

**Purchase Area Development District
Area Agency on Aging and Independent Living
Area Plan Summary for FY19-FY21**

Introduction

The mission of the Purchase Area Development District (PADD), Area Agency on Aging and Independent Living (AAAIL) is to provide leadership in the planning and coordination of a comprehensive system of programs and services for the elderly, disabled, and their caregivers and to advocate for and ensure that consumers, who qualify for services administered by the AAAIL, are provided an opportunity to receive services which will enhance their ability to maintain or improve their quality of life.

The Purchase Area Development District is a partnership organization that offers support to city and county governments in the eight-county region of far western Kentucky including Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall and McCracken Counties. The PADD is an essential link between local, state and federal entities by providing opportunities for community leaders to gather, share common concerns and create innovative approaches to local and regional challenges. The PADD has been in existence since 1969.

A diverse collection of services that touch every aspect of life in the Purchase are provided. These include, but are not limited to, human support, community support, information, and special projects. The blending of these offerings provides a well rounded approach to meeting the current and future needs of the district.

According to the 2010 census figures, the PADD has a population of 45,901 persons aged 60 or older. The number of persons who are 60+ is 23% of the total PADD population.

The PADD is governed by those served. The board of directors includes judge executives, mayors and citizen members from throughout the Purchase. Over 250 community members actively participate in committees and task forces that provide input and guidance to the program areas they support. Funding for these programs is provided through a blending of federal, state and local sources.

The PADD is the designated Area Agency on Aging and Independent Living, and the Aging and Disability Resource Center.

Needs Capacity

A Needs Capacity survey was conducted during several months beginning in November 2017. The survey was made available through the PADD website, with assistance provided as needed, across the region to seniors, professionals, the

general public, caregivers and current recipients of aging services. The data collected from the completed surveys is used, along with other data, to help determine services needed in the district and the level to which those services are utilized and/or needed. A Needs Capacity survey will be conducted again the fall before the completion of the next new Area Plan.

SERVICES

The most utilized services in the district are the Home Delivered Meals, Congregate Meals program and III-B Supportive Services: Telephone Reassurance and Transportation. These programs receive the most federal or state funding; therefore, can serve more individuals. However, there are no Title III funds available at this time to expand services or add new senior centers which provide the Congregate Meals program and III-B Supportive Services.

The nutrition programs in each county are contracted to the senior centers. The meal programs meet important needs: a noon meal and face-to-face human contact. Each meal is nutritionally balanced and provides the required 1/3 daily allowance of nutrients. There is no charge for the meals; however donations are encouraged in order to serve more individuals. Most people donate and it is confidential and voluntary. The donations are used to increase the number of meals that can be served in a county. The atmosphere at the congregate sites is beneficial to the seniors and the home delivered meal clients benefit from contact with the delivery staff who are often the only people they may see on any given day.

In terms of numbers of people using the service, the highest numbers of people are served by the senior centers and includes those who participate in the congregate nutrition program. Senior Centers have a visible presence in each county. The media supports the senior centers and seek out the seniors for quotes on a variety of issues. The fact that meals are provided at the senior centers is major factor which influences participation.

The congregate meal is convenient and allows the senior center participant to remain in one place for the day or as long as they wish and to enjoy activities with their peers.

There is a real need for the home delivered meal program for frail and isolated seniors. The home delivered meals are also provided through the senior centers in each county.

Each county has at least one focal point senior center that provides a variety of services and programs. Senior Center III-B Supportive Services which are funded with the funds from the Administration on Aging currently include transportation, health promotion (exercise, health screening and health education), and telephone reassurance. Senior Centers also provide the Federally and state

funded nutrition programs. In addition, the centers also have recreational activities, information and referral services, outreach, volunteer opportunities, educational programs, crafts, parties, dances, travel opportunities and more. An ongoing goal of the county senior centers is to increase participation in the senior center programs.

There are satisfied participants in all the aging programs as evidenced by the results shown in the annual satisfaction surveys.

One of the major strengths of the services is the commitment and dedication of the provider staff in their efforts to serve the residents of their communities to the maximum extent. This dedication and caring is crucial to quality programs. Most staff go above and beyond the normal scope of work.

Three services are most under utilized. They are III-D Evidence Based Programs, the Aging and Disability Resource Center (ADRC), and Title III E National Caregiver Program. During recruitment of participants for III-D Evidence Based programs, interest is usually high initially. When explained that the program(s) are more than 2 or 3 weeks in length, interest falls away. It has been noted during some of the Evidence Based Program classes that the level of interest in an interactive class was not as preferred as a lecture type format. The potential cause(s) of the ADRC being underutilized/used less than others, is being evaluated. As with the Title III E National Caregiver program the cause(s) of this service being utilized/used less than others for respite is being scrutinized so that strategic efforts may be focused in this area.

