

Regional Plans on Aging

Department for Aging and Independent Living

*Fiscal Years 2019-2021*

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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 30, 2018.**

**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**](mailto:dail.general@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?**

|  |
| --- |
| **FIVCO AAAIL provides information, education, and supportive services for older adults and disabled people of any age that will contribute to a good quality of life. The older adult and disabled population in the FIVCO AAAIL district will have access to resources that they need to thrive.** |

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

|  |
| --- |
| **FIVCO AAAIL operates under the FIVCO Area Development District Board of Directors and is advised by the FIVCO Advisory council on Aging. The FIVCO ADD Board is comprised of locally elected officials and citizen members from the counties and cities. The Advisory Council on Aging was established and operates under the requirements as outlined in the Older American’s Act.** |

**II. Service Area**

1. **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.**

|  |
| --- |
| C:\Users\Vicki Green\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\fivcoadd4.gif  **FIVCO AAAIL encompasses five counties in rural and mostly isolated northeastern Kentucky. It includes boyd, Carter, Elliott, Greenup, and Lawrence counties.** |

*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/)

2016

**Year for which data is current:**

**Information**

**Not Available**

**a. Percent of persons 60 and older in your region  25**

**b. Percent of region's total population over 60  25**

**c. Percent 60+ who are low income (poverty rates as provided by HHS)  24**

**d. Percent 60+ who are minority  .02**

**e. Percent 60+ who live in rural areas  47**

**f. Percent 60+ with severe disability (3 or more ADL/IADL impairments) \*  42**

**g. Percent 60+ with limited English proficiency  .3**

**h. Percent 60+ with Alzheimer's Disease or related dementia  .003**

**i. Percent 60+ isolated or living alone  39**

**j. Percent of grandparents or older relative raising a child under 18  3**

*\*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 47**

**c. Local government grants/contracts .02**

**d. Foundation grants/contracts 0**

**e. Corporate grants/contracts 0**

**f. Direct mail fundraising 0**

**g. Fundraising events 0**

**h. Individual contributions 0**

**i. Fees for services 0**

**j. Other (Specify: Program Income\_\_\_) 1**

**k. Other (Specify: \_In Kind\_\_\_\_\_) 15**

**Total................................................................................................................**

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

|  |  |  |
| --- | --- | --- |
|  | **Name of Source** | **Value ($ amount) for current fiscal year** |
| A | FEDERAL | **$ 643,747** |
| B | STATE | **$ 1,543,315.** |
| C | IN KIND | **$ 295,259** |
| D | PROGRAM INCOME | **$ 22,749** |
| E | LOCAL CASH | **$2851 .** |
| F |  | **$ .** |
| G |  | **$ .** |
| H |  | **$ .** |
| I |  | **$ .** |
| J |  | **$ .** |
| K |  | **$ .** |
| L |  | **$ .** |
| M |  | **$ .** |
| N |  | **$ .** |
| O |  | **$ .** |
| P |  | **$ .** |
| Q |  | **$ .** |
| R |  | **$ .** |
| S |  | **$ .** |
| T |  | **$ .** |
| U |  | **.** |
| V |  | **$ .** |
| W |  | **$ .** |
| X |  | **$ .** |
| Y |  | **$ .** |
| Z |  | **$ .** |
| AA |  | **$ .** |
| BB |  | **$ .** |
|  | **GRAND TOTAL** | **$ 2,507,921.** |

