



# 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.Aging@ky.gov)**

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

**Purchase Area Development District  
Area Agency on Aging and Independent Living**

**I. Mission and Vision**

Some things to consider when developing your mission and vision:

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

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

The mission (purpose) of the Purchase Area Development District Area Agency on Aging and Independent Living is to provide leadership in the planning and coordination of a comprehensive system of programs and services for the elderly, disabled, and 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.

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

The Purchase Area Development District Area Agency on Aging and Independent Living is a partnership organization that offers support to city and county government officials/programs in the eight county region of far western Kentucky including services for the elderly, disabled and caregivers. 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. 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 and its residents.

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 serves the counties of Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall and McCracken all located in the most western region of the state. The area is primarily rural.

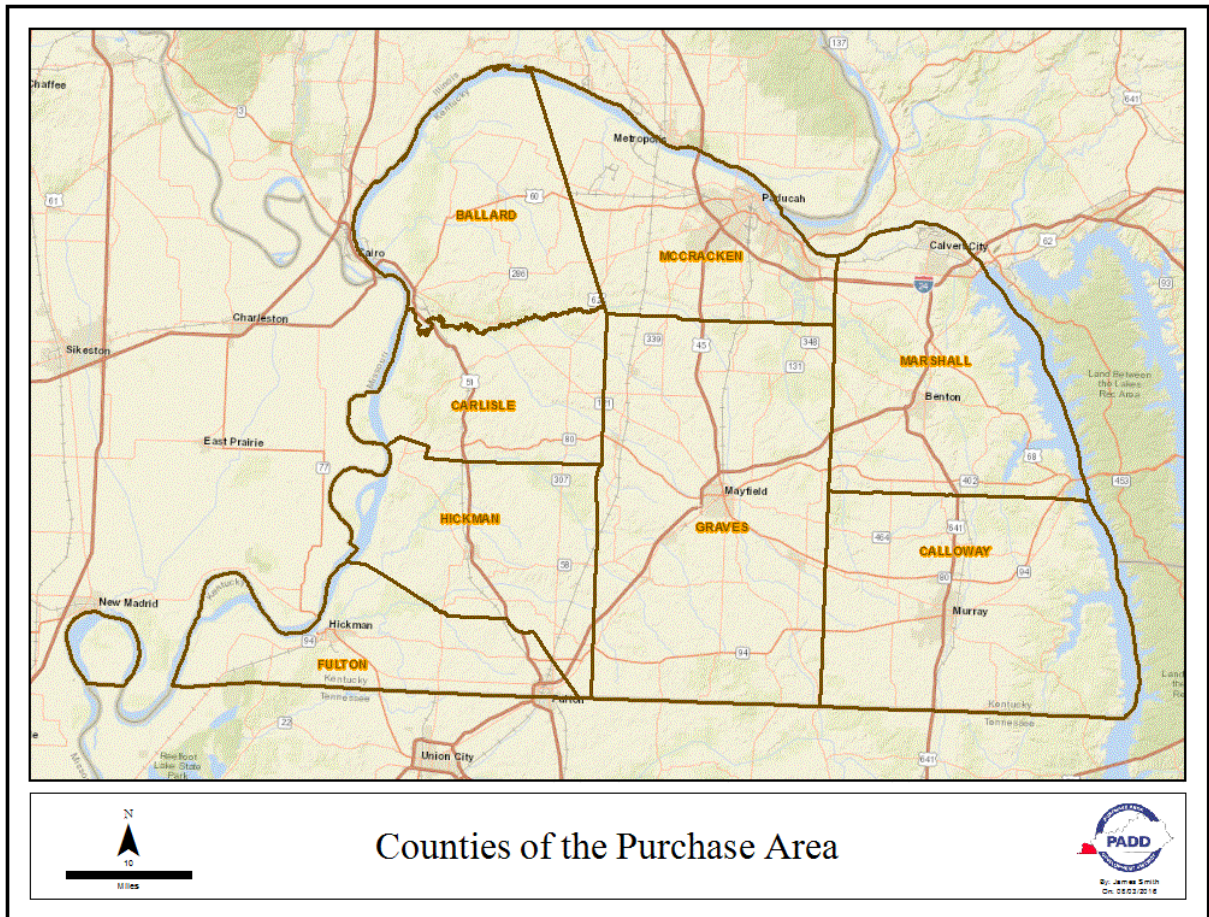
The PADD is the designated Area Agency on Aging and Independent Living and Aging and Disability Resource Center.

II. Service Area

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

The Purchase Area Development District includes the following counties: Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall and McCracken. The district is bordered by the Ohio, Tennessee, and Mississippi rivers. States bordering the Purchase Area (some across the river, include, Illinois, Tennessee, and Missouri).

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



### III. Profile of Your Region

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

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

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

Year for which data is current:

2016
Estimate

Information  
Not Available

a. Percent of persons 60 and older in your region	<input type="checkbox"/>	50,378
b. Percent of region's total population over 60	<input type="checkbox"/>	26%
c. Percent 60+ who are low income (poverty rates as provided by HHS)	<input type="checkbox"/>	9.9%
d. Percent 60+ who are minority	<input type="checkbox"/>	6%
e. Percent 60+ who live in rural areas	<input type="checkbox"/>	58.1%
f. Percent 60+ with severe disability (3 or more ADL/IADL impairments)*	<input type="checkbox"/>	34.7%
g. Percent 60+ with limited English proficiency	<input type="checkbox"/>	0.6%
h. Percent 60+ with Alzheimer's Disease or related dementia	<input checked="" type="checkbox"/>	
i. Percent 60+ isolated or living alone	<input type="checkbox"/>	42.4%
j. Percent of grandparents or older relative raising a child under 18	<input type="checkbox"/>	1.3%

\*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	46.14
b. State government grants/contracts	43.13
c. Local government grants/contracts	
d. Foundation grants/contracts	
e. Corporate grants/contracts	
f. Direct mail fundraising	
g. Fundraising events	
h. Individual contributions	
i. Fees for services	
j. Other (Specify: <u>Local</u> )	4.99
k. Other (Specify: <u>Program Income</u> )	5.74
Total.....	100

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

	Name of Source	Value (\$ amount) for current fiscal year
A	Title III Admin	\$111,085
B	Title IIIB Supportive Services	\$294,026
C	Title IIIC1 Congregate Meals	\$ 289,030
D	Title IIIC2 Home Delivered Meals	\$ 319,313
E	Title IIID Preventive Health	\$14,734
F	Title IIIE National Caregiver	\$143,255
G	Title VII Elder Abuse	\$4,471
H	Title VII Ombudsman	\$7,376
I	MIPPA SHIP	\$16,871
J	Homecare (HC)	\$910,775
K	MIPPA AAA	\$9,547
L	State Long Term Care Ombudsman	\$47,434
M	Improving Arthritis Outcomes (IAO)	\$ 3,000
N	Nutrition Services Incentive Program (NSIP)	\$ 120,466
O	Ageing and Disability Resource Center (ADRC)	\$ 34,200
P	ACL State Health Insurance Assistance Program (SHIP)	\$ 33,684
Q	MIPPA ADRC	\$4,563
R	Title V SCSEP	\$162,235
S	Functional Assessment Service Team (FAST)	\$1,000
T		\$

U	[[	\$ . ]]
V	[[	\$ . ]]
W	[[	\$ . ]]
X	[[	\$ . ]]
Y	[[	\$ . ]]
Z	[[	\$ . ]]
AA	[[	\$ . ]]
BB	[[	\$ . ]]
<b>GRAND TOTAL</b>		<b>\$ 2,257,065 . ]]</b>