The PADD AAAIL and subcontractors continually seek appropriate ways to increase the visibility of their services. Most AAAIL and provider staff members are involved in local councils, coalitions and advisory boards as well as other organizations with which to collaborate to meet client needs. Most aging service agencies do not randomly market services due to large waiting lists. Instead, specific organizations or groups of people are targeted to capture the neediest clients for specific services. Staff members speak at meetings and also at educational institutions and are involved in many community meetings and activities such as Inter-agency councils. The District Long term Care Ombudsman presents to groups about Long Term Care issues and Elder Abuse awareness. The PADD has a website, Facebook page, a blog, publishes a quarterly newsletter and publishes an annual report. Many subcontractors have websites and publish newsletters. The AAAIL has extensive e-mail lists which are used to contact others for outreach and to provide resources or information. AAAIL and provider staff have been, and will continue to be, on radio shows, cable TV shows, interviewed in the newspaper, etc. AAAIL staff members participate in approximately 10 health fairs each year and subcontractor's staff is also involved in conducting and/or attending health fairs to reach new participants.

The AAAIL coordinates with all sub-contractors and other agencies in the district. Coordination within the AAAIL is cohesive. For example, Homecare and the Caregiver Program collaborate frequently to provide the best and most cost-effective services for which consumers meet eligibility requirements and also to fill in gaps until a consumer can be moved from a waiting list to a service. Other PADD programs such as the Transportation Department work with aging staff members to assist providers and clients.

The AAAIL measures progress by documenting increased usage of services with a corresponding increase in the amount of the budget that is expended. A growing waiting list shows an increase in the need for a particular service. The AAAIL also uses the ADRC call-in statistics. Although the AAAIL occasionally may pay for advertising, generally less expensive ways of increasing visibility are used. Progress can be measured when there is an increase in participation in a program though more often people are simply added to a waiting list.

In partnerships, the AAAIL endeavors to provide additional services. Partnerships also allow the AAAIL to expand the types of opportunities available to seniors and to aging staff. Some partnership examples include: The Purchase Area Mental Health and Aging Coalition for training, the Elder Protection Council to increase awareness about Elder Abuse, and others.

The AAAIL participates with many other agencies to promote training and educational opportunities for seniors and aging staff. Some examples include working with the University of Louisville on Disaster preparedness, collaborating with local organizations which support and/or provide educational training, providing training in our organization which others may attend free of charge, working with the local Red Cross and the health departments to provide specific training for providers and utilizing resources of other organizations such the institutions of higher learning, other district state agencies, local hospitals, home health care providers, assisted living facilities, Long Term Care facilities, housing corporations, etc.

The AAAIL has a substantial video loan library for use in the district. Staff members also make presentations on TV or in person about various aspects of services including LTC options.

TRAINING

The AAAIL requires each contractor to meet the program-specific training requirements. The AAAIL monitors for compliance with that requirement. The AAAIL has provided specific training to providers on an annual basis by referral to a training or payment to attend. The AAAIL provides opportunities to in-house

staff, contract staff and Aging Committee members via webinar notification, conference notification, in-services, etc. AAAIL staff attends annual program training as offered through the Department for Aging and Independent Living (DAIL). All in-house and provider agency staff has access to the AAAIL loan library of books and DVD's. The AAAIL arranges speakers for Aging Committee meetings in order to keep the members fully informed and engaged in aging issues. The AAAIL provides or arranges training opportunities to the fullest extent possible. Progress is evaluated by the number of training events offered, and/or the number of attendees, and/or the number of materials checked out from the loan library.

INTAKE AND REFERRAL

The PADD/AAAIL maintains an information and referral/assistance phone line as part of the Aging and Disability Resource Center (ADRC) initiative. A full-time Information and Referral specialist (ADRC Coordinator) began work in late 2011 and leads this initiative. Other Aging Information and Referral Specialist Certified staff provide back-up services as needed.

The AAAIL collects the client's intake information using an intake document and uses the SAM's Information and Referral database to record the required consumer demographic data.

The ADRC phone line is toll free and is answered by a staff member Monday through Friday from 8:00 a.m. until 4:30 p.m. (except holidays). On weekends, nights, or if the phone is busy, there are back-up staff to answer the phone or voice mail.