**🡩** *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 FY17** | **Amount spent in FY17 (round to nearest hundred)** | **Funding source(s) (use letters from Section IV)** |
|  | **Yes No** | **Yes No** | **Yes No** |  |  |  |
| **a. Advocacy** |  |  |  |  |  |  |
| **b. Information and Referral** |  |  |  | 13,119 | 163,670 | A, B, C, D |
| **c. Legal Assistance** |  |  |  |  | 11,455 | A, B |
| **d. Transportation** |  |  |  | 242 | 52,000 | A, B |
| **e. Home Delivered Meals** |  |  |  | 106 | 143,877 | A, B, C, D, E |
| **f. Congregate Dining** |  |  |  | 463 | 367,496 | A, B, C, D |
| **g. Senior Center** |  |  |  | 327,956 | 118871 | A, B, C, D, |
| **h. Mental Health Services** |  |  |  |  |  |  |
| **i. Dementia Care or Support Group** |  |  |  | 109 | 6,298 | A, B, C, D |
| **j. Caregiver Support** |  |  |  | 12 | 63,367 | A, B, C, D |
| **k. Caregiver Training or Education** |  |  |  |  |  |  |
| **l. Training or Education or Older Adults** |  |  |  |  |  |  |
| **m. Training or Education for Service Providers** |  |  |  |  | 1,142 | A |
| **n. Training or Education for Volunteers** |  |  |  |  |  |  |
| **o. Case Management** |  |  |  | 193 | 206,380 | A, B, C, D |
| **p. Housing or Shelter Assistance** |  |  |  |  |  |  |
| **q. Personal Care or Home Health Services** |  |  |  | 23 | 19,332 | B, C, D |
| **r. Homemaker Services** |  |  |  | 140 | 425,270 | B, C, D |
| **s. SHIP** |  |  |  | 104 | 37,233 | A |
| **t. Elder Abuse Prevention** |  |  |  | 35 | 2,888 | A, C |
| **u. Disease Prevention Health Promotion (III-B)** |  |  |  | 399 | 65585 | A, B, C, D |
| **v. Disease Prevention Health Promotion (III-D)** | **X** |  | **X** |  | 9588 |  |
| **w. Adult Day** |  |  |  |  |  |  |
| **x. Consumer Directed Option** |  |  |  | 121 | 729,882 |  |
| **y. Ombudsman** |  |  |  |  | 49,095 | A, B, C |
| **z. Telephone Reassurance** |  |  |  | 40 | 1,839 | A, B, C, D |
| **aa. Friendly Visitors** |  |  |  |  |  |  |
| **ab. Personal Care Attendant Program** |  |  |  |  |  |  |
| **ac. Senior Community Service Employment** |  |  |  |  |  |  |
|  | **Is this type of service offered?** | **Is service directly provided by AAAIL?** | **Is service provided under contract?** | **Number of people served in FY17** | **Amount spent in FY17 (round to nearest hundred)** | **Funding source(s) (use letters from Section IV)** |
|  | **Yes No** | **Yes No** | **Yes No** |  |  |  |
| **ad. Other – Specify: Supplies** |  |  |  | 18 | 7297 | B, C, D |
| **ae. Other – Specify: MEDICAID ADRC** |  |  |  | 351 | 12500 | A, B |
| **af. Other – Specify: IAO** |  |  |  | 102 | 2644 | B E |
| **ag. Other – Specify: FAST** |  |  |  |  | 260 | A |
| **ah. Other – Specify: MIPPA** |  |  |  |  | 11095 |  |
| **ai. Other – Specify:** |  |  |  |  |  |  |
| **aj. Other – Specify:** |  |  |  |  |  |  |
| **ak. Other – Specify:** |  |  |  |  |  |  |
| **al. Other – Specify:** |  |  |  |  |  |  |

**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** | **Long Term care facilities, law enforcement, home care providers, hospice, safe harbor, medical model adult day care, SSA, DLTCO** | **Local Coordinating Council on Elder Maltreatment** | **2003** |
| **2** | **Alzheimer’s Association and other aging network partners** | **Alzheimer’s training programs, support groups, and the Alzheimer’s Memory Walk** | **2002** |
| **3** | **Veteran Providers, community based providers, colleges and universities, CARES, NEKCAA** | **Vet Expo** | **2012** |
| **4** | **Greenup County Health Department** | **FAN/HAN for coordinated assistance to medically fragile during disasters** | **2015** |
| **5** | **Local hospitals, health departments, elected officials, CMHC, NEKUW, Ramey Estep Home, and other community partners in Boyd, Greenup, and Carter counties.** | **Health Choices/Health Communities** | **2014** |
| **6** | **Local hospitals, health departments, Ramey Estep Home, community partners in Boyd, Carter, Greenup counties** | **Access to Care – sub group of Heathy Choices/Healthy Communities** | **2014** |
| **7** | **Greenup and Boyd county Health Department and community agencies** | **Community Health Assessments and CHIPS** | **Greenup 2013, Boyd 2014** |
| **8** |  |  |  |
| **9** |  |  |  |

**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?**

|  |
| --- |
| **Daily from Senior Center participants and Homecare clients, through Aging Advisory Council and ADD Board members, interagency meetings, satisfaction surveys, incoming calls to the ADRC, and our bi-annual needs assessment sent out to the senior centers, and out to community aging network.** |