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



## V. Services Offered as Part of Your Plan

	Is this type of service offered?		Is service directly provided by AAAIL?		Is service provided under contract?		Number of people served in FY17	Amount spent in FY16(round to nearest hundred)	Funding source(s) (use letters from Section IV)
	Yes	No	Yes	No	Yes	No			
<b>a. Advocacy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>b. Information and Referral</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	930	98,300	F,J,O
<b>c. Legal Assistance</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	224	19,700	B
<b>d. Transportation</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	678	218,800	B
<b>e. Home Delivered Meals</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	629	655,200	D,J,N
<b>f. Congregate Dining</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,959	481,500	C,N
<b>g. Senior Center</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>h. Mental Health Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>i. Dementia Care or Support Group</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>j. Caregiver Support Group</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	112	135,100	F
<b>k. Caregiver Training or Education</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>l. Training or Education or Older Adults</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3,646		C,D,J
<b>m. Training or Education for Service Providers</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17		B,G,H,L
<b>n. Training or Education for Volunteers</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7		B,G,H,L
<b>o. Case Management</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	212	203,700	J
<b>p. Housing or Shelter Assistance</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>q. Personal Care or Home Health Services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40	47,500	J
<b>r. Homemaker Services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	147	222,400	J
<b>s. SHIP</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	106	36,500	P
<b>t. Elder Abuse Prevention</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31	4,500	G
<b>u. Disease Prevention Health Promotion</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,734	115,600	B,E
<b>v. Adult Day</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>w. Consumer Directed Option</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>x. Ombudsman</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	614	80,000	B,H,L
<b>y. Telephone Reassurance</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	260	45,100	B
<b>z. Friendly Visitors</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9		B,G,H,L
<b>aa. Personal Care Attendant Program</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>ab. Senior Community Service Employment</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		200,300	R

	Is this type of service offered?		Is service directly provided by AAAIL?		Is service provided under contract?		Number of people served in FY13	Amount spent in FY13 (round to nearest hundred)	Funding source(s) (use letters from Section IV)
	Yes	No	Yes	No	Yes	No			
<b>ac. Other – Specify:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>ad. Other – Specify: FAST</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0	S
<b>ae. Other – Specify: MIPPA</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	579	22,600	I,K,Q
<b>af. Other – Specify: IAO</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20	500	M
<b>ag. Other – Specify: HC Escort</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23	13,800	J
<b>ah. Other – Specify: HC Respite</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	20,100	J
<b>ai. Other – Specify: HC Repair</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25	3,500	J
<b>aj. Other – Specify: HC Supplies</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	71	7,700	J
<b>ak. Other – Specify: HC Assess</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	174	37,300	J

## 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	Purchase Area Mental Health and Aging Coalition and subcommittee of Elder Protection	Mental health and Aging issues, including elder abuse, neglect and exploitation. Examples: Restaurant placemats distributed for Elder abuse Awareness Month, Annual Training Conference, educational speakers at meetings, etc.	2001
2	Kentucky Cancer Program	Colorectal Cancer Awareness – Blue Star Campaign AAAIL is a partner agency and has involved all of the senior centers in this effort to bring awareness and understanding to the importance of screening for detection and to help reduce the stigma and fear of the necessary procedures needed to find the earliest signs that cancer may develop. Another important effort has been in encouraging mammography to help detect breast cancer in older women.	2006
3	AARP and Alzheimer’s Association	Various initiatives/forums/trainings/, etc.	1972
4	Purchase District Health Department	Training, projects, collaborations regarding elderly clients	1972
5	Lourdes Hospital, Baptist Health, Jackson Purchase Regional Medical Center	Collaboration/coordination on services needed for seniors upon hospital discharge to home.	1972
6	Clinics, VA offices, MA Medical Center	Same as above and referral by our agency to theirs and vice versa. Marion VA Medical Center: working on establishing a Veteran’s Directed Care Program.	2000
7	Social Security Office	Referral between the two agencies. Training collaborations	1972
8	Department for Community Based Services	Coordination for serving Medicaid clients and the Kentucky grandparent program clients	1972

<b>9</b>	Purchase Area Health Connections	To facilitate and support collaboration of partners for the improvement of health and well-being of individuals in the Purchase Area	2017
<b>10</b>	Purchase Area Care Coalition	To improve patient transitional care, thus reducing hospital readmission rates, providing the foundation for person centered and directed community care, and bridging the gaps between in-patient care, discharge transitional care, and community care to provide more holistic patient care overall.	2016
	Collaboration Partner	Activity or Focus of Collaboration	Approx. Year Began

## 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?

**Formally:** The PADD (just before the completion of a new Area Plan cycle) conducts a community wide survey to a large number of consumers, aging network staff, caregivers, local officials, the general public, etc. The data is tallied and used to plan for services in the district.

**Formally:** Annual surveys are provided to program participants to gather satisfaction feedback. Each subcontractor must conduct a yearly satisfaction survey and provide the results to the Area Agency on Aging & Independent Living (AAAIL). Also, the AAAIL conducts satisfaction surveys for all services administered directly by the AAAIL.

**Informally:** On an on-going basis, PADD staff talk with committees, community organizations and subcontractor groups. During monitoring PADD staff ask participants questions about needs and services.

11. How often do you collect this information?

- Monthly  
 Quarterly  
 Semi-annually  
 Annually  
 **Other: At least annually from all programs (contracted or administered directly) consumers; formally through surveys and informally, on an on-going basis. A formal extensive survey was conducted in Spring 2011, Fall 2014 and Fall 2017. Hereafter, it is intended to be conducted just prior to any new Area Plan development cycle.**

12. When did you conduct your most recent capacity assessment? November & December 2017

(month and year)

13. When is the next capacity assessment scheduled? October/November 2020

(month and year)

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

**The PADD AAAIL uses the information to rank need for services (by county and by district) and uses it in developing future plans for funding distribution and services.**

## IX. Capacity Building Plan

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

1. **Expand Evidenced Based Health Promotion programs within the Purchase District.**
2. **Enhance the ADRC resource information available.**
3. **Increase Caregiver training and education.**

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

1. **Continue to promote DAIL provided EBP Trainer courses among contracted agencies. Promote availability of EBP through partner coalitions such as PAHC and PACC. Partner with the local Departments of Public Health, Senior Centers, educational institutions, and/or other agencies to offer programming at additional facilities.**
2. **Work collaboratively with the Purchase Area Health Coalition in production of their on-line Community Resource Guide for the Purchase District which is to contain information for different aspects of health including, but not limited to, medical providers, government resources, parks, food pantries, and shelters. Contact information, some of which are address, phone number, and website, will be provided as well as services/programs that are offered.**
3. **Continue to provide Caregiver training and education to the established local Caregiver Support groups. Foster Caregiver Support groups in counties/cities that do not have a group.**

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

Yes

No

If not, why?

**The goal of providing Case Management or Veteran Directed Care has been established and is currently providing services.**

**The goals of establishing a Transitional Care program for with a local Hospital was accomplished. The program was successfully operative and re-admittance rates reduced for that hospital. The hospital also implemented interventions in the Emergency Room which helped reduce re-admittance rates. The early interventions proved so successful that referrals to the Transitional Care program were reduced to a rate that made the program no longer feasible for the hospital or the PADD.**

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

**The goal of providing Evidence Based Health Promotion programs in all counties of the district has not yet been fully met. Additional efforts are noted above to continue those efforts. Establishing stronger working relationships with the Local Departments for Health up to and including them bidding to be a Title IIID contractor has been a work in progress.**

19. Total number of program managers/supervisors 7 Number
20. Total number of program staff 19 Number
21. Total number of program volunteers (in house & contract) 174 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? 26 Number  
 Which programs? Local Providers
26. How many new staff were hired by the AAAIL in the past 12 months? 4 Number  
 Which programs? SHIP (1), ADRC (1), Homecare (1), PDS (1)
27. Are there written job descriptions for all positions in your agency?  
 Staff?  Yes  No  
 Volunteers?  Yes  No
28. Do you conduct annual performance reviews for all staff?  
 Yes  
 No  
 If no, please explain?
29. Do you have any plans to help staff members increase knowledge or skills during the next year?  
 Yes  
 No

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

**Purchase ADD plans to help staff members increase knowledge and/or skills during the next year through program relevant professional development, attendance at DAIL provided training, participation in the local Purchase Area Mental Health and Aging Coalition annual conference, participation in the Purchase Area Health Coalition Health Summit, Webinars, and other trainings as specific training needs are identified.**

