personal Care, Chore, Escort, Supplies, Home Repair & Respite)	\$ 456111.00
Q	Legal Assistance	\$[11765].00
R	Transportation	\$203599.65
S	Information and Referral (Title III and Homecare)	\$122852.72
T	Case Management (Title III and Homecare)	\$ 235000.00

U	Recreation	\$ 111661 .00
V	Title III B (Personal Care, Respite, Chore and Homemaking	\$ 66979 .00
W	Disease Prevention Health Promotion Title III D	\$ 18174 .69
X	Veteran Directed Home & Community Based Services	\$9085 .79
Y	FAST	\$ 1000 .00
Z	Traditional HCBW Case Management	\$142452 .77
AA	Traditional HCBW Attendant Care	\$ 29595 .88
BB		\$.
GRAND TOTAL		\$

↑ 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 AAAIL?		Is service provided under contract?		Number of people served in FY18	Amount spent in FY17 (round to nearest hundred)	Funding source(s) (use letters from Section IV)
	Yes	No	Yes	No	Yes	No			
a. Advocacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
b. Information and Referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	637	129864.77	s
c. Legal Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	84	10304.70	q
d. Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	223	221696.72	r
e. Home Delivered Meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	294	442112.05	n
f. Congregate Dining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1006	388221.14	o
g. Senior Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
h. Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
i. Dementia Care or Support Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
j. Caregiver Support Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1855	124591.80	c
k. Caregiver Training or Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45	19908.21	c
l. Training or Education for Older Adults (Title III & Homecare)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
m. Training or Education for Service Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
n. Training or Education for Volunteers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
o. Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	273	187793.49	t
p. Housing or Shelter Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
q. Personal Care or Home Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	106	143928.60	p, v
r. Homemaker Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	215	267522.12	p,v
s. SHIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	501	33373.46	l
t. Elder Abuse Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	48	4651.94	b
u. Disease Prevention Health Promotion (III-B)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
v. Disease Prevention Health Promotion (III-D)	Yes		Yes		Yes		241	9301.17	w
w. Adult Day	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
x. PDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	203	650261.05	k
y. Ombudsman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	671	67141.16	a,d,m
z. Telephone Reassurance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
aa. Friendly Visitors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
ab. Personal Care Attendant Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

ac. Senior Community Service Employment	<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 FY18	Amount spent in FY13 (round to nearest hundred)	Funding source(s) (use letters from Section IV)
	Yes	No	Yes	No	Yes	No			
ad. Other – Specify: MIPPA SHIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	268	13088.66	g
ae. Other – Specify: MIPPA AAA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	268	8136.80	h
af. Other – Specify: MIPPA ADRC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	65	4899.28	i
ag. Other – Specify: Kentucky Caregiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1930	97558.77	j
ah. Other – Specify: ADRC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3569	15876.00	e
ai. Other – Specify: NSIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1274	59847.87	f
aj. Other – Specify: FAST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		1016.40	y
ak. Other – Specify: Title III Chore & Respite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17	7321.56	v
al. Other – Specify: Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	770	115699.57	u
am. Other – Specify: Homecare Chore, Escort, Respite Supplies	Yes	No	No	No	Yes	No	[214]	[71844.20]	[p]
an. Other- Specify: Traditional HCBW Case Management	Yes	No	Yes	No	No	No	[112]	[142452.77]	[z]
ao. Other- Specify: Traditional HCBW Attendant Care	Yes	No	Yes	No	No	No	[5]	[29595.88]	[aa]
ap. Other- Specify: Veteran Directed Home & Community Based Services	Yes	No	Yes	No	Yes	No	[7]	[9085.79]	[x]

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 Home and Community Based Services	2017
7	Social Security	Medicare	1990
8	Lake Cumberland Community Action Agency	Li-HEAP, Weatherization	1995
9	Feeding America	Commodities	2009
10	U.K. Extension Offices	Caregiver/Grandparent support Groups (Kentucky & National Caregiver)	2010
11.	Rite Aid Pharmacy	Caregiver Support Groups & Senior Centers Education/Health Promotion	2016

12	Encompass- Known as HealthSouth Rehab Hospital	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 Health Department	Senior Centers	2016

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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?

Needs Assessments, Client Satisfaction Surveys, forums, meetings, and informational events.

11. How often do you collect this information?

- Monthly
 Quarterly
 Semi-annually
 Annually
 Other: Needs Assessments are done each time a new Area Plan is done.