**11. How often do you collect this information?**

**Monthly**

**Quarterly**

**Semi-annually**

**Annually**

**Other:**

**12. When did you conduct your most recent capacity assessment? \_\_2/2017\_\_\_**

**(month and year)**

**13. When is the next capacity assessment scheduled? \_\_\_\_\_\_\_\_\_\_\_\_2/2019\_\_\_**

**(month and year)**

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

|  |
| --- |
| **This helps us to identify service gaps, needs, and gives us data to use while determining where to put our service dollars each plan year.** |

**IX. Capacity Building Plan**

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

**1. 1. To increase involvement with our Elder Abuse Council to educate our community regarding the rights of seniors and individuals with disabilities, how to recognize abuse, neglect, and exploitation and what to do when it is recognized.**

**2. 3. Expand our ADRC staff and processes to coordinate more closely with other agencies to determine program eligibilities and assist the consumer in applying for the programs.**

**3. To bring together transportation providers, community partners, faith-based agencies, and community members to identify the transportation gaps, determine the causes, and develop a plan of action to address the gaps so that everyone in our FIVCO ADD has access to the community.**

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

|  |
| --- |
| **1. Expand participation in our Local Coordinating Council on Elder Maltreatment. Provide community education events and improve communication with local investigative agencies with informal meetings/discussions.**  **2. Find funds to hire additional staff to man the ADRC lines and complete MWMA applications. Promote 211 so consumers who need resources that don’t involve intake applications can get resources and this will decrease our call volume to a manageable level.**  **3. Work with the Healthy Choices/Health Communities Access to Care subgroup to gather transportation data, identify the gaps and inadequately served areas, and host a planning forum to include the community, providers, network partners, and elected officials to brain storm a plan on how to improve our transportation issues.** |

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

**Yes**

**No**

**If not, why?**

|  |
| --- |
| **Elder Abuse Council enrollment is low but we did have educational program with free CEUs for bankers, financial managers, and social workers. We coordinated with other agencies for ADRC but still need to increase staff. For living well and health self-management our senior centers have partnered with KY Homeplace to provide evidenced programs in the centers.** |

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

|  |
| --- |
| **See above** |

**19. Total number of program managers/supervisors \_\_3\_\_ Number**

**20. Total number of program staff \_\_ 15.5\_\_ Number**

**21. Total number of program volunteers (in house & contract) \_\_\_\_8 \_\_ 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? \_\_1\_\_ Number**

**Which programs? Ombudsman Adv council**

**26. How many new staff were hired by the AAAAIL in the past 12 months? \_3\_ Number**

**Which programs? Home and Community Based Waiver and the National Family Caregiver Program, HMA in Homecare**

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

**Staff?  Yes Volunteers?  Yes**

**No  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.**

|  |
| --- |
| **Plan to send Case Managers and ADRC staff to the SE4A conference in Kentucky, Homecare Case Managers and ADRC staff attend annual SHIP training, NFCG Coordinator attends Alzheimer’s Training, and all staff attend required DAIL trainings** |

**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?**

|  |
| --- |
| **Senior Center: Each Center Director recruits volunteers from participants.**  **SHIP: Recruits throughout the year by mass mailings of information packets and this coming year will utilize the VRPM program required by ACL and DAIL**  **Ombudsman: Recruitment presentations are done at any community events, interagency meetings, and Aging Advisory council meetings.** |

**33**

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

|  |
| --- |
| **We will have 3 trained volunteers in the Ombudsman program and 3 in the SHIP program** |

**X. Public Hearing**

**34. Area Plan Public Hearing**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Location** | **# of participants present** | **# of staff present** | **# of others present** |
| **3/15/2018** | **10:00am** | **FIVCO ADD office** |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date plan available for review** | **Place(s) available for review** | **Dates advertised** | **Ad appeared in newspaper** |
| **2/22/2018-3/15/2018** | **FIVCO ADD office and FIVCO website** | **2/22-2/23/2018** | **Ashland Independent** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

|  |
| --- |
| **Aging Advisory Council, network providers, senior center participants, general public and ADD Board** |