**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?**

**PADD continues to recruit in the SHIP and Ombudsman programs including use of the media (Print, radio, website postings, blog notices, email blasts), public presentations and word of mouth (recruitment by other volunteers). Senior Centers have their own recruitment strategies. The AAAIL has provided information to all service provider contractors regarding Volunteer Policies and Procedures including information on recruitment, intake and evaluation, retention, supervising, recognition, etc. The AAAIL has a working relationship with the RSVP program to assist in recruitment of volunteers.**

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

**Progress is tracked in a number of ways:  
Financial analysis, Annual Client Satisfaction Surveys, Public Hearing, AAAIL Aging Committee Meetings, ADD Board of Directors Meetings, Annual Program Monitoring of all subcontracts, an DAIL Annual Program Monitoring.**

**Goal 1. The number of Evidence Based Programs provided will be counted.**

**The number of Evidence Based Program classes will be counted.**

**The number of counties in which Evidence Based Program classes are provided will be counted.**

**Goal 2. The number of human services agencies, programs, and contact information will be counted after working with Purchase Area Health Connections on the on-line directory.**

**Goal 3. Caregiver training and education provided to established local Caregiver Support groups is recorded. Efforts and contacts made to foster Caregiver Support groups in counties/cities that do not have a group will be recorded.**



**X. Public Hearing**

**34. Area Plan Public Hearing**

Date	Time	Location	# of participants present	# of staff present	# of others present
3/14/18	2 pm	PADD Office, Mayfield	8	4	4

Date plan available for review	Place(s) available for review	Dates advertised	Ad appeared in newspaper
3-9-18	PADD website	3-3-18	Murray Ledger
		3-4-18	Paducah Sun

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

**Per Public Notice: Participation is actively sought from persons aged 60 and older, Native Americans, minorities, rural elderly, low-income and low-income minorities (greatest economic need), persons with limited English speaking ability, the disabled, and caregivers, including caregivers of individuals with Alzheimer’s Disease and related disorders. Persons who cannot attend the hearing may send comments to the address above, fax comments to the PADD at 270-251-6110, or email comments to [ann.ponder@purchaseadd.org](mailto:ann.ponder@purchaseadd.org). Please notify the PADD of any special needs or accommodations. For more information, contact Ann Ponder Simpson, Area Agency on Aging Director at 270-247-7171.**

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

**Newspaper ad, public hearing, written notice, phone, email, face-to-face, announced at PADD Board Meeting and Aging Committee and Project Review meetings.**

**37. Summary of public comments:**

**“The Area Plan looks good.”  
2 people had questions about Caregiver services and how to access them. Their questions were answered.**

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

**There were no public comments that resulted in changes to the Area Plan.**

## **XI. Service Usage**

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

- 1. Financial assistance. The AAAIL receives requests for cash money and refers to appropriate sources which are very few.**
- 2. Extended hours for provision of Homecare Services.**
- 3. Transportation assistance to travel to out-of-district or out-of-state medical appointments with wheelchair accessible vehicles (non-Medicaid).**

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

The meal programs in each county with the kitchens located in the Senior Centers have proven very successful. The meals are well received and the relationships among cooks, drivers and meal participants are excellent. As evidenced by the number of local officials who have participated in the Leaders for Lunches program, elected officials are very aware and appreciative of, the services provided with meals and the Senior Centers in general. The congregate meal program meets a need for a nutritious noon meal and peer group socialization with others. Home delivered meals provide a nutritious hot meal five days per week and provides a face-to-face contact with the meal delivery driver who often is the only person the meal recipient sees on any given day. The cost is by voluntary contribution only. The atmosphere in the congregate sites is beneficial to the seniors and the home delivered meal clients' contact with the drivers is needed and appreciated.

Each county has a focal point senior center that provides in-home, access and other activities as well as noon congregate meals. The health promotion programs are well received and seen as an important service. All senior centers have exercise programs, health screenings and health education programs. All centers also have transportation programs which provide access to the senior center and other destinations within their county. Trips are also sometimes planned out-of-the-county for recreation, shopping or educational events.

Transportation and Escort services are important to our rural district. The need for transportation follows the trend of cost of living expenses continuing to rise. All Senior Centers provide a level of transportation. Availability of more economical and accessible transportation is needed.

The AAAIL coordinates well with all AAAIL sub-contractors and other agencies in the district. Coordination within the AAAIL is cohesive. 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 (Caregiver program is the primary service to help meet Caregiver needs (through respite or supplemental supplies, until a client can receive Homecare services based on their priority rating and the availability of services). Once an opening is available in Homecare and the client's priority rating indicates they are next to receive services through Homecare, that information is communicated to the Caregiver program Coordinator. The client is assessed by Homecare and a date is set that will be the last date of service for that client through the Caregiver program and the first date for the client to begin services through Homecare. This is communicated with the service providers and documented in SAMS.

A strength of the aging system is the commitment and dedication of the staff in their efforts to serve the residents of their communities to the maximum extent. Staff genuinely care about the wellbeing of the people served. This dedication and caring is crucial to quality programs. Most staff go above and beyond in their efforts within the normal scope of work. The Aging Committee is active and participates in all decisions.

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

While the home delivered meal programs in each county are one of our strengths, the capacity to provide greater numbers of hot meals (not shelf stable) to our most rural areas, five (5) days per week is a challenge. Provision has been made for those who are more than twenty (20) miles from the nearest delivery route: delivery of 1 hot meal per week along with 4 shelf stable meals. This does provide the consumer meals and telephone contact. However, the face-to-face visit and the ability of the delivery driver to observe any potential safety concerns and/or note any marked changes in the status of the consumer that would need to be reported for follow up of those qualified to assess the situation, is removed.

Providing Evidence Based Programs (EBP) in the Senior Centers is an area in which we could improve. The time requirements and differences in documentation between III-B Health Promotion and III-D Evidence Based Programs has been expressed as a concern by the Senior Center Administrators.

As mentioned above, transportation service is important to our rural district. For some of our consumers residing in more outlying areas, transportation may not be available and/or accessible transportation is not available.

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

**1. Home Delivered Meals**

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

HDM are needed by the frail, home bound elderly who are unable to attend the congregate meal sites and are unable to independently prepare nutritious meals. HDM provide nutritionally balanced meals that comply with most recent dietary guidelines published by the Federal Government.

**2. Congregate Meals**

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

The congregate meals programs is utilized by many of our consumers who live by themselves. It serves the purpose of socialization and the receipt of well-balanced meal which some who live alone choose not to prepare for one person. For some consumers, cooking a full meal becomes more and more of a challenge. Having a pleasant environment to enjoy a well prepared, well balanced meal may help those consumers stay in their homes longer.

**3. IIIB Supportive Services Telephone Reassurance & Transportation**

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

The III-B Telephone Reassurance is a vital, consistent contact with someone familiar. It provides reassurance to the consumer that they are valued and that someone will call to check on them. It provides for family, friends and other caregivers of the consumer, an additional support and source of human contact for the consumer.

Purchase ADD is a very rural area. Our AAAIL contracts with the Senior Citizens Centers to provide Title III transportation in all eight counties and Homecare Essentials Escort in three (3) counties. Older adults who live alone and have limited supports rely heavily on the transportation services. The Senior Citizens Centers' vans and mini buses transport clients to senior centers, shopping, grocery stores, medical appointments, etc. five days per week.

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

1. Title IIID Evidence Based Programs

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

The Evidence Based Programs (EBP) have been underutilized. During recruitment of participants, interest is usually high initially. When explained that the program(s) are for more than 2 or 3 weeks in length, interest falls away. It has been noted during some of the EBP classes that the level of interest in an interactive class was not as preferred as a lecture type format.

2. ADRC

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

The potential cause(s) of this service being underutilized/used less than others for general information and referral and Level 1 Screenings is being evaluated.

3. Title IIIE Caregiver

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

The potential cause(s) of this service being utilized/used less than others for respite is partially due to length of time from assessment and referral to the provider agency to the client receiving services. Strategies are being evaluated to address this concern.