WAITING LISTS

Each AAAIL program follows the waiting list policy and procedures required of their programs. III-B Supportive Services and III-C Congregate Meals Programs are provided on a first-come first-served basis and the providers manage those waiting lists if there are any. The Homecare program has a waiting list that incorporates the level of care needed, county of residence (so we can serve each county in numbers which approximate the population), and length of time on the waiting list, if applicable. Each wait list is developed according to federal or state regulations and using local policies, as needed. Lists are kept on file according to county of residence, level of care and length on waiting list. Waiting lists are updated periodically (no less than once per year).

Homecare and Title III-E Caregiver Services have the largest waiting lists. The programs are most successful when clients begin services at the earliest stages of need and increase services as needs increase. However, due to the long waiting lists, a place in the programs often does not become available until the consumer has declined significantly in their health status. The result is that the

program is less effective as the client is served later and later in their aging cycle leading to a reduced benefit. If seniors could access the programs at the earliest signs of decline, then add on services as the needs arise, that might delay or prevent a more rapid decline and the necessity to seek institutionalized care.

FINANCIAL MANAGEMENT

In accordance with federal and state regulations, all program income, fees or donations are reported to the PADD each month by contractors. Providers are paid their reimbursement after the deduction of any fees, donations or program income. Any other funds received by a provider for local in-kind or dollars are used as match. By deducting the fees, program income and donations from the budget request amount, there is more money left to use to expand services.

The AAAIL has made efforts to find resources for our provider agencies and has assisted them as needed/requested with applications/letters of support, etc. The PADD is willing to partner with other agencies on any initiative that would be beneficial to the district's seniors. As a general policy, the PADD does not compete with providers for local funds so is not involved in fund raising efforts.

Aging committee and PADD Board members are provided budget and financial information. Those bodies vote on all budget items for provider agencies. At each meeting, members are made aware of service and funding reports from the SAMS database which show units provided, clients served and funds paid to providers. The Aging Committee Chair is a member of the PADD Board of Directors. She provides a report each month to the PADD board. The board has access to the SAMS report on the PADD website. The board members ask questions during the meeting if needed and are encouraged to talk with aging staff anytime they have questions.

The PADD/AAAIL has an approved funding formula which is used to allocate funds for each of the Title III-B Supportive Services and III-C Nutrition Services. Agencies which provide district-wide services (Homecare as an example) generally each receive the amounts allocated by the state and, unless they must provide services on a strictly needs-based priority-measured system, they are required to look at geographic location and deliver services among the counties in an equitable manner based on population.

The AAAIL receives the funding amounts, and prepares information for the Aging Committee's Project Review Subcommittee. The Project Review Committee reviews all data and material. They are the first group to make a recommendation regarding funding based on an extensive review of need, historical data, use of services, provider success, etc. After this process, the Project Review Committee takes a recommendation to the Aging Committee where additional members, community members and provider agency staff can review the material presented. The Aging Committee votes on the recommendations and submits

their recommendation to the PADD Board of Directors. The PADD Board then votes on the recommendation and the decision is then final.

PROGRAM MONITORING

Each provider/program under contract with the PADD is monitored on-site annually. Standard evaluation forms are used for each service. PADD staff members conduct each review, and write a report which is sent to the provider. Providers respond to the PADD/AAAIL if needed with a corrective action plan. If there is a question regarding the responses, the provider is either called for clarification or re-monitored and the process repeats itself until compliance is met. The PADD maintains results on file. Copies of monitor tools are sent to DAIL for review and copies of monitoring results are also sent to DAIL.

Outcome and Performance Measures FY 2015

GOAL 1: 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.		
Continue to develop the ADRC to its fullest extent with available funding for easy access by consumer to information about services and options available to them.		
Maintain/increase the ability of AAAIL staff to serve in this capacity by providing adequate training and certification opportunities for ADRC staff and back-up staff.		
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.		
Support seniors using all feasible existing resources to remain in the homes for as long as is reasonable.		
Enable caregivers to receive respite or other assistance in a manner that is most beneficial to their situation.		
GOAL 3: Empower Kentuckians to stay active and healthy through services and prevention benefits, including health care programs and other resources.		
Provide at least three (3) Evidence Based Programs (EBP) during the fiscal year available in as many counties as feasible.		
Provide/help secure training for EBP class leaders who can provide EBP in as many counties as feasible.		

GOAL 4: Protect the safety and rights of Kentuckians and seek to prevent their abuse, neglect, and exploitation.		
Maintain and continue to encourage AAAIL staff active participation in the local Elder Protection efforts, including work with district partner agencies, to promote elder abuse awareness.		
Provide education on abuse, neglect and exploitation to the district's elderly, caregivers, providers, LTC facility staff and the general public.		
GOAL 5: Ensure effective and responsive oversight of program and financial management.		
Meet all DAIL deadlines within our control.		
Expand the required amount of funds per year as required by DAIL in each program within our control.		