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

|  |
| --- |
| **By mail, on website, one-on-one contact, newspaper add** |

**37. Summary of public comments:**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**XI. Service Usage**

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

**1. non-medical transportation**

**2. Affordable traditional in home, non-medical direct service providers**

**3. Home repairs**

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

|  |
| --- |
| **Our in-home services allow people to stay in their own homes and communities longer for a minimal cost - as compared to institutional care. The senior Centers provide a safe environment for seniors to socialize, feel supported, gain knowledge, have a nutritious meal, and have assistance to resources. Our SHIP program has resolved many issues with Medicare/Medicaid that members had not been able to sort through on their own, and to assist folks in determining eligibility for MIPPA and MSP. Our Ombudsman program is a great advocate for our folks in the LTC facilities and is a champion against elder abuse. Our ADRC staff have made access to resources for the aged or disabled much easier.** |

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

|  |
| --- |
| **1.There continues to be transportation service gaps and limited service in other areas (i.e.1. Some areas are in the TMA but the provider has no funding to serve that area but the RTS cannot serve that area due to it being in the TMA 2. If a resident in Ashland who lives in the low-income housing takes the city bus to the local grocery store that is less than a ½ mile away the bus ride is 4 hours long and any frozen food melts.) 2. We still have few non-medical, affordable, in home direct service providers in our area**  **3. Limited resources for the lower income elderly or disabled to have home repairs and out side maintenance done on their homes – roofs, painting, lawn care.** |

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

**1. Information and Assistance/ADRC**

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

|  |
| --- |
| **People like be able to make one call to a trusted place to get the information or referral they need** |

**2. Recreation**

**2a. Why is this service used more than others?**

|  |
| --- |
| **The seniors want socialization and to have fun in a group setting** |

**3. Congregate meals**

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

|  |
| --- |
| **People like to gather together with others and enjoy a nutritious meal at the centers. Many of the participants live alone and enjoy the fellowship** |

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

**1. Homecare respite**

**1a. Why is this service used less than others?**

|  |
| --- |
| **This service is covered under Title III E. Title III E is not income based and if they received respite in Homecare they would have a co pay** |

**2. III D**

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

|  |
| --- |
| **With the requirement of using only evidenced based programs for III D it is difficult to use this program. We get people trained to teach a program (which is very expensive and time intensive) and they can only have new participants attend these programs every year. So, every year we will have to look at finding new programs and these are very expensive. Our seniors like having the health fairs and local professionals come in for programs to educate them. We still provide this service under III B.** |

**3. Telephone Reassurance**

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

|  |
| --- |
| **Due to changes in the taxonomy our provider stopped offering the service. It requires documentation in SAMs for each call and a need documented. There is no need for a case manager to order this service since they have contact with the clients already.** |

**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** |  |  |
| **b.** | **Caregiver surveys or interviews** |  |  |
| **c.** | **Provider logs** |  |  |
| **d.** | **Provider surveys or interviews** |  |  |
| **e.** | **Client focus groups** |  |  |
| **f.** | **Other, Specify:** |  |  |

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

**Monthly**

**Quarterly**

**Semi-annually**

**Annually**

**Other, specify: surveys are taken yearly, but we take suggestions/complaints daily from phone calls, client interviews, and suggestion boxes at each Senior Center**

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

|  |
| --- |
| **We meet with Aging staff or providers to discuss any negative feedback and make a plan of action for any identified weak areas. Also, if a client/participant has identified a specific staff/provider that has done something exceptional we will make sure the information is passed on and that person is made aware of it.** |

**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?**

|  |
| --- |
| **Desk top monitoring is done to assure services are being delivered as ordered and also solicit client input. We monitor expenditures as budgeted monthly and meet with providers or staff to address any problem areas. FIVCO has a good working relationship with our network providers in our area. We communicate freely with each other to assure client’s needs are covered in the most cost-efficient manner and that there is no duplication of services.** |

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

**Yes**

**No**

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

|  |
| --- |
| **What we do now is working, but we will always continue to educate new community providers as to what we do here at the AAA** |

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

|  |
| --- |
| **Service dollars will be expended, clients’ needs met with our services or referrals to other programs resulting in a decrease in our wait list.** |

**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?**

|  |
| --- |
| **FIVCO staff and providers perform outreach activities at places where those with the greatest economic and social needs live or do business (i.e. senior centers, DCBS offices, home health agencies, low income housing complexes and senior apartment housing, nonprofit agencies like food banks, health fairs, and other public events.** |

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

|  |
| --- |
| **An increase in services provided to this population will be evidenced by NAPIS data collected in SAMS** |