**XII. Participant Feedback and Satisfaction**

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

- Yes
- No

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

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

46. How often is feedback collected?

- Monthly
- Quarterly
- Semi-annually
- Annually
- Other, Specify: Providers and the PADD collect information at least annually or more often; this depends on the provider.

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

Providers are required to collect information and send to the PADD a summary of the information which includes the number of surveys distributed, the number returned and the results. They also keep the information on file for review when staff monitor. Almost all

**feedback is positive. If there are areas of concern they are addressed by the provider and/or AAAIL. The same methods for gathering information for services provided directly by the PADD are utilized (Annual Client Satisfaction Survey). The information can be helpful in determining the most successful programs and could be used to determine allocations, if needed. Many issues are addressed right away by the providers.**

**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?

Each provider is required to have processes in place to ensure coordination and efficiency. Each provider must have a plan to refer consumers to needed services. The SAMS system helps us to see what services (of those entered) are being utilized and the assessment tools generally will collect other services the consumer is receiving. The PADD is the homecare case management agency and has complete access to those clients which helps in the coordination process. Each client is called or visited monthly and assessed for additional needs as they arise. Forms are used to order services for clients with a return confirmation that services have begun. No client may receive a service until they are assessed and entered into the SAMS program. (Legal, ship and ombudsman have their own client data systems.) AAAIL staff coordinate with each other for all services offered through the PADD or case managed by the PADD.

Quarterly Aging Committee meetings are required attendance.  
Annual contractors' training is available.

Each provider is required to report "change of consequence" for clients to the PADD.  
Each provider is required to provide notification of incidents to the PADD.  
Each senior center is highly encouraged to have a Ship certified staff or volunteer available for clients at the center. (AAAIL Ship coordinator trains Ship volunteers annually).  
Staff meetings are used to share information and plan services. Program training is open to all aging staff, not just program specific staff.  
All services within the PADD AAAIL are coordinated for the most effective use of dollars.  
The PADD also has a transportation department which assists providers in securing vehicles, an economic department which has helped procure funding and coordinated the building of new senior center facilities, and WIOA which works collaboratively with SCSEP.

51. Do you have plans to improve service coordination?

- Yes  
 No

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

Service coordination can always be improved, often as the result of issues that arise unexpectedly. Our agency continues to seek new partnerships and to improve coordination on an on-going basis as concerns and resolutions are identified.

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

The AAAIL encourages provider support groups, such as the senior center directors, to meet periodically to share issues or ideas and to provide the AAAIL feedback. Participation numbers will be an indicator of stability/continuity in attendance. Training of staff will be another indicator and training will be provided from the AAAIL for some services and AAAIL staff will attend formal training offered by providers when notified and available. AAAIL staff speaks at some provider training events. Those are documented. Client satisfaction can also be an indicator looking at the number of positive satisfaction levels of service recipients. All in all, client satisfaction of services provided to meet their needs would be the major factor to determine success. We could also use the numbers of multiple services used for any given client to assist them in meeting their needs. The ADRC expansion will help ensure additional service coordination.

#### 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?**

Some of our clients are not low-income, though this is a major emphasis in our contracts with providers. We suggest methods and ideas for them to achieve the goal of reaching all of the target audiences. The PADD AAAIL targets home health agencies, hospitals discharge planners, HCBS, Medicare, elderly housing units, etc. to locate the most needy clients. Other resources are continually being sought. A new AAAIL brochure and AAAIL Regional Resource Directory are targeted for completion during FY19 and will be distributed widely, including being available via the PADD website.

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

By maintaining/increasing the number of targeted clients we serve. Comparison of clients served and identified as most needy from FY 18 can be compared to clients served and identified as most needy at various times during FY 19. This data may be pulled from 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?**

The AAAIL works to enhance the visibility of aging services; especially those that do not have waiting lists. Our agency is continuously looking for appropriate ways to increase the visibility of the AAAIL while we also support and improve visibility for the services offered through our providers. Many AAAIL staff members are involved in local councils, coalitions and advisory boards as well as continually involved with other organizations with which we collaborate for client needs. The AAAIL staff are as involved as time and financial resources allow. The AAAIL markets our services across the district. We are sure to include a wide and diverse group of organizations or groups of people to capture the neediest clients for services. AAAIL staff speak at group, council, coalition meetings and at educational institutions and are involved in many community meetings and activities such as inter-agency councils. The LTCO presents to groups about NH issues and Elder Abuse awareness. The PADD has a website, Facebook page. The AAAIL has extensive email lists which we use to contact others for outreach and to provide resources and information. Staff has been, and will continue to be, on radio shows, cable TV shows, interviewed in the newspaper, etc. AAAIL staff participate in approximately 10 health fairs each year and that number is growing.

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



By the number of media outreach/informational events and number of attendees and also based on the increase in the waiting lists for services.

**XV. Community Opportunities**

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

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

Congregate meals, home delivered meals, health promotion (exercise, health screening and health education), telephone reassurance and transportation which are paid for with Title III funding on a per unit basis. They also provide I&R, outreach, education, recreation, crafts and trips. Most provide computers for participant use. Three county senior centers currently have commercial grade exercise equipment available for participant use. Three county senior centers currently provide Homecare Escort.

**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?**

The PADD currently has a multi-purpose senior center in each of our counties. Existing funded services in each county will not change during this planning cycle unless additional state/federal funding becomes available. Due to funding constraints the option for expansion is not feasible at this time.

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

N/A

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

- Yes
- No

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

The AAAIL has distributed materials widely to provide information and tools for LTC planning. In addition, through the ADRC, resources about LTC options are provided such as housing, services, etc. The staff distribute appropriate materials. The agency provides Section Q community based services information to those in nursing homes who request the information. The DLTCO is very active in working with community groups to speak about long term care planning

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

- Yes
- No

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

The AAAIL either provides training, as funding is available, or provides information regarding training opportunities to staff and provider agencies. For example, the AAAIL may provide nutritional training to providers, may assist providers in identifying resources for CPR & First Aide training as needed, trains advisory board members at several of their regularly scheduled meetings, provides SHIP training annually, provides Ombudsman or volunteer Friendly Visitor training as needed, conducts Homecare training for Case Management Staff with all other PADD staff and providers invited. AAAIL provides training for caregivers. As funding allows, Senior Center staff are provided assistance to attend the annual Mental Health and Aging Coalition Conference and our agency provides training for them as well. The PADD has a bimonthly schedule of training set for FY 19 Senior Center Directors. This schedule includes at minimum two sessions specifically for all nutrition provider staff. Subcontractors are required to provide other applicable training for their staff and the training units and content are monitored by the PADD for compliance. AAAIL staff attend all state program meetings and may attend special training as available and as funds allow. Providers are encouraged to do the same as time and funding allows, and are sent materials on any applicable opportunities.

The AAAIL also has free DVD's and books for check-out from our loan library that address many issues related to aging, caregiving, etc. The AAAIL has also provided many opportunities to in-house staff, contract staff and Aging Committee members via email notification of Webinars, conferences, local educational events, etc. The AAAIL arranges speakers for Aging Committee meetings in order to keep the attendees (including providers and community members) fully informed and engaged in aging issues. New Aging Committee members are trained annually.

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

Progress will be measured 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. Some programs have pre and post tests and some have satisfaction surveys. AIRS has certification which two of our Case Managers have passed. The DLTCO has tests which have been successfully completed by several AAAIL staff.

## **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.**

The ADRC service is promoted via information distributed to clients, providers and the general public. It is a focal advertisement on the PADD website and Facebook. All AAAIL staff promote the service to clients and the general public during public speaking engagements and outreach events. The toll free and local numbers are indicated as the primary contact number for the AAAIL on all AAAIL and program specific (except LTCO and SHIP) brochures,

literature and marketing items. It is indicated as the primary AAAIL contact number in all advertising and media promotions. |

72. If yes: On average, how many intake calls do you handle in a typical month? # 45-55 |

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.