12. When did you conduct your most recent capacity assessment? 1/2019
(month and year)

13. When is the next capacity assessment scheduled? 1/2020
(month and year)

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

LCAAAIL will use this valuable feedback to facilitate planning and development activities for programs and services provided to older adults, persons with disabilities, caregivers, and the general community in the LCADD. Information identifies current and needed capacity, program/service in need of revision, development, expansion – with particular attention to changing technology. Information from needs and capacity assessments will provide direction for coordinated planning that LCAAAIL/ADRC will use moving forward in the coalition of community development in meeting the needs of older adults and persons with disabilities through an array of comprehensive services.

IX. Capacity Building Plan

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

1. Strategic and succession planning will continue to be a goal during this planning cycle. LCAAAIL/ADRC continues to become prepared for the future by aligning the Vision and Mission. The newly established Veteran Directed – Home and Community Based Services (VD-HCBS) will continue expansion along with broadening knowledge base of providers.
2. Create and implement a plan to continue expanding revenue streams to increase provision opportunities, networking/partnering the ADRC, PDS, VD-HCBW, Homecare, Title III,

SHIP, Nutrition, Ombudsman, Caregiver Programs with community providers in health care and community service arena. The goal is to ensure community members have access to affordable and quality services when they need them.

3. Initialize an evaluation of the current LCAAAIL Aging Council for increasing or expanding diversity of membership; and improving functionality and productivity of the council; utilizing the council to increase opportunities for older adults, persons with disabilities, caregivers, and other community members to participate in civic engagement activities.

16. What is your plan for achieving these goals in the coming planning cycle?

Continue to develop strategic and business planning that guides LCAAAIL toward becoming an entity that is not totally relying on federal and state funds to serve the needs of the community. Increase partnerships, communications, and knowledge of resources available to expand services to serve the needs of the community.

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

Yes

No

If not, why?

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 15 Number

20. Total number of program staff 45 Number

21. Total number of program volunteers (in house & contract) 40 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? 14 Number
Which programs? Homecare and Title III

26. How many new staff were hired by the AAAIL in the past 12 months? 5 Number
Which programs? VD-HCBS & Attendant Care, Homecare, Title III

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 job responsibilities. 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.

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 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.

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X. Public Hearing

34. Area Plan Public Hearing

Date	Time	Location	# of participants present	# of staff present	# of others present
3/12/19	10:30 AM CST	Russell County Senior Citizens Center			0

Date plan available for review	Place(s) available for review	Dates advertised	Ad appeared in newspaper
2/15/2019	Lake Cumberland Area Development District	2/25/2019 and 3/4/2019	Commonwealth Journal

35. Participation in Public Hearing was actively sought from:

Rural Elderly, Disabled, Low-income, Minority, limited English-proficiency and needy aged. Caregivers of individuals with Alzheimers or related disorders, Family Caregivers of all ages.

36. Indicate means used in soliciting views:

Public Service Announcement was advertised in the Commonwealth Journal, the largest circulation paper in the district, for two weeks in advance of the Public Hearing.

37. Summary of public comments:

.....

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

No changes were necessary to the area plan, as it already contained a plan to increase SHIP counselors and participant outcomes.

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 and resources
2. Transportation
3. Fraud, Abuse, Neglect and Exploitation Transportation

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

Strength in LCAAIL service delivery is in the coordination process that begins with the ADRC, the utilization of available resources to provide assistance in meeting the un-met needs for an individual and/or their family.

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

Navigating the lack of funding, services in a rural setting and increasing waiting lists for various services.

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

1. Aging & Disability Resource Center
- 1a. Why is this service used more than others?

The initial access portal to all service programs and resources available is the ADRC

2. Title III – Congregate Meals
- 2a. Why is this service used more than others?

As the aging population is increasing with incoming baby boomers, the need for a place to congregate for a nutritious meal, socialization amongst peers, physical activities and resource information is vital to their independence, health, prevention and general wellness.

3. Homecare and Title III Home Delivered Meals
- 3a. Why is this service used more than others?

Regardless of the generation they were born in, some aging clients find they are unable to leave home, and due to lack of their own ability or lack of sufficient informal supports in order to avoid malnutrition they have to rely on a home delivered meal as their most nutritious meal of the day.

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

1. Home Repair
- 1a. Why is this service used less than others?

There is a lesser need for home repair due to most individuals over time having purchased the adaptive equipment when it was initially needed. This enabled them to maintain or regain their own independence. Home repair of a costly nature may remain, yet the home repair program doesn't support major home repairs. Referrals are often made to community efforts to assist the elderly in major home

repairs.