**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?**

|  |
| --- |
| **We will continue our media outreach via newspapers, local radio, and local access TV channels. We also attend and make presentations to all our County Interagency meetings and to discharge planners and social works at the local hospitals.** |

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

|  |
| --- |
| **We will have an increase in number of people served and calls to our resource center.** |

**XV. Community Opportunities**

**60. How many of the counties in your service area currently have at least one focal point?5**

**61. What services do focal points typically offer in your region?**

|  |
| --- |
| **Congregate, HDM, education, health promotion, information and assistance, outreach, recreations, and transportation public education.** |

**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?**

|  |  |
| --- | --- |
| **Each Senior center will market their center to the community with media articles and flyers to places seniors frequent.** |  |

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

|  |
| --- |
| **We will have an increase number in center participants** |

**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 ADRC line and SHIP program provide counseling and assistance to clients on an ongoing basis regarding LTC planning. They distribute information to those seeking information regarding LTC insurance. Outreach activities are presented in senior Centers to educate the participants. Our NFCG Coordinator provides information to caregivers.** |

**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.**

|  |
| --- |
| **Aging staff training is described in #28. SHIP, Ombudsman attend yearly conferences/training. Ombudsman also attends quarterly meetings/trainings with DAIL. We provide annual and monthly training for our in-home aides. Our Senior Center provider has several new staff and we plan to work with them on policies and procedures and taxonomy definitions.** |

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

|  |
| --- |
| **All staff and provider staff will show evidence of knowledge to perform their jobs.** |

**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.**

|  |
| --- |
| **We promote our ADRC line at all outreach events and trainings. Our ADRC Coordinator attends the county’s interagency meetings and promotes our ADRC line. We hand out flyers during outreach events and interagency meetings** |

**72. If yes: On average, how many intake calls do you handle in a typical month? # 200-250**

**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.**

|  |
| --- |
| **We plan to add staff to the ADRC department. They are currently bogged down with calls and trying to complete MWMA applications and assist consumers with that lengthy and complicated process. We would like to have a designated funding source for the ADRC besides using funding from every program that requires referrals to go through the ADRC. This would keep the ADRC program from using program service dollars.** |

**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?**

|  |
| --- |
| **Our senior centers struggle to make ends meet on our current funding level. The participants would love to be able to take short trips and do more activities outside of the actual center walls. Ombudsman funding is small making it difficult to find and hire qualified people. Our ADRC staff are overwhelmed with calls and MWMA applications.** |

**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.**

|  |
| --- |
| **Title III programs have a donation box in the centers and send home donation envelopes to home delivered meal clients. Homecare client’s ability to pay is assessed and based on the Homecare Fee schedule. We will bill the client monthly for any determined co-payment.**  **This program income and co-pay money collected will be used as the first source of pay. State and Federal payment amounts are reduced by the amount of co-pays/program income collected for the month. This amount is reported to the AAAIL and DAIL each month through the billing invoice process.**  **The money collected is added to the overall budgeted amount for the program in which it is collected and therefore allows us to expand services. Our funding is allocated based on consumer need and not a specific county or city.** |

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

**Yes**

**No**

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

|  |
| --- |
| **We apply for any available grants that would help us to increase our services or add new services. We also communicate with local elected officials of the need for local financial contribution from counties and cities. We are always talking to our officials and looking at ways to decrease building and utility expenses at the senior centers. All additional funding received is added to the overall program budget. Again, it is utilized based on consumer needs and not county or city specific.** |

**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.**

|  |
| --- |
| **FIVCO maintains a multi-purpose senior center in each county seat with the addition of 3 nutrition sites in more rural areas of the counties that have a large senior population.**  **For in home services FIVCO utilizes an objective priority system that evaluates a person’s functional abilities, income, and other supportive services already in place. When an opening comes up the person with the highest priority score will be next in line for services, regardless of where they live. We review the over 60 population data for each county and compare it to the district total, then compare this to the percent of services being done in each county and the wait list for each county to assure we are evenly distributing our allocations across each county. This process was reviewed again by the Aging Council on June 2011 and they voted to continue with this system of allocating services** |

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

|  |
| --- |
| **We review our expenditures monthly and compare to the budgets. If we have a greater expenditure in one area than another due to current need, we will adjust our funding with budget modifications to DAIL** |