Satisfaction surveys distributed during this next fiscal year to callers/consumers that have utilized the service will be collected and the results will be compiled. Satisfaction surveys results will be reviewed by the AAAIL and changes will be made as needed to improve the overall quality of the ADRC. |

#### XVII. Financial Management and Fund Development

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

Yes When looking at last FY's unexpended funds.

No

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

Per DAIL's encouragement, the Purchase ADD will work with all subcontractors to enforce the contract deliverables so that they fully expend their allocations. The Purchase ADD will work with other community partners and collaborate with other AAA's on best practices to accomplish this. |

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

All program income, match, fees or donations are reported to the PADD each month and deducted from the reimbursement request. Providers are only paid for services after the deduction of any fees, donations or program income. The AAAIL has provided donation collection record forms to providers for their use. Funds must be accounted for following the PADD AAAIL Policy and Procedure. By deducting the fees, program income and donations from the budget request amount, there is more money left to use in the provision of services (to enhance or expand services). |

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

Yes

No

80. If yes, please describe your plans.

The AAAIL has made efforts in the past to find resources for our provider agencies and has assisted them as needed/possible. The AAAIL is willing to partner with DAIL on any initiative believed to be beneficial to our district's seniors if we can find the local resources to assist with

that effort. Our agency has not been involved in fund raising for the programs within the Purchase District and we do not have the revenue generating services that bring funds into aging services. The PADD does not fund-raise because it is seen as competing with the service providers for the few community dollars available. Most providers are engaged in monthly fund-raising activities in their counties. We make every effort to support our providers in their endeavors. Purchase ADD at the recommendation of DAIL will look at private-pay options during this plan period.

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

- Yes  
 No

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

The PADD/AAAIL has an approved funding formula which is used to allocate funds for III-B and III-C services. These allocations are made to agencies which provide county-wide services (senior centers and nutrition programs as examples). Agencies which provide district wide services (Homecare and SCSEP as examples) 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 a month the counties in an equitable manner based on population. The AAAIL receives funding amounts, then prepares information for the Aging Committee's Project Review (PR) Subcommittee. The PR Subcommittee 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, and community members and provider agency staff can review the material presented. The Aging Committee votes on the recommendation and submits their recommendation to the PADD Board of Directors. The PADD Board the votes on the recommendation and the decision is then final.

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

Upon receiving budget notification from DAIL of amounts available to each program, in-house program coordinators will work with PADD accounting staff and PADD AAAIL administrative staff to formulate a plan of spending for the fiscal year. Tools utilized in this planning will include review of previous year(s) spending, numbers of clients served, numbers of clients on waiting lists, etc., that will help establish an efficient year-long spending plan to maximize numbers of clients services and help ensure appropriate expenditure of all funds awarded. Contracted services will be evaluated in a similar manner with providers and assistance given as needed to help ensure appropriate expenditure of all funds awarded for those programs. On a monthly basis, monthly expenditures, year to date expenditures and comparison to standard for that month during the fiscal year are provided by PADD accounting staff to AAAIL.

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?

The AAAIL includes in subcontractor language their need to maintain a minimum of three months-worth of operating expenses for such instance.

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

A critical evaluation as to why the funds were not expended is being made, so as to help ensure appropriate expenditure of all funds budgeted for the next fiscal year. Since we operate on a reimbursement basis, the funds provided are not invoiced, nor funds received. Unexpended funds are retained by DAIL.

## 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)

The AAAIL reviews its in-house programs monthly with a review that includes a desk monitor of financial review of expenditures and utilization of funds. The programs in-house are also reviewed for compliance with policies and procedures by supervisory staff. Client Case Files are reviewed quarterly as required. Anything

Monthly providers send back-up, hard-copy documentation to the PADD which is checked against the data entered into SAMS. The two must match before payment can be sent.

Each provider under contract with the PADD is monitored at least once annually and generally on-site. Standard evaluation forms are used for each service. PADD staff conduct each review, and write a report which is sent to the provider. Providers respond to the PADD AAAIL with a corrective action plan. If there is a question regarding the responses, the provider is either called for clarification or information is formally requested via email and mail correspondence. This process repeats until the AAAIL is satisfied that the policies and procedures meet regulation, SOP and AAAIL policies and procedures. Follow up visits are made to verify that what was submitted to the PADD is being carried out by the agency. The PADD maintains results on file for review as needed. Copies of monitoring tools and all correspondence are maintained for DAIL's review during the PADD monitor.

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

**The beginning of any informed decision is access to accurate, up-to-date information on all options available. Excellence in training of staff, and continual update of resource information are precursors to providing the information needed by older Kentuckians, their families and other consumers need to make decisions about existing health and long-term care options. Enhancing and expanding our district partnerships with resource providers will strengthen our ability to be ‘the’ most comprehensive and most accessible source of options information available in our district.**

**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;**

Through utilization of comprehensive assessment and active case management, the multiple resources of the PADD, its subcontractors (including Homecare, Family Caregiver, Kentucky Caregiver, SHIP counseling, Legal services, etc.) and other community resources may be leveraged to enable senior Kentuckians to remain in their own homes with high quality of life for as long as possible. The PADD can provide viable choices and options for assistance in a coordinated and cohesive system for seniors and for family caregivers. Support of caregivers to the maximum extent in their efforts to help their loved one remain in the home with appropriate supports is synonymous with support of senior Kentuckians.

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

To empower senior Kentuckians and individuals with disabilities to stay active and healthy, the Purchase ADD will utilize Evidence Based Programs such as Chronic Disease Self-Management; Improving Arthritis Outcomes: Walk With Ease; and A Matter of Balance, throughout the district. Soliciting certification trainings for both AAAIL staff and contracted facilitators of these programs, promoting the availability of certified trainers and curriculum, and providing support in facilitating the programs will help create an awareness and a forum for staying active and healthy.

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

Through an active leadership role in the Purchase Elder Protection Council and other various means, the AAAIL will position itself in the forefront of efforts focused on rights of older Kentuckians and individuals with disabilities, and the prevention of their abuse, neglect, and exploitation. Continually seeking educational opportunities for AAAIL staff, providers, caregivers and the community at large for the purpose of increased awareness and prevention of abuse, neglect and exploitation. The AAAIL will seek to support district wide efforts of public awareness, especially during Elder Abuse Awareness Month.

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

**Effective and responsive oversight of program and financial management is that which meets requirements and deadlines. It leverages all resources to maximize the quality and quantity of services provided. It continually listens to the consumers, providers, caregivers, and community at large and asks, ‘how can we better serve our clientele?’ It looks at history to celebrate milestones and to determine how not to repeat mistakes. It looks at the present to ascertain whether or not performance measures and benchmarks are being met. It also looks to the future, seeking forecast in trends and so that preparations for the anticipated changes in consumer needs may be made.**

**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.*

<b>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.</b>	
Objective	
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.	
Objective	
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.	
Strategies	
Implement training for staff and appropriate changes to ADRC systems as requirements of that system change. Continually add/change/delete information on services available in our district to appropriate directories. Publicize the availability of the ADRC so as to become “the” I&R source in our district for both consumers and resource providers.	
Person and entity responsible for completion	Date
AAAIL director, staff and ADRC I&R/A Specialist	Ongoing

<b>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.</b>
Objective

Support seniors using all feasible existing resources to remain in the homes for as long as is reasonable.	
Objective	
Enable caregivers to receive respite or other assistance in a manner that is most beneficial to their situation.	
Strategies	
Using the multiple resources of the PADD and its subcontractors including Homecare, Family Caregiver, Kentucky Caregiver, SHIP counseling, Legal services, and other community resources, provide viable choices and options for assistance in a coordinated and cohesive system for seniors and individuals with disabilities to remain in their homes with the highest possible quality of life. In addition, support the caregiver to the maximum extent in their efforts to help their loved one remain in the home with appropriate supports.	
Person and entity responsible for completion	Date
AAAIL staff and provider staff	Ongoing