2. Respite

2a. Why is this service used less than others?

Various programs offer support and rehabilitation that enable clients to remain at home longer. This has decreased the need for respite.

3. Legal Services

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

Older adults tend to access this service from providers in their communities that they have an established rapport with.

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

	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: Needs Assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>

46. How often is feedback collected?

- Monthly
- Quarterly
- Semi-annually
- Annually
- Other, Specify: Needs assessments 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 to improve 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?

The Lake Cumberland Area Agency on Aging and Independent Living (LCAAAIL) procedure for the coordination of services shall primarily be accomplished through:

1. Lake Cumberland Council on Aging and contractual agreements with specific service providers.
2. Secondary procedures of coordination will be through formal memorandums of agreement with a wide range of public and private entities for the purpose of collaboration and cross-client referrals.
3. A unified effort to collaborate and partner with service providers, agencies, and organizations interested in serving the community is created by the common service array that continues to expand and develop to meet the specific needs existing in the communities. Some common services in every county include information, assistance, senior centers congregate meals, home delivered meals, in-home services, family caregiver programs, benefits counseling, long-term care ombudsman, transportation, and legal services.

51. Do you have plans to improve service coordination?

- Yes
 No

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

The LCAAAIL will work to continually improve service coordination amongst all providers on behalf of all our clients. Communication, Review Team, and assessments assist in organizing an individualized plan of care that allows for a continuum of care across diverse situations and unanticipated needs. AAAIL will work to promote the ADRC as a one-stop shop for information and assistance for residents within the LCADD ten counties. ADRC can be contacted via local and 800 phone lines, email and fax. LCAAAIL will plan to utilize the website for connections, requests and coordination efforts.

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

Evaluation is done via satisfaction surveys for providers as well as ADRC services. Provider monitoring including surveys. Individual client assessments of the needs, seek the supportive assistance or services needed, and evaluate whether the goals that were set have been met or are still unmet, needing more intervention in order to be met. Client satisfaction surveys are provided yearly in addition to monthly case management.

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 on 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 in as little amount of time as possible.

56. How will you measure your progress?

Annual client satisfaction surveys measures progress.

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, 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.

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 typically offer in your region?

Congregate meals, Home Delivered Meals, Information and Assistance, Preventative Health, Legal Assistance, Personal Care, Homemaking, Respite, Transportation, Chore, Recreation, Walk with Ease, Bingocize, Nutrition Education, Participant Directed Services Coordination, Traditional Case Management, Attendant Care Aide Services via HCB Waiver, Veteran-Directed Home and Community Based Services Case Management and future Fiscal Management Services.

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?

Expand commodity distribution at Senior Centers; offer SHIP and other informational presentations; offer additional preventative health programs; conduct staff trainings to develop better service delivery; and add additional home delivered meals to Medicaid MAP-811 clients. AAAIL Staff will also continue to provide in-person educational opportunities to better educate the community (sitting council members, county officials, medical offices, hospitals, skilled nursing facilities, etc.) of services available through LCAAAIL.

64. How will you measure your progress?

Client Satisfaction Surveys and Tracking of referrals

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?

The SHIP Program will provide education to the community via health fairs, newspapers, mass mailings and speaking engagements

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 will conduct in house orientation for all new employees; this training will include at a minimum familiarization with Older Americans Act, (905 KARS;170) Kentucky Homecare Regulations, AAA Policies and Procedures Manual and LCADD personnel policies. One week of in-house orientation and one week of field orientation with experienced case managers is conducted. Also additional training for staff at State Conferences such as Summer Series on Aging will be attended. Service providers are required to develop and maintain a training schedule in compliance with necessary procedures for new employee orientation as outlined above. Additionally, providers will attend appropriate training annually. District Ombudsman will be required to attend Long-Term Ombudsman training as provided by DAIL quarterly.

69. How will you measure your progress?

For new employees, it will be measured by the successful completion of the probationary period. Annual monitoring of the subcontractor and AAA as required to assure training requirements 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.

Through our agency website, brochures, word-of-mouth, speaking engagements, Kroger Pharmacy bags, community publications, support group meetings

72. If yes: On average, how many intake calls do you handle in a typical month? # 300

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 outcomes.

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?

ALL

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.