**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?**

|  |
| --- |
| **We review expenditures monthly and work with the provider if they are over or under expended. In the case of over expended we meet with them, determine why they are over spending and do a corrective action plan which will include a financial break down of their capability of continuing services – even if services will be reduced for a period of time. The corrective action plan will be approved by DAIL prior to implementing.** |

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

|  |
| --- |
| **Any unexpended funds are returned to DAIL following our annual audit.** |

**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)**

|  |
| --- |
| **Administrative monitoring of each program is completed to ensure compliance. Each provider is monitored on site yearly (senior and nutrition services a minimum of 12 times a year) or more often if the need arises. Desk top monitoring of unit/dollar expenditures is done monthly Providers are given written notification of any findings and are required to respond within 10 working days with a corrective action plan. In house case files are monitored for completion and accuracy. The case manager is given written notice of any deficiency identified with a corrective action plan required.** |

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

|  |
| --- |
| **We also collect satisfaction surveys for all programs. The information from these surveys is reviewed and evaluated. Any issues are investigated and any suggestions are considered during the planning process.** |

**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;**

|  |
| --- |
| **FIVCO AAAIL will provide an Aging and Disability Resource Center that provides its citizens with a trusted place for gaining information and assistance related to services and supports for individuals of all ages. The ADRC will provide information and assistance in a manner that is convenient for the public through provision of a toll-free number to all callers within the FIVCO service area, email, fax, or walk in. During information and assistance hours, callers will speak directly to a trained staff person. FIVCO will also provide SHIP services in the same manner to assist persons with Medicare/Medicaid specific issues.** |

**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;**

|  |
| --- |
| **FIVCO will provide, or refer to appropriate providers, services for eligible consumers which are directed toward the prevention of unnecessary institutionalization by maintaining them in the least restrictive settings, with services that address the needs of the individual, and stimulate coordination between the state and local community.** |

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

|  |
| --- |
| **FIVCO will provide health promotion and disease prevention programs and activities that are designed to maintain or improve the health and wellbeing of older persons. These programs will be available in the senior centers and nutrition sites. Priority will be given to areas which are medically underserved and in which there are a large number of older people who have the greatest economic need for such services. The funding for these programs will be through Title II B and tile III D funds. Title III B programs will include health fairs and health related educational activities from local professionals. Title III D will be the AoA required evidenced based programs.** |

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

|  |
| --- |
| **FIVCO will provide a community based elder abuse prevention and education program by partnering with community partners. FIVCO will contract with a provider for long term care ombudsman services in our long-term care facilities to assure every resident has someone to assist, represent, and intervene on their behalf.** |

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

|  |
| --- |
| **FIVCO ADD, through a contractual agreement with the Department for Aging and Independent Living, has the responsibility as the Area Agency on Aging for planning, implementing, and coordinating the delivery of services to the elderly and disabled throughout the five counties of the FIVCO District. Having selected service providers through a formal RFP process, the FIVCO ADD has executed contracts with various local non-profit corporations and one for profit corporation, for the provision of direct services to be funded through the Federal AoA and State programs.**  **FIVCO has clearly identified procedures, processes, and forms in place that are to be used both by staff of the individual aging programs, providers, as well as by the staff of the FIVCO ADD in the management and administration of aging programs within the district.**  **Monthly revenues, expenses, and units of services of both the AAAIL and providers are reviewed monthly by Aging Staff, ADD financial staff, and the ADD Board for compliance with the budgets and contract requirements.**  **All budgets are developed using an assessment of the needs in the communities, reviewed by the Aging Advisory Council, and reviewed and approved by the ADD Board of Directors.** |