<b>GOAL 3: Empower Kentuckians to stay active and healthy through services and prevention benefits, including health care programs and other resources.</b>	
Objective	
Provide at least three (3) Evidence Based Programs (EBP) during the fiscal year available in as many counties as feasible.	
Objective	
Provide/help secure training for EBP class leaders who can provide EBP in as many counties as feasible.	
Strategies	
Enhance opportunities for distribution of EBP funds to encourage and meet the goals of an EBP in each county. Funds will be available to any agency that wants to apply to conduct classes. The funds will be awarded based on an application and scoring process and will be awarded to the agency or agencies with provide services most advantageous to meeting the goals. Work with DAIL to identify appropriate highest tier programming, secure training for certified facilitators, promote the availability of certified facilitators to agencies who have been awarded funds for EBP funding, and support agencies who have been awarded funds for EBP with training to facilitate appropriately and strategies for implementing.	
Person and entity responsible for completion	Date
AAAIL and Provider Staff	Ongoing

<b>GOAL 4: Protect the safety and rights of Kentuckians and seek to prevent their abuse, neglect, and exploitation.</b>	
Objective	
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.	
Objective	
Provide education on abuse, neglect and exploitation to the district's elderly, caregivers, providers, LTC facility staff and the general public.	
Strategies	
AAAIL staff shall take an active leadership role in the activities of the Purchase Elder Protection Council in order to ensure continued growth of the council and development of awareness activities and events in the district. AAAIL staff shall pursue education and information for purposes of	



knowledge sharing and training other in the field of abuse, neglect and exploitation. At least one public awareness event shall be conducted during Elder Abuse Awareness Month.	
Person and entity responsible for completion	Date
Several AAAIL staff members will be involved in this effort including the DLTCO.	Ongoing

<b>GOAL 5: Ensure effective and responsive oversight of program and financial management.</b>	
Objective	
Meet all DAIL deadlines within our control.	
Objective	
Expand the required amount of funds per year as required by DAIL in each program within our control.	
Strategies	
In an effort to promote effective and responsive management at the AAAIL and with provider agencies, additional training will be provided. The AAAIL ensures that training will be made available to appropriate staff. AAAIL staff will develop or revise forms for clarity. Monthly expenditures shall be carefully monitored and each program will be responsible for meeting their goals. Reallocations will be made as needed by redistributing funds to agencies and/or programs with the greatest need. PADD staff will respond to financial and program issues at their earliest availability.	
Person and entity responsible for completion	Date
AAAIL director, finance manager, program staff and providers	Ongoing

## XXI. PERFORMANCE PLAN FORMS

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

- Form A – Area Agency on Aging and Independent Living Advisory Council Membership**
- Form B – Area Agency on Aging Independent Living Administration Staffing Plan**
- Form C – Area Agency on Aging Independent Living Direct Staffing Plan**
- Form C.1 – Provider Direct Staffing Plan**
- Form D – Public Hearing**
- Form E – Demographics**
- Form F – Case Managers**
- Form G – Adult Day Centers**

- Form H.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.**

<b>None requested</b>	
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**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.**

<b>N/A</b>	
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**Scope of Work – One scope of work completed for each service.**

<b>N/A</b>	
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**Budget Justification – One budget justification for each service. Explain how AAAIL determined final unit cost.**

<b>N/A</b>	
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*\*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.**

None requested

**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.**

EXCEPTION REQUEST ONE: Shelf stable meals will be delivered for weekday holiday meals, in advance of possible weather related events for emergency meals, when facility staff must attend required trainings or meetings, and due to unexpected outages, failures of kitchen equipment or illness of kitchen staff for Home Delivered Meal clients

In addition, shelf stable meals will be an option for each of the eight providers in the event gasoline prices reach a certain level as follows:

Shelf stable meals may be provided during the normal week cycle for one day per week whenever gasoline prices exceed \$3.00 per gallon and may be provided for two days per week whenever gasoline prices exceed \$3.50 per gallon.

Shelf stable meals shall be the only non-traditional meal allowed.

A policy and procedure has been provided to DAIL and a shelf stable meal policy and procedure has been provided for each kitchen that chooses to participate in this exception.

EXCEPTION REQUEST TWO: Shelf stable meal exception when congregate site is closed.

When a congregate site is closed due to weather conditions or because the site is not operational 5 days per week, the congregate meal provider may provide participants with an “emergency” shelf stable meal to be used during the emergency or on the weekday the nutrition site is closed.

The purpose of providing these shelf stable meals is to meet the expressed need of the congregate participant to assist in their nutritional needs.

When congregate meal providers choose to implement this exception option, the following procedures apply:

- All consumers shall receive a daily contact on the day they consume a shelf stable meal in accordance with DAIL regulations. DAIL required paperwork shall be completed.

- Home consumed emergency shelf stable meals shall be documented as shelf stable meals and shall be reported on the appropriate form showing the actual day/date of delivery and not the day it is to be consumed.
- These home-consumed shelf stable meals shall be available only on the weekdays the congregate site is closed or in anticipation of emergency conditions which would cause the closing of the congregate site.
- The implementation of this exception for congregate participants to receive shelf stable meals on the days the congregate site is closed shall only be implemented if the budget of the nutrition provider is such that providing these shelf stable meals to congregate participants will not jeopardize the congregate meals program in any way and that the congregate meal program will be financially capable of continuing meals for the contract period.
- Each participant shall have an opportunity to formally evaluate the shelf stable meal waiver program including the shelf stable meal component at a minimum of annually. Consumers may send informal requests, comments or complaints at any time.
- Only participants of the congregate meal program may receive a shelf stable meal. No shelf stable meals shall be sent out of the congregate site for someone not in attendance at the site.
- All clients shall be assessed for their ability to receive, safely store, prepare, open and consume the shelf stable meals. The assessment shall be kept in the consumer's file.
- All shelf stable meals shall be commercially prepared by an approved USDA inspected kitchen and shall be the only non-traditional meal approved. The addition of a pudding or fruit cup, bread and milk are required to be added in order to meet the complete nutritional analysis and shall be purchased separately. The entire menu shall be provided to participants to meet the nutritional requirements.
- Initial assessments and annual reassessments of the participants shall be conducted and all documentation shall be maintained in appropriate files at each nutrition provider site.
- Payment for the home consumed shelf stable emergency meal shall be made under the home delivered meal program category. No delivery charge is ever applicable to home delivered shelf stable meals.
- Each congregate nutrition program shall be required to submit a request annually to the AAAIL to provide this service and shall submit that proposal before the actual implementation of the service. The AAAIL shall provide approval before any shelf stable meals for a congregate client are provided.

EXCEPTION REQUEST THREE: Request for meal program exception, Home Delivered Meals (HDM) exception when client lives far off the delivery route.

When an eligible Home Delivered Meal client lives more than 20 miles round trip off the nearest delivery route, the nutrition provider may provide that client with one hot home delivered meal delivered along with four (4) frozen meals to last for the week.

The purpose of providing home delivered meals in this way is to allow for service to as many clients as possible in large counties and to decrease the financial burden to deliver meals to the clients. This practice will keep costs lower and allow more meals to be provided.

#### PROCEDURE

When HDM providers choose to implement this waiver option, the following procedures apply:

- Consumers shall be assessed by the PADD ADRC and Homecare Determination Team will determine eligibility for Homecare Home Delivered Meals.

- A request shall be made to the PADD for each individual in either HDM program for this program and shall include the street address of the participant and the address of the next nearest participant. Participants may not be sent meals until the PADD approves the delivery.
- Meal delivery routes shall be monitored and participants shall begin receiving five (5) hot meals per week as soon as the participant is identified in SAMS as a HDM client.
- All frail consumers shall receive a daily contact on the day they consume a shelf stable meal in accordance with DAIL regulations. For all consumers receiving shelf stable meals, at least weekly contact shall be made in accordance to DAIL regulations. DAIL required paperwork shall be completed.
- Shelf stable meals shall be documented as shelf stable meals and shall be reported on the appropriate form showing the actual day/date of delivery and not the day it is to be consumed.
- Each participant shall have an opportunity to formally evaluate the shelf stable meal exception program including the shelf stable meal component at a minimum of annually. Consumers may send informal request, comments or complaints at any time.
- All clients shall be assessed for their ability to receive, safely store, prepare, open and consume the frozen meals. The assessment shall be kept in the consumer's file.
- All shelf stable meals shall be commercially prepared by an approved USDA inspected kitchen and pre-approved by the district RD for compliance with DAIL nutritional regulations. Shelf stable meals with "order numbers" shall be provided to the nutrition programs by the RD. (No other shelf stable meals shall be used.) A minimum of six (6) different shelf stable meals shall be pre-approved by the RD in order to provide variety to the consumers. The addition of a pudding or fruit cup, bread and milk are required to be added to the "frozen meal portion" in order to meet the complete nutritional analysis and shall be purchased separately. The entire menu shall be provided to participants to meet the required nutritional requirements.
- Initial assessments and six-month reassessments of the participants shall be conducted and all documentation shall be maintained in appropriate files at each nutrition provider site.
- Each nutrition program shall be required to submit a request annually to the AAAIL to provide this service and shall submit that proposal before the actual implementation of the service. The AAAIL shall provide approval before any shelf stable meal is provided to a participant.
- Instructions to participants shall include: 1) when each meal should be consumed, 2) indicate when the meal reaches its expiration date, 3) that the meal should not be consumed after the expiration date, and 4) frozen meals sent to participants shall have an established expiration date at a minimum of two weeks beyond the date indicated for consumption by the participant. There shall be no delivery charge for the shelf stable meals.

EXCEPTION REQUEST: FOUR Request for Title IIIB Transportation, Title IIIC2 and Homecare Hot Home Delivered Meals and Emergency/ meals delivery and Homecare Escort to be provided through a 2<sup>nd</sup> Tier Contract with the local Area Transit Authority where there are no other competitors to provide this service. The purpose of providing Home Delivered Meals and Emergency/Frozen meals in this manner is to allow for service to as many clients as possible in large counties and to decrease the financial burden to the Senior Citizens Centers. This practice will keep costs lower and allow more Home Delivered Meal units to be provided.

#### PROCEDURES

#### SAMPLE AGREEMENT FOR TRANSPORTATION/ESCORT AND HOME DELIVERED MEALS DELIVERY

### **AGREEMENT**

This AGREEMENT made and Executed on: this \_\_\_\_\_ day of the month of \_\_\_\_\_ in the year of \_\_\_\_\_ by and between the Hickman County Senior Citizens (hereinafter referred to at HCSC), Inc. and FULTON COUNTY TRANSIT AUTHORITY, of Fulton, Kentucky (hereinafter referred to as "FCTA")

#### RECITALS

Whereas; FCTA provides services to the senior citizens of HCSC, Inc. and in such regard, desires to provide senior citizens transportations to certain necessary life functions;

Whereas; FCTA provides transportation services in FCTA and is agreeable to providing transportation to senior citizens for HCSC, Inc. under the terms of this Agreement; and

Whereas; the parties wish to formalize their relationship by this Agreement.

Now, therefore in consideration of the foregoing premises and the mutual promises contained herein, and for the other valuable consideration recited herein, the legal adequacy and sufficiency of which is hereby acknowledged by each of the parties hereto, the parties do covenant and agree as follows:

- A. Transportation To Be Provided: Rate: FCTA will provide transportation to senior citizens adults of HCSC, Inc. ages 60 or older and persons with disabilities to the following destinations located in Hickman County. (In order of this priority)
1. The HCSC, Inc. for lunch/activities;
  2. A doctor's office or other medical office;
  3. A pharmacy;
  4. The United States Social Security Office; Food Stamp Office;
  5. The HCSC, Inc. Courthouse of other Government offices upon approval;
  6. A banking or other financial institution; once per month;
  7. A grocery store; (limited due to lack of funding);

In addition, the Director or Assistant Director with permission of the Purchase Area Development District and the Department for Aging and Independent Living shall be entitled to change the above listed destinations of senior citizens by notifying FCTA in writing and this Agreement shall be amended hereby.

Each time FCTA provides transportation for a senior citizens to any one of the foregoing destinations, FCTA shall be deemed to have provided a "trip" under the terms of this Agreement. FCTA shall be provided \$2.50 per trip.

FCTA will be provided annual training by the HCSC regarding Title IIIB Transportation. FCTA is subject to comply with any and all requirements mandated by a particular funding source. FCTA shall ensure that all services provided under this Agreement are provided in accordance with any applicable state or federal statutes or regulations; any commitments and assurances set forth in the grant award to HCSC with respect to goals, strategies, funding, ad outcomes made by the Commonwealth as required by and contained in grant applications to federal agencies, foundations, and other agencies providing grant funding and in the resulting award notices from those agencies; and any federally-funded grant award terms and condition, including federal reporting and expenditure requirements, any federally-funded proposed project developed jointly by PADD and CHFS and submitted to a federal agency.

FCTA will perform all of the functions describe in the approved area plan, budgets, and service delivery objectives, which are hereby incorporated by reference as if fully set forth herein.

FCTA will ensure public awareness activities supported with federal funds and allocated to the Second Part through this Agreement contains the following statement "***This information/service is made possible by state and/or federal funding provided by the Department for Aging and Independent Living.***"

FCTA will be available for monitoring on an impromptu basis as well as for a formal monitor conducted annually; by the HCSC, PADD and/or DAIL.

All back-up staff for Title IIIB Services shall follow the training and education requirements of the FY18 contract, submit to a background check, and follow 910 KAR 1:170. The DAIL Training and Education log shall be submitted for verification of this requirement upon request and/or during on-site monitoring.

HCSC will notify FCTA daily as to the participants who will need Transportation service the following business day: to/from the HCSC and other trips if needed.

HCSC shall submit in writing via fax, e-mail, U.S. mail or any other acceptable method agreed upon in writing by both parties, a request for services for a particular individual. Designated FCTA staff shall sign and date the request for services and send it back to HCSC to confirm the approval and receipt by FCTA.

HCSC shall notify FCTA of any changes of a request for services *immediately*, such as cancellations, change of pic-up point, address, phone number, etc.

FCTA shall not provide a transit driver to remain at HCSC at any time unless the transit driver is instructed to do so by FCTA. No exceptions.

HCSC is responsible for ensuring the appropriate screenings/intakes have been completed prior to the participant receiving services.

Transportation Services shall not be provided on the following holidays, unless HCSC submits a request for services at least one (1) week prior to such holiday and FCTA approves stated service.

- New Year's Eve
- New Year's Day
- Martin Luther King, Jr. Day
- Good Friday
- Memorial Day
- July 4<sup>th</sup>
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving Day
- Christmas Eve
- Christmas Day
- One Floater day to be used with all staff in agreement and taking the same day.

FCTA will also provide Title IIIC2 and Homecare Home Delivered Meals, including Emergency Frozen meals services for \$50 per day.

FCTA will be provided annual training by the HCSC regarding Title IIIC2 and Homecare Home Delivered Meals, including Emergency Frozen meals. FCTA is subject to comply with any and all requirements mandated by a particular funding source. FCTA shall ensure that all services provided under this Agreement are provided in accordance with any applicable state or federal statutes or regulations; any commitments and assurances set forth in the grant award to HCSC with respect to goals, strategies, funding, and outcomes made by the Commonwealth as required by and contained in grant applications to federal agencies, foundations, and other agencies providing grant funding and in the resulting award notices from those agencies; and any federally-funded grant award terms and condition, including federal reporting and expenditure requirements, any federally-funded proposed project developed jointly by PADD and CHFS and submitted to a federal agency.

FCTA will perform all of the functions describe in the approved area plan, budgets, and service delivery objectives, which are hereby incorporated by reference as if fully set forth herein.

FCTA will ensure public awareness activities supported with federal funds and allocated to the Second Part through this Agreement contains the following statement “***This information/service is made possible by state and/or federal funding provided by the Department for Aging and Independent Living.***”

FCTA will be available for monitoring on an impromptu basis as well as for a formal monitor conducted annually; by the HCSC, PADD and/or DAIL.

All back-up staff for Title IIIC2 and Homecare Home Delivered Meals, including Emergency Frozen Meals Services shall follow the training and education requirements of the FY18 contract, submit to a background check, and follow all applicable federal and state regulations, DAIL SOPs and AAAIL Policies and Procedures. The DAIL Training and Education log shall be submitted for verification of this requirement upon request and/or during on-site monitoring.

HCSC will notify FCTA daily as to the participants who will need Home Delivered Meal service the following business day.

HCSC shall submit in writing via fax, e-mail, U.S. mail or any other acceptable method agreed upon in writing by both parties, a request for services for a particular individual. Designated FCTA staff shall sign and date the request for services and send it back to HCSC to confirm the approval and receipt by FCTA.

HCSC shall notify FCTA of any changes of a request for services *immediately*, such as cancellations, change of pick-up point, address, phone number, etc.

HCSC is responsible for ensuring the appropriate screenings/intakes have been completed prior to the participant receiving services.

Transportation Services shall not be provided on the following holidays, unless HCSC submits a request for services at least one (1) week prior to such holiday and FCTA approves stated service.

- New Year's Eve
- New Year's Day
- Martin Luther King, Jr. Day
- Good Friday
- Memorial Day

July 4<sup>th</sup>  
Labor Day  
Thanksgiving Day  
Day after Thanksgiving Day  
Christmas Eve  
Christmas Day  
One Floater day to be used with all staff in agreement and taking the same day.

- B. Hours of Service: FCTA shall provide the transportation services described in Section A above Monday through Friday during the hours of 6:00 am – 5:00 pm. Or extended hours/days as medical services require, i.e. Saturday dialysis, early surgery drop-off.
- C. Vehicle Lease: FCTA shall lease the following vehicle from HCSC, Inc. for \$1.00 per year, per vehicle:

2016 Ford Cutaway small bus with chair lift, traditional bus door and graphics Vin number 1FDEE3FL5GDC05399  
12 passenger or 10 passenger and 1-2 wheelchairs.

FCTA lessee shall use the vehicles in a careful and proper manner and shall comply with all laws, ordinances, and regulations relating to the possession, use, or maintenance of the vehicles. FCTA shall provide for the registration, and licensing of the vehicles whenever required, shall permit the vehicles to be operated only by competent and qualified employees and shall insure that the vehicles are not subjected to careless or needlessly rough usages. FCTA shall employ, train and supervise all drivers of the vehicles.

FCTA shall be entitled to place signs bearing the FCTA name on the vehicles, but shall retain all signs referring to HCSC, Inc. Otherwise, FCTA is given the right to make alterations, additions, improvements of the equipment and vehicles of any kind shall immediately become the property of HCSC, Inc. and subject to the terms of this lease.

FCTA agrees to keep the vehicles in good repair and operating condition, allowing for reasonable wear and tear. FCTA agrees to pay all expenses of maintaining and repairing the equipment and vehicles to keep it in peak operating condition. Expenses of repair shall include labor, material, parts and similar items.

On expiration of this Agreement, FCTA, at its own expense shall deliver each vehicle in good condition, ordinary wear and tear resulting from proper use alone excepted, and free and clear encumbrances, to the HCSC, Inc. at its principle office.

FCTA, at all times shall keep the vehicle insured in the amount of at least the value of each vehicle for all such risks as HCSC, Inc. shall require, and FCTA shall further maintain an adequate personal liability insurance policy.

Unless otherwise agreed by the parties, in event of the loss of or damage to a vehicle, FCTA at the option if HCSC, Inc., shall

- a. Return the vehicle to a state of good repair
- b. Replace the vehicle with a like vehicle in good repair, which vehicle shall become the property of HCSC, Inc. and subject to this lease; or
- c. Pay lessor therefore in cash for the value of the vehicle

FCTA shall pay all taxes, assessments, and licenses and registration fees on the vehicles during the term of this lease, and furnish to HCSC, Inc. satisfactory proof that such payment has been made before such taxes, assessments, or fees become delinquent.

FCTA assures that the Senior Center owned vehicle will be available for the use of the Senior Center staff for recreation and trips.

Reports: By the Third (3<sup>rd</sup>) Working day of each month FCTA will send the 5310 Report for the previous month to the Office of Transportation Development.

Such reports will be made and completed by FCTA and given to both the HCSC. These will be due by the Third (3<sup>rd</sup>) Working day of each month for the previous month so that HCSC may prepare their monthly invoicing for submission to the Purchase Area Development District by due dates.

- A. Term: This Agreement shall begin on \_\_\_\_\_ the effective date noted above and shall continue until \_\_\_\_\_. The Agreement shall be renewable by written agreement of the parties at such time. Notwithstanding any provisions herein to the contrary, either party may terminate this Agreement upon 30 day written notice of termination to the other party.
- B. Miscellaneous: This Agreement shall be binding upon the parties hereto, their heirs, successors, and assigns. This Agreement represents the entire understanding reached



between the parties, and all prior covenants, promises, and representations are merged herein and are superseded by this Agreement. In the event of breach of Agreement or the failure to abide by the terms of the release contained herein, the non-breaching party shall be entitled to recover from the breaching party all reasonable costs and attorneys' fees, incurred by the non-breaching party as a result of such breach in addition to any other damages, remedies, and amounts provided by law or equity. This Agreement shall be governed, construed, and enforced in accordance with the laws of the Commonwealth of Kentucky and that the venue of any action or lawsuit relating to this Agreement or the claims of either party described herein shall be in \_\_\_\_\_.

WITNESS or signatures on the date first above written;

\_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

FULTON COUNTY TRANSIT AUTHORITY – FCTA

By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



## **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](http://www.shipnpr.acl.gov).
42. Each Area Agency on Aging and Independent Living ensure participation in SHIP education and communication activities, thus enhancing communication to assure that SHIP counselors are equipped to respond to counseling needs and that the regional coordinator will disseminate information as needed and conduct quarterly meetings with SHIP staff and volunteers.
43. Each Area Agency on Aging and Independent Living provide for the implementation and management of Title III C-1 (Congregate) Services and maintain a plan for back up food preparation sites and nutrition sites.
44. Each Area Agency on Aging and Independent Living shall provide for the implementation and management of Title III C-2 (Home-Delivered Meal) Services, including an emergency plan for back up food preparation sites and nutrition sites.
45. Each Area Agency on Aging and Independent Living shall provide nutritionally balanced meals that comply with the most recent Dietary Guidelines, published by the Secretary of Health and Human Services and the Secretary of Agriculture, and Dietary Reference Intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences for meals funded through Title III-C Nutrition Services Program.
46. Each Area Agency on Aging and Independent Living shall provide for nutritional screening, nutrition education, and where appropriate nutrition counseling.
47. Each Area Agency on Aging and Independent Living shall comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual.
48. Each Area Agency on Aging and Independent Living shall implement a plan for furnishing emergency meals during inclement weather conditions, power failure, any disaster that may cause isolation, medical emergencies, or those with a special need. At least three menus that meet the nutritional requirements of the program shall be planned.
49. Each Area Agency on Aging and Independent Living shall provide for Title III D services as outlined in Sections 361 & 362 of OAA (Chapter 35, 42 U.S.C. 3030F), by providing integrated health promotion and disease prevention programs that include nutrition education, physical activity and other activities to modify behavior and to support improved health and wellness of older adults.
50. Each Area Agency on Aging and Independent Living provide or arrange for medication management programs in accordance to Title III D, including activities to screen to prevent drug reactions and incorrect prescriptions.
51. Each Area Agency on Aging and Independent Living provide for a healthy aging initiative, including coordination with state health and wellness programs and senior games.
52. Each Area Agency on Aging and Independent Living coordinate the recruitment, supervision, retention, recognition and training of volunteers, including senior centers, long term care ombudsman and SHIP (benefits counseling) volunteers within Area Agency on Aging and Independent Living programs.
53. Each Area Agency on Aging and Independent Living assist with and coordinate activities to encourage opportunities for older persons to stay active and involved through community volunteerism.

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

placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.

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