All subcontractors shall utilize Department of Aging & Independent Living policy #905KARS:180, In regard to program income, fees and donations. The subcontractors will account for all donations by documenting on a daily basis and depositing all funds on a weekly basis at a minimum. One management staff (to be rotated weekly) shall assist in the accounting of all donations. They further assure that all donations will be utilized for the specific programmatic component from which they derive unless so specified by the client. Donations are collected at each Senior Center in a slotted box and each in-home client is sent an envelope with which to contribute should they be able to do so. Program income shall be expended in the same fiscal year in which it is collected and shall be used to expand services within each program.

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

- Yes
 No

80. If yes, please describe your plans.

Looking for grant funding opportunities and additional programs that are eligible to be partnered with ADRC/AAAIL.

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.

The Lake Cumberland ADD shall evaluate the need of all services regardless of the source of funding for the services. Activities shall be conducted to evaluate and determine the needs, specific groups within the aging population, and services which shall be addressed or receive top priority. The AAA shall distribute federal and state funds for aging programs through contract allocation. Review and analyze the funding of the needs assessment and other surveys and documents that provide information regarding the needs of the elderly. Gather and analyze client data from the Homecare Program and other applicable information systems. Analyzed program performance reports, analyze financial reports, distribute needs assessment information related to the delivery or planning of services to the elderly and establish service priorities based on the needs assessment. Formula based upon needs allocation which gives a weighted value to each service. Each year, completion of units, per service category, is analyzed and adjustments may be made to the allocation formula based on a percentage basis. This formula has been approved and adopted by the Area Plan committee and the full Aging Council .

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

Subcontractors report on a weekly basis, all reports are monitored for invoice purposes. Weekly reports match monthly reports via SAMS. Financial reports track expended percentages.

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?

Over expenditure of program dollars would be paid out of the general funds. Inadequate budgeting would result in reviewing our budget, doing a Mod to move monies within the budget to align with the needs.

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

Federal funds are carried over to the next fiscal year; state funds go back to the State the year they were allocated.

XVIII. PROGRAM SITE MONITORING

86. Please describe your in-house evaluation 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)

Monitoring of all service providers is concerned with two primary functions; Fiscal and Programmatic. Fiscal monitoring is conducted on a monthly basis by studying monthly financial reports. These reports, which reflect cumulative totals, are compared to the expected rate of expenditures for the particular month in question. By monitoring these reports on a percentage basis, it is simple to project under and /or over expenditures. The in-home program evaluation process consists of review of SAMS report for each program and provider. Also, client satisfaction surveys will be reviewed by program. In addition to review of monthly financial reports, the LCAAAIL also documents expenditures and reimbursements, in summary form within a specialized ledger. Programmatically, all service providers receive a formal evaluation on an annual basis on-site. Case management of Homecare and Title III Programs are monitored annually by the Homecare Coordinator for assessment, plan of care, documentation and recommendations to ensure accuracy. Trainings are then arranged with agendas to increase knowledge base of case managers. Waiver and Veteran-Directed Home and Community Based Services charts are monitored by the Waiver/Eligibility Coordinator and LCAAAIL Co-Director at initial certification, recertification and randomly between these two timeframes. Attendant Care Aide services are monitored on a daily basis with telephonic check-in, daily review of documentation and announced/unannounced on-site visits.

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

The effectiveness of services for an individual being case managed is evaluated on a subjective basis by a monthly contact with each individual.

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

The Aging and Disability Resource Center will assist a caller with a prescreening process so they may provide information/referral for the caller. The caller will have this opportunity so that they may be informed of options to aid them in meeting their needs or in assisting another to meet their needs. The information will provide available resources to access existing health and long-term care services and supports.

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

The Aging and Disability Resource Center will assist a caller with a prescreening process so they may provide information/referral for the caller. The caller will have this opportunity so that they may be informed of options to aid them in meeting their needs or in assisting another to meet their needs. The information will provide available resources to access the home and community-based services including supports for caregivers.

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

The LCAAAIL will utilize the Title III-D Preventive Health Programs, the will utilize the SHIP Program to assist with benefits counseling, and the LTCO Program offers an opportunity for volunteering at nursing, family care and personal care homes.

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

LCAAAIL provides full-time and back-up Ombudsman to ensure the rights of long-term care residents. Staff are trained on the reporting of concerns to Adult Protective Services for the prevention of abuse, neglect and exploitation, and are evaluated on their follow through of this action and documentation.

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

The LCAAAIL has qualified staff for all positions; therefore, effective and responsive management for each position will be maintained.

XX. Kentucky's Outcome and Performance Measures 2015-2017

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

Objective
Provide ease of access to; low-income minority older individuals, older individuals with limited English proficiency, and to the elderly and/or disabled individuals residing in rural areas through a comprehensive coordinated system of services to help prevent and/or delay institutionalization.

Objective
Provide information that will link needs to resources via a comprehensive system of available services.

Strategies
Continue to educate support staff of ADRC updated options, program changes and new alternatives.

Person and entity responsible for completion
ADRC staff, LCAAAIL Directors

Date
Ongoing

GOAL 2: Empower Kentuckians to maintain the highest quality of life in the least restrictive environment possible through the provision of home and community-based services including supports for caregivers.	
Objective Provide services for caregivers who are taking care of a loved one at home or in the community through the Family Caregiver Program which offers; Information & Assistance, respite, training, counseling, support groups, accessing resources, etc.	
Objective Provide a comprehensive assessment, plan of care and case management system that maintains and/or enhances the well-being and independence of an individual in their home setting.	
Strategies Continue to develop plans of care that include available informal and formal support systems to ensure a comprehensive unduplicated service plan.	
Person and entity responsible for completion Homecare staff, Title III staff, LCAAAIL Directors	Date Ongoing

GOAL 3: Empower Kentuckians to stay active and healthy through services and prevention benefits, including health care programs and other resources.	
Objective Maintain and/or improve the health or well-being of older persons through health, screenings, health promotion, and other health-related activities.	
Objective Provide elders with opportunities for volunteering	
Strategies Ongoing instruction at each Senior Citizen's Center in Evidence Based Programs. SHIP and LTCO will promote volunteerism	
Person and entity responsible for completion Subcontractor, Ombudsman, SHIP Coordinator	Date Ongoing

GOAL 4: Protect the safety and rights of Kentuckians and seek to prevent their abuse, neglect, and exploitation.	
Objective Investigate and resolve complaints made on behalf of residents in a long-term care facility.	
Objective Provide education to the public about the challenges the elderly face when a disability changes their lives.	
Strategies Provide full-time and back-up Ombudsman in the Lake Cumberland District that can provide information; education regarding program activities, the long term care system and the rights and concerns of residents and/or potential residents of long term care facilities.	
Person and entity responsible for completion Ombudsman, LCAAAIL staff	Date Ongoing

GOAL 5: Ensure effective and responsive oversight of program and financial management.	
Objective	
Provide per job description qualified staff for service provision. Provide for a quality review of resources and reports.	
Objective	
Consistent educational trainings to increase the knowledge levels of staff in areas that pertain to their job.	
Strategies	
Continuing educational programs, opportunities to gain experience and volunteerism.	
Person and entity responsible for completion	Date
LCAAAIL staff, LCADD staff	Ongoing

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 C.1 – Provider Direct Staffing Plan**
- Form D – Public Hearing**
- Form E – Demographics**
- Form F – Case Managers**
- Form G – Adult Day Centers**
- Form H – SHIP Counselor Locations**
- Form H.1 – SHIP Counselor Site Details**
- Form I – Ombudsman Advisory Council Membership**
- Form J – 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 8+ 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.

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, during the weeks of February 4, 2019 and February 11, 2019, for a Nutrition Provider. There were no calls or requests to provide services received in our office. There are no nutrition providers in our area that cover the 10-county area.

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

The LCAAAIL will provide congregate and home-delivered meals in a 10-county area. The meals will be prepared at a Central Kitchen and transported to each Senior Center for home delivered meal routes, or congregate meals.

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.

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. 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 seven 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.

XXIII. 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. You need to send a facsimile of your contract with a profit-making organization for prior approval for any and all contractual relationships.

List of Contracts with Profit Making Organization(s) & Approval Request			
Name & Address For-Profit Services Provider	Services to be provided	Unit of Service to be provided	Cost/Unit of Service
Lifeline Homecare, Inc P.O. Box 429 Somerset, KY 42502	Homemaking, Personal Care, Chore, Escort, Respite, Home Repair, Supplies	30 minutes = 1 unit	11.64

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 identify 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 support the encouragement of local cities and towns to plan for the growing aging population and needs.
23. 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.
24. 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.
25. 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.
26. 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.
27. 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.
28. 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.
29. 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.
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.
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. 3030F), by providing integrated health promotion and disease prevention programs that include nutrition education, physical activity and other activities to modify behavior and to support improved health and wellness of older adults.
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, welfare and neglect 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.