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

*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: 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 | |
| FIVCO AAAIL has a comprehensive process to provide information and assistance to Seniors, their families, and other consumers on a daily basis so they can make informed decisions and access health and log-term options. | |
| Objective | |
|  | |
| Strategies | |
| 1. The FIVCO AAAIL Aging and Disability Center (ADRC) will be manned by a qualified Aging Staff person each business day to process all intake, referral, and information calls. 2. Senior Center Directors will receive inquiries and provide information or make referrals on the client’s behalf. If needed the Director will forward the request to the ADRC for further assistance. 3. Marketing and outreach will be made to the communities and other providers about the FIVCO AAAIL programs, especially the service of information and referral. | |
| Person and entity responsible for completion | Date |
| 1. FIVCO Aging Staff 2. Center Directors   Aging staff and Center Directors | 1,2,3 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 | |
| FIVCO AAAIL will provide a comprehensive process for intake, assessment, reassessment, and referrals by trained professionals to ensure eligible people are provided services directed toward maintaining the individual or their caregivers in their community. | |
| Objective | |
|  | |
| Strategies | |
| 1. A trained ADRC staff person will receive and review all initial referrals. They will utilize the SAMS level 1 pre-screening tool and the ADRC Homecare Program determination sheet. This data will be sent to a team of professionals who will review all the referrals for in home services to determine which program they would best be served in. 2. Those consumers who would best be served with an outside agency will be given the information of the resource or the referral will be made on their behalf if they prefer. 3. Those consumers who may be waiver appropriate will be processed through the MWMA system. 4. Those consumers who are appropriate for the Homecare program will be placed on a wait list based on the priority screening tool. The highest scored will be a higher priority. 5. Those consumers who are appropriate for the NFCG program will be placed on that wait list and a priority screening completed. Those with the highest score will be a higher priority. | |
| Person and entity responsible for completion | Date |
| 1-5 FIVCO Aging staff | On going |

|  |  |
| --- | --- |
| **GOAL 3:** **Empower Kentuckians to stay active and healthy through services and prevention benefits, including health care programs and other resources**. | |
| Objective | |
| FIVCO AAAIL will implement and sustain healthy living programs to improve the health of the area’s public and empower them to actively manage their own health care. | |
| Objective | |
|  | |
| Strategies | |
| 1. FIVCO will ensure their center/III D provider offers evidenced based program in all 5 counites to include but not limited to Bingocize, Walk with Ease, and CDSME 2. Sessions will be free and held in locations that are easily accessible to the older and disabled populations. 3. FIVCO will work with the Senior center provider to develop meaningful health education programs such as health fairs and educational presentations from local professionals under III B. 4. Homecare Case Mangers will utilize the HEALTHY Ideas program to screen their clients and make appropriate referrals as needed. | |
| Person and entity responsible for completion | Date |
| 1-3 FIVCO aging staff and contracted provider | On going |

|  |  |
| --- | --- |
| **GOAL 4:** **Protect the safety and rights of Kentuckians and seek to prevent their abuse, neglect, and exploitation.** | |
| Objective | |
| FIVCO AAAIL will collaborate with network partners to provide a community Elder Abuse prevention council to develop and enhance programs that address elder abuse, neglect, and exploitation. | |
| Objective | |
| FIVCO will provide a full-time district long term care ombudsman to work with long term care residents to ensure they have someone to assist, represent, and intervene on their behalf. | |
| Strategies | |
| 1. FIVCO AAAIL will coordinate with local community agencies/people to form the Local Coordinating Council on Elder Maltreatment (LCCEM). 2. The LCCEM will consist of FIVCO AAAIL staff, LTC Ombudsman, Senior Centers, LTC facilities, judicial, law enforcement, and courts of competency jurisdiction, guardianship and adult protection services. 3. The LCCEM will provide public education and outreach to identify and prevent elder abuse, neglect, and exploitation. 4. The LCCEM will provide public education and outreach to promote financial literacy and prevent identity theft and financial exploitation of older individuals. 5. FIVCO will contract with a provider through a procurement process to have a full-time district long term care ombudsman who will visit every long-term care facility in the district and be an advocate for the residents. 6. All FIVCO staff and its provider’s staff will be educated in elder abuse, the mandate to report, and how to report. | |
| Person and entity responsible for completion | Date |
| 1-4 Aging staff, 5 contracted providers, 6 Aging staff and provider staff | On going |

|  |  |
| --- | --- |
| **GOAL 5:** **Ensure effective and responsive oversight of program and financial management**. | |
| Objective | |
| FIVCO AAAIL will continue to carry out functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, designation of focal points of aging in each community, and plan, implement, and coordinate the delivery of services to the elderly and disable throughout the five counties. | |
| Objective | |
|  | |
| Strategies | |
| 1. FIVCO will select subcontracted service providers through a formal RFP process. 2. FIVCO staff will provide assistance to teach of the local programs in the areas of development, administration, coordination, and other technical aspects of the programs. 3. FIVCO will provide direct support to each individual program in the areas of financial and administrative record keeping and management reports. 4. FIVCO AAAIL will monitor service and dollar expenditures monthly and immediately address any identified issues with providers or staff. 5. FIVCO AAAIL will maintain a data system to track expenditures and report data to the state and federal program agencies. | |
| Person and entity responsible for completion | Date |
| 1-5 Aging and FIVCO ADD staff | On going |

**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.1 – SHIP Counselor Site Details**

**Form I – Ombudsman Advisory Council Membership**

**Form J – Provider Site List**

**Form H – SHIP Counselor Locations**

**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.**

|  |
| --- |
| **FIVCO requests a continuation of the waiver to provide direct in-home services of homemaking, personal care, and respite under the Homecare program. When we lost our only provider and did not have any responses to our RFP we brought the direct services in house. We hire full time people with benefits and pay them the going wage for this type of job in our area. Due to this we have been able to keep good reliable staff, provide all services as ordered, and spend all of our allocations. Prior to us bringing this in house our provider struggled to do this and we always had large amounts of unexpended funds and services not given.** |

**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.**

|  |
| --- |
| **Initially an RFO had been put out during the middle of the RFO cycle when the old provider left. We had no one to bid.** |

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

|  |
| --- |
| **As per the Homecare contract with DAIL for homemaking, personal care, and respite.** |

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

|  |
| --- |
| **Budget process remains the**  **same We have 7 full time homemaker aides and one scheduler/supervisor. It is cost reimbursement.** |

*\*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.**

|  |
| --- |
| FIVCO AAAIL requests to continue using the nontraditional meal service from Mom’s meals to serve consumers who need a delivered meal but live outside our hot home delivered meal area. We will continue to use the nontraditional meal assessment form, and the case managers will contact these clients, documenting the call in SAMS data base, but not charging any units for this activity. See attached policy and procedure. |

**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 |
| Mom’s Meals 718 SE Shurfine Drive Ankeny IA 50021 | Home Delivered meal prep and delivery | Depends on client’s needs – project under 500 meals per year | Cash cost: Prep: $4.60 Delivery: $1.60 |
|  |  |  |  |
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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 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 though 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 though 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.**

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**Continued:**

**FIVCO AAAIL Non-traditional Home Delivered Meal P&P**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AAAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessor ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supplemental Assessment for Non-Traditional Meals**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **Criteria** | **Comments** |
|  |  | Participant is capable of preparing the meal themselves |  |
|  |  | An appropriate appliance is available for heating the meal |  |
|  |  | Proper storage space is available |  |
|  |  | Participant chooses to receive non-traditional meals |  |

**Type of non-traditional meal that participant will receive. (Check all that apply)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S | M | T | W | T | F | S |  |
|  |  |  |  |  |  |  | Hot (not non-traditional but identify days when serve hot meal) |
|  |  |  |  |  |  |  | Frozen |
|  |  |  |  |  |  |  | Shelf Stable |
|  |  |  |  |  |  |  | Modified Atmosphere Packaging (ex. Mom’s Meals) |
|  |  |  |  |  |  |  | Other (Specify) |

**Frequency of Contact Determination**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes | | No | | Criteria | | Definition | |
|  | |  | |  | |  | |
|  | |  | | Frail | | * Unable to perform at least two ADLs without substantial human assistance including verbal reminding, physical cueing or supervision * Due to a cognitive or other mental impairment, substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual | |
|  | |  | | Risk for Falls | | * Previous fall in the last 6 months * Difficulty walking or getting out of bed or chairs * Difficulty maintaining balance while walking * Feeling weak or dizzy * Forget limitations or have a cognitive impairment such as Alzheimer’s | |
|  | |  | | High Nutritional Risk | | * 0-2 points - Good - recheck in 6 months * 3-5 points - Moderate Risk – recheck in 3 months * 6 or more points High Nutritional Risk | |
|  | |  | | Deficiency of three or more ADL/IADLs | |  | |
|  | |  | | Isolated **without** a support system | |  | |
|  | |  | | Isolated **with** a support system | |  | |

**Type of Contact**

|  |  |  |
| --- | --- | --- |
|  | Type | Criteria |
|  | Daily | Frail, isolated without a support system, history of falls or high fall risk, deficiency of 3 or more ADLs/IADLs, and high nutritional risk, |
|  | Weekly | All non-traditional HDM participants must be contacted at least weekly. |
|  |  |  |
|  |  |  |
|  |  |  |

**Brief description of how contacts will be made**: