



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 2019-2021 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

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

Area Agency on Aging and Independent Living

I. Mission and Vision

Some things to consider when developing your mission and vision:

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

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

Gateway AAAIL's ultimate goal is to provide services within our parameters to older people and their caregivers. In our endeavors to do so, great efforts are made to treat and respect clients in a way that we would want services delivered to our own families. Our focus is to provide assistance to enhance our older people, disabled, and caregivers' quality of life, specifically targeting rural, low income, minority, and limited English speaking individuals eligible for the Older Americans Act programs.

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

The Gateway AAAIL operates under the Gateway Area Development District Board of Directors, and is advised by the Gateway Advisory Council on Aging. The GADD Board is comprised of locally elected officials and citizen members from the counties and cities. The Advisory Council on Aging was established and operates under the requirements as outlined in the Older Americans Act to serve the eligible populations in Bath, Menifee, Montgomery, Morgan, & Rowan Counties in rural northeastern Kentucky.

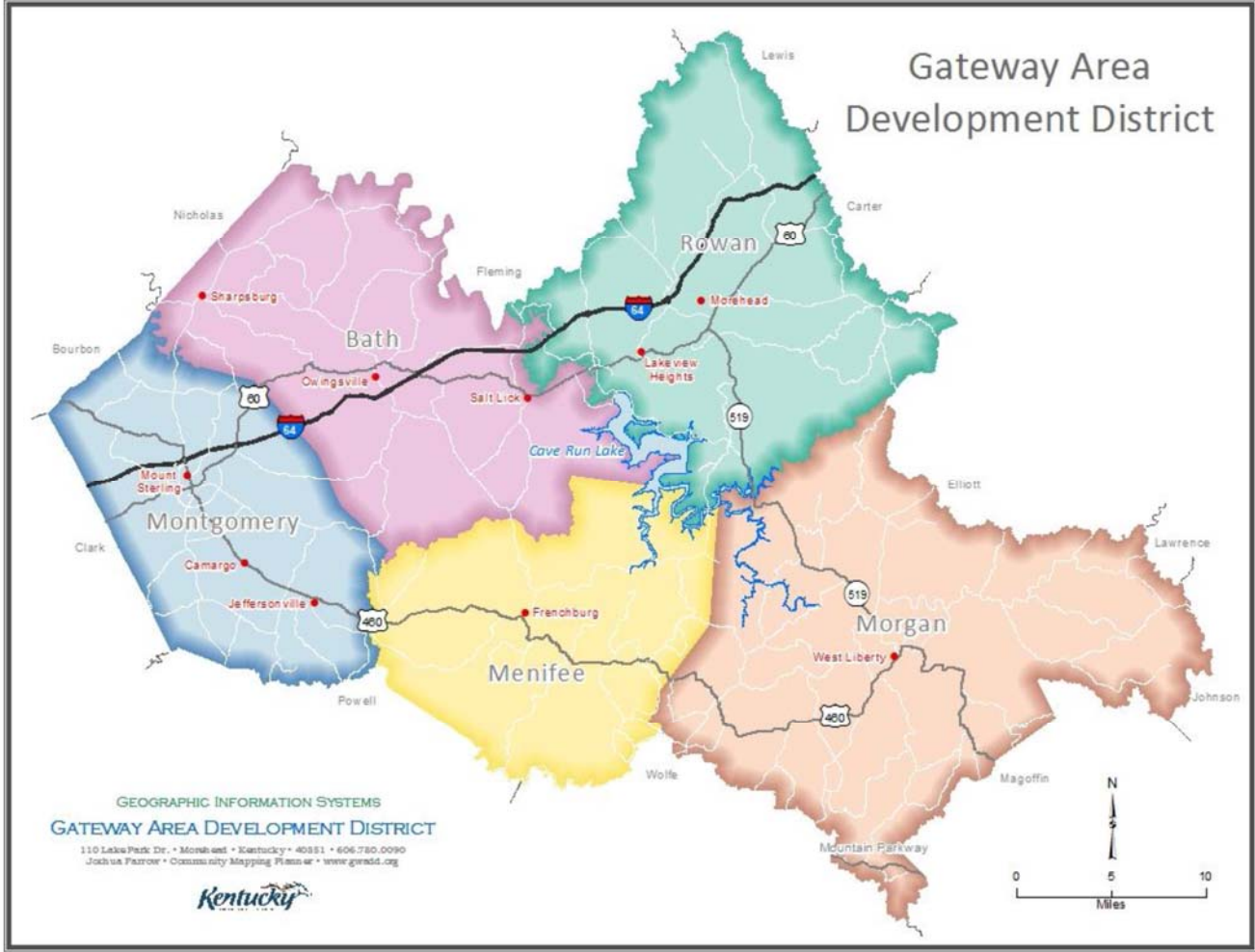
II. Service Area

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.

GADD AAAIL services five counties in rural northeastern Kentucky. It includes Bath, Menifee, Morgan, Montgomery and Rowan Counties.

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

Gateway Area Development District



III. Profile of Your Region

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

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

www.ksdc.louisville.edu/

Year for which data is current:

2018

	Information Not Available	
a. Percent of persons 60 and older in your region	<input type="checkbox"/>	19%
b. Percent of region's total population over 60	<input type="checkbox"/>	19%
c. Percent 60+ who are low income (poverty rates as provided by HHS)	<input type="checkbox"/>	18%
d. Percent 60+ who are minority	<input type="checkbox"/>	3.45%
e. Percent 60+ who live in rural areas	<input type="checkbox"/>	19%
f. Percent 60+ with severe disability (3 or more ADL/IADL impairments)*	<input type="checkbox"/>	33.5%
g. Percent 60+ with limited English proficiency	<input type="checkbox"/>	.4%
h. Percent 60+ with Alzheimer's Disease or related dementia	<input type="checkbox"/>	16%
i. Percent 60+ isolated or living alone	<input type="checkbox"/>	28.8%
j. Percent of grandparents or older relative raising a child under 18	<input type="checkbox"/>	2.3%

*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	28.83
b. State government grants/contracts	59.56
c. Local government grants/contracts	7.17
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>Program Income</u>)	4.44
k. Other (Specify: <u> </u>)	
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	Federal	\$ 726,042 .00
B	State	\$ 1,499,357 .00
C	Local	\$180,672 .00
D	Program Income	\$111,449 .00
E		\$. .
F		\$. .
G		\$. .
H		\$. .
I		\$. .
J		\$. .
K		\$. .
L		\$. .
M		\$. .
N		\$. .
O		\$. .
P		\$. .
Q		\$. .
R		\$. .
S		\$. .
T		\$. .

U		\$.
V		\$.
W		\$.
X		\$.
Y		\$.
Z		\$.
AA		\$.
BB		\$.
GRAND TOTAL		\$ 2,517,520 .

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

V. Services Offered as Part of Your Plan

	Is this type of service offered?		Is service directly provided by AAAIL?		Is service provided under contract?		Number of people served in FY17	Amount spent in FY17 (round to nearest hundred)	Funding source(s) (use letters from Section IV)
	Yes	No	Yes	No	Yes	No			
a. Advocacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
b. Information and Referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	924	\$55,300	A,B,C,D
c. Legal Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	98	\$21,500	A,B,C
d. Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	99	\$79,700	A,B,C,D
e. Home Delivered Meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	307	\$277,300	A,B,C,D
f. Congregate Dining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	484	\$216,000	A,B,C,D
g. Senior Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	773	\$53,300	A,B,C,D
h. Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	\$1,800	A
i. Dementia Care or Support Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
j. Caregiver Support Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
k. Caregiver Training or Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
l. Training or Education or Older Adults	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
m. Training or Education for Service Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9		
n. Training or Education for Volunteers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
o. Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	89	\$59,900	B
p. Housing or Shelter Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
q. Personal Care or Home Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	66	\$96,000	B
r. Homemaker Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	82	\$73,600	B
s. SHIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$13,700	A
t. Elder Abuse Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,800	A
u. Disease Prevention Health Promotion (III-D)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	116		
v. Disease Prevention Health Promotion (III-B)								\$903.34	A
w. Adult Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
x. Consumer Directed Option	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$265,700	B
y. Ombudsman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$32,300	AB
z. Telephone Reassurance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
aa. Friendly Visitors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
ab. Personal Care Attendant Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23	\$239,600	B
ac. Senior Community Service Employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

	Is this type of service offered?		Is service directly provided by AAAIL?		Is service provided under contract?		Number of people served in FY17	Amount spent in FY17 (round to nearest hundred)	Funding source(s) (use letters from Section IV)
	Yes	No	Yes	No	Yes	No			
ad. Other –Escort IIIB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	\$5,900	B
ae. Other – Outreach IIIB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	880	\$20,700	B
af. Other – Assessment Homecare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	77	\$14,900	B
ag. Other – Chore Homecare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	\$1,000	B
ah. Other – Respite III E & Homecare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	41	27,200	B
ai. Other – Supplemental Supplies (III E & Homecare)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	78	20,700	A,B
aj. Other – Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ak. Other – Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
al. Other – Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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	Legal Aid of the Bluegrass, DCBS, RSVP, Long term care facilities, Law Enforcement, Guardianship, Pathways, St. Claire Hospital, MSU, other regional Elder Abuse councils	Local Coordinating Council on Elder Abuse	2003
2	Morehead-Rowan County Repair Affair	Home repairs to qualifying elderly	2009
3	MOU with City Councils	Provide funds for Title III meals	2001
4	Long Term Recovery	Continued relief to tornado impacted community	2012
5	Inter-agency Council-Multi agencies through County Areas	Membership in each council in (5) five counties	2003
6	Friendly Visiting	Nursing homes and PC homes	2001
7	Kentucky Fire Commission, Local Fire Departments	CPR & First Aid Training for Medicaid Waiver In-Home Employees	2016
8	Local Health Departments & Physician Offices	TB Skin Tests for Medicaid Waiver In-Home Employees	2016
9			
10			

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?

We collect information in the following ways: Each senior center has a box for suggestions, homecare clients, aging advisory council, ADD Board members, interagency meetings, satisfaction surveys, incoming calls & referrals through the ADRC phone line, and the biannual needs assessment send out in paper copy & online.

11. How often do you collect this information?

- Monthly
 Quarterly
 Semi-annually
 Annually
 Other: Monthly & Annually

12. When did you conduct your most recent capacity assessment? Aug. & Sept. 2017
(month and year)

13. When is the next capacity assessment scheduled? Sept. 2019
(month and year)

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

To assist in the delivery of services in meeting the needs of our clients in the most effective way.

IX. Capacity Building Plan

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

1. Expand ADRC services by coordinating with community partners so that we can provide information on current and new services callers are seeking assistance with.

2. Expand services for senior centers in our service district.

3. Provide dedicated, caring, and educated staff to deliver services of assisting the elderly and disabled clients striving to meet their daily needs.

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

1. Aging staff will attend interagency meetings, health fairs, and community events to learn of any new services and programs available.
2. Facilitate new subcontractor to provide direction and encouragement of increased socialization activities, health promotion activities, and accurate documentation.
3. Gateway AAAIL will provide education and training for support to staff with expectations of meeting the needs of the clients we serve.

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

Yes

No

If not, why?

Gateway implemented an evidence based program, Care Transitions in hopes of achieving this goal, however the development of the program was not successful.

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

Partner with local hospitals & medical agencies to develop a program to assist in the discharge and admittance of our senior population.

19. Total number of program managers/supervisors 3 Number

20. Total number of program staff 5 Number

21. Total number of program volunteers (in house & contract) 47 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? 7 Number
Which programs? | Senior Centers |

26. How many new staff were hired by the AAAAIL in the past 12 months? 2 Number
Which programs? | SHIP & Social Service Assistant |

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

- | | | | |
|--------|---|-------------|---|
| Staff? | <input checked="" type="checkbox"/> Yes | Volunteers? | <input checked="" type="checkbox"/> Yes |
| | <input type="checkbox"/> No | | <input type="checkbox"/> 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.

We will continue to encourage staff & senior center directors to participate in aging trainings, meetings, or conferences. The majority of the training offered to staff is provided in house by department administrators and community partnerships such as: Education on policies and procedures, Partnership for Food Safety Education, Training through conferences consist of training offered through DAIL such as SE4A when hosted in KY.

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?

SHIP- Recruits throughout the year by mass mailings of information packets and this coming year will utilize the VRPM program required by ACL and DAIL
 Ombudsman- Recruitment presentations are done at any community events, interagency meetings, Aging Advisory council meetings, and local nursing homes.
 Senior Center- recruits mainly through the participation of each center but also work with community partners to seek volunteers within their own communities.

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

Progress will be measured by at minimum of continuing the current level of volunteers with efforts of increasing our number of volunteers.]

X. Public Hearing

34. Area Plan Public Hearing

Date	Time	Location	# of participants present	# of staff present	# of others present
3/21/2018	11:00a.m.	Gateway Area Development District 110 Lake Park Drive Morehead, KY	5	1	

Date plan available for review	Place(s) available for review	Dates advertised	Ad appeared in newspaper
3/14/2018	The Gateway ADD office & website, hard copies placed at all Gateway senior center sites	3/6/2018	Gateway Region local newspapers in Bath, Menifee, Morgan, Montgomery, & Rowan Counties.

35. Participation in Public Hearing was actively sought from:

The five county Senior Centers, providers of AAAIL, the Gateway ADD Board of Directors, and the Aging Council.

36. Indicate means used in soliciting views:

The plan was linked to the GADD website for public review along with hard copies placed at senior center sites. Copies of the plan were provided to each aging council member, and copies were available to be sent per request through the ADRC line.

37. Summary of public comments:

Identification of some yellow highlights and font coloring being in red that needed highlights removed and font changed to black.

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

No changes other than text highlight & font coloring.

XI. Service Usage

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

1. In Home Care/Services for Seniors & Disabled people
2. Non-medical transportation
3. Home Repairs for low income elderly

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

Our greatest strength would be our in home services that allow clients to remain in their own home at minimum cost as long as possible compared to care in LTC facilities.

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

Limited resources for Home Safety modifications such as wheelchair ramps and wheelchair accessibility within the home, accessible showers and bathtubs, lift chairs, affordable medical alert devices for low and fixed income clients, etc.

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

1. Information and Assistance

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

Allows people to obtain information and assistance for their wide range of needs and provides the resources available to assist with getting those needs met.

2. Congregate Meals

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

Provides a nutritious meal within a congregate setting for people to gather and enjoy fellowship.

3. Homemaking

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

Limited providers for this services in our area. Allows clients to maintain within their homes longer, with provided assistance to needs that they are not physically able to continue such as vacuuming, laundry, shopping, etc.

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

1. Escort Services

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

Lack of volunteer and staff to provide this service. This is a time consuming service that is hard to arrange appointments around availability of staff and volunteers. Liability concerns with transportation of personal vehicles.

2. Caregiver Training

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

Lack of support systems to be away from the care recipient to participate in training sessions. The majority of our caregivers provided 24/7 one on one care to

the care recipients and need the limited amount of respite for more critical needs such as their own doctor appointments, grocery shopping, etc.

3. Homecare Respite

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

This service is offered under National Family Caregiver Support Program, which is not income based.

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 type="checkbox"/>

46. How often is feedback collected?

Monthly

Quarterly

Semi-annually

Annually

Other, Specify: Surveys are distributed yearly; suggestions or complaints are continuously received through phone calls, desk and in home monitoring's, and suggestion boxes displayed at each Senior Center.

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

The information gathered is reviewed and discussed within our staff and providers to improve performances and services.

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?

GADD AAAIL contracts services out or provides them in house. We monitor expenditures as budgeted monthly and meet with providers in our area. We communicate with our clients to ensure all clients' needs are being met in the most efficient manner and there is no duplication of services. With the ever-increasing senior population, the need for effective services as an alternative to nursing facility care. Therefore, GADD AAAIL continues to build and foster relationships with other community-based agencies to ensure all services are maximized to enable seniors to remain in their homes.

51. Do you have plans to improve service coordination?

Yes

No

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

Continue to be visible in councils and coalitions to continue education with community partners as to the services offered through Gateway AAAIL.

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

Through data compilation from surveys, open communications, focus groups, and by ongoing budget analysis.

XIV. Outreach & Expansion

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

Yes

No

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

The GADD AAAIL continues to market the ADRC line as the front door to service availability. This accomplished through outreach to the community and other community based agencies, as well as through marketing materials that identify the ADRC line as the primary number to call to receive services for those individuals with the greatest economic and social need.

56. How will you measure your progress?

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

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

- Yes
 No

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

Our outreach methods will continue to be met by using marketing materials identifying the ADRC line, local radio stations, newspapers, and businesses in the GADD Region. We continue to utilize our GADD website to disseminate information and events.

59. How will you measure your progress?

By increasing our numbers served and maintaining client satisfaction.

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, non-traditional meals, nutrition education, preventive health, information & assistance, outreach, recreation, escort, and transportation

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?

We will work to expand education and improve on education in areas such as preventative health and chronic disease. We plan to increase recreational activities, and involvement with community partners linking senior with available resources.

64. How will you measure your progress?

By an increased number of center participants, and feedback from the participants.

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

- Yes
 No

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

Provide information and education at community events such as health fairs, senior expo, the ADRC line, SHIP counseling, & outreach activities at the senior centers

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.

We will continue to encourage staff & senior center directors to participate in aging trainings, meetings, or conferences. The majority of the training offered to staff is provided in house by department administrators and community partnerships such as: Education on policies and procedures, Zoom Trainings with Providers, Partnership for Food Safety Education, Training through conferences consist of SE4A when hosted in KY which is coming in 2018. Ombudsman attend yearly conferences /training. Ombudsman also attends quarterly meetings/training with DAIL.

69. How will you measure your progress?

Staff and providers will show evidence of knowledge in the performance of their job duties. Training logs will be maintained and reviewed throughout each FY.

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.

GADD offers several different types of marketing materials to identify the name and toll free phone number. We ensure ADRC information is published in all local newspapers at minimum quarterly. Aging director attends monthly interagency meeting in each county we serve on a monthly basis where flyers are always given out along with educations on services. ADRC resource guides and information is visible at each of our senior centers.

72. If yes: On average, how many intake calls do you handle in a typical month? # 225

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.

Through community partnerships in seeking any available resources to provide callers seeking needed information & referrals to programs for requested assistance.

XVII. Financial Management and Fund Development

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

- Yes
- No

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

We are one of the highest regions in poverty population. We have clients on the wait list for all services.

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.

3 of our 5 cities/counties give additional funds to help with the home delivered meals. We have a fundraising account to help fill the gaps when dollars are not available. Fees are collected by our provider at the senior centers, and those donated fees are to be utilized before reimbursement from GADD.

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

- Yes
- No

80. If yes, please describe your plans.

GADD will continue to seek and research opportunities for additional funding. We plan to contact our local governments, Department of Transportation, United Way Foundation, Bluegrass Community Foundation, Bill Gates Foundation, etc. to educate them on the need for additional funding within the Aging programs.

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.

GADD developed a formula to distribute funds in Title III C1 and C2 meals using population, poverty level and attendance at the centers.

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

GADD keeps an extensive internal budget spreadsheet and updates it quarterly during most of the year and by payroll during the last 2 months of the FY. Quarterly budget meetings help keep a handle on the project and anticipated expenditures that occur.

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

We apply for any available grants that would help us to provide services. We also communicate with local elected officials of the need for local financial contributions from counties and cities.

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

It is the goal of the GADD AAAIL to expend all state dollars before federal. Any remaining federal funding is requested to apply to the next fiscal year contract.

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)

In house program monitoring's are completed on a monthly basis with hard copies of the tool provided to case managers to include any findings, recommendations for improvements, and specific dates for corrections to be made and return to monitoring reviewer. Along with monthly desk top monitoring of unit and dollar expenditures for all direct and contractual programs. Each provider is monitored on site yearly. Senior and nutritional services are monitored on a monthly basis through site visits.

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

Through satisfaction survey which are completed annually for all programs. Responses are compiled and reviewed closely. Any concern or complaints are investigated with suggestions being considered for adjustments to our program services.

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;

Gateway AAAIL will provide an Aging and Disability Resource Center that provides its citizens with a trusted place for gaining information and assistance related to services and supports for individuals of all ages. The ADRC will provide information and assistance in a manner that is convenient for the public through provision of a toll-free number to all callers within the

Gateway service area, email, fax, or walk in. During information and assistance hours, callers will speak directly to a trained staff person. Gateway will also provide SHIP services in the same manner to assist persons with Medicare/Medicaid specific issues.

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

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

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

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

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

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

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

Gateway ADD, through a contractual agreement with the Department for Aging and Independent Living, has the responsibility as the Area Agency on Aging for planning, implementing, and coordinating the delivery of services to the elderly and disabled throughout the five counties of the Gateway ADD District. Having selected service providers through a formal RFP process, the Gateway ADD has executed contracts with various local non-profit corporations for the provision of direct services to be funded through the Federal AoA and State programs.

Gateway has clearly identified procedures, processes, and forms in place that are to be used both by staff of the individual aging programs, providers, as well as by the staff of

the Gateway ADD in the management and administration of aging programs within the district.

Monthly revenues, expenses, and units of services of both the AAAIL and providers are reviewed monthly by Aging Staff, ADD financial staff, and the ADD Board for compliance with the budgets and contract requirements.

All budgets are developed using an assessment of the needs in the communities, reviewed by the Aging Advisory Council, and reviewed and approved by the ADD Board of Directors.

XX. Kentucky's Outcome and Performance Measures 2019-2021

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

GOAL 1: Empower Kentuckians and their support network to make informed decisions, and be able to easily access existing health and long-term care services and supports	
Objective	
Gateway AAAIL has a comprehensive process to provide information and assistance to Seniors, their families, and other consumers on a daily basis so they can make informed decisions and access health and long-term options.	
Objective	
Strategies	
<ol style="list-style-type: none"> 1. The Gateway AAAIL Aging and Disability Center (ADRC) will be manned by a qualified Aging Staff person each business day to process all intake, referral, and information calls. 2. Senior Center Directors will receive inquiries and provide information or make referrals on the client's behalf. If needed the Director will forward the request to the ADRC for further assistance. 3. Marketing and outreach will be made to the communities and other providers about the Gateway AAAIL programs. 	
Person and entity responsible for completion	Date
GADD AAAIL Staff Center Directors	On going

GOAL 2: Empower Kentuckians to maintain the highest quality of life in the least restrictive environment possible through the provision of home and community-based services including supports for caregivers.	
Objective	
Gateway AAAIL will provide a comprehensive process for intake, assessment, reassessment, and referrals by trained professionals to ensure eligible people are provided services directed toward maintaining the individual or their caregivers in their community.	
Objective	
Strategies	
<ol style="list-style-type: none"> 1. A trained ADRC staff person will receive and review all initial referrals. They will utilize the SAMS level 1 pre-screening tool and the ADRC Homecare Program determination sheet. This data will be sent to a team of professionals who will review all the referrals for in home services to determine which program they would best be served in. 	

<ol style="list-style-type: none"> 2. Those consumers who would best be served with an outside agency will be given the information of the resource or the referral will be made on their behalf if they prefer. 3. Those consumers who may be waiver appropriate will be processed through the MWMA system. 4. Those consumers who are appropriate for the Title IIIB in home services will be placed on a wait list based on the priority screening tool. The highest scored will be a higher priority. 5. Those consumers who are appropriate for the Homecare program will be placed on a wait list based on the priority screening tool. The highest scored will be a higher priority. 6. Those consumers who are appropriate for the NFCG program will be placed on that wait list and a priority screening completed. Those with the highest score will be a higher priority. 	
Person and entity responsible for completion GADD AAAIL staff	Date On going

GOAL 3: Empower Kentuckians to stay active and healthy through services and prevention benefits, including health care programs and other resources.	
Objective Gateway AAAIL will implement and sustain healthy living programs to improve the health of the area’s public and empower them to actively manage their own health care.	
Objective	
Strategies <ol style="list-style-type: none"> 1. Gateway will ensure their center/III D provider offers evidenced based program in all 5 counties to include but not limited to Bingocize, CDSMP, and Matter of Balance 2. Sessions will be free and held in locations that are easily accessible to the older and disabled populations. 	
Person and entity responsible for completion GADD AAAIL staff Center Directors Contracted Provider	Date On going

GOAL 4: Protect the safety and rights of Kentuckians and seek to prevent their abuse, neglect, and exploitation.	
Objective Gateway AAAIL will collaborate with network partners to provide a community Elder Abuse prevention council to develop and enhance programs that address elder abuse, neglect, and exploitation.	
Objective	
Strategies <ol style="list-style-type: none"> 1. Gateway will provide public education and outreach to identify and prevent elder abuse, neglect, and exploitation. 2. Gateway will provide public education and outreach to promote financial literacy and prevent identity theft and financial exploitation of older individuals. 	

<ol style="list-style-type: none"> 3. Gateway will contract with a provider through a procurement process to have a full-time district long term care ombudsman who will visit every long-term care facility in the district and be an advocate for the residents. 4. All Gateway staff and its provider's staff will be educated in elder abuse, the mandate to report, and how to report. 	
Person and entity responsible for completion	Date
1 & 2 Aging staff, 3 contracted providers, 4 Aging staff & provider staff	On going

GOAL 5: Ensure effective and responsive oversight of program and financial management.	
Objective	
Gateway AAAIL will continue to carry out functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, designation of focal points of aging in each community, and plan, implement, and coordinate the delivery of services to the elderly and disable throughout the five counties.	
Objective	
Strategies	
<ol style="list-style-type: none"> 1. Gateway will select subcontracted service providers through a formal RFP process. 2. Gateway staff will provide assistance to teach of the local programs in the areas of development, administration, coordination, and other technical aspects of the programs. 3. Gateway will provide direct support to each individual program in the areas of financial and administrative record keeping and management reports. 4. Gateway AAAIL will monitor service and dollar expenditures monthly and immediately address any identified issues with providers or staff. 5. Gateway AAAIL will maintain a data system to track expenditures and report data to the state and federal program agencies. 	
Person and entity responsible for completion	Date
Aging and Gateway ADD staff	On going

XXI. PERFORMANCE PLAN FORMS

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

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

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

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

Form C.1 – Provider Direct Staffing Plan

Form D – Public Hearing

Form E – Demographics

Form F – Case Managers

Form G – Adult Day Centers

Form H.1 – SHIP Counselor Site Details

Form I – Ombudsman Advisory Council Membership

Form J – Provider Site List

Form H – SHIP Counselor Locations

XXII. WAIVER & SPECIAL PROGRAM APPROVALS

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

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

Statement of Request – One request for each service.

1. **Gateway ADD, Area Agency on Aging and Independent Living is requesting a continuation of the waiver again to be the provider for Homecare services including homemaker, personal care, respite, and chore. There are no providers in this area that have expressed an interest in services provision. Gateway AAAIL also has discussed this situation with potential providers among our community partners and has not found any organization that is interested. Gateway will produce a new RFP in the new fiscal year to attempt to secure a provider for our Homecare services. We brought this service in house and hired both full and part time staff who have stayed with us for consistency, and have been able to provide services and spend the allocations.**
2. **Gateway ADD, Area Agency on Aging and Independent Living is requesting a waiver to be the provider for Title III B in home services including homemaker, personal care, & case management. There are no providers in this area that have expressed an interest in services provision. Gateway AAAIL also has discussed this situation with potential providers among our community partners and has not found any organization that is interested. Gateway will produce a new RFP in the new fiscal year to attempt to secure a provider for our Title III B in home services. We will have both full and part time staff to provide services and spend the allocations.**
3. **Gateway ADD, Area Agency on Aging and Independent Living is requesting a waiver to be the provider for Title III B Supportive Services including information & assistance, outreach, transportation, assisted transportation, health promotion, and recreation. There are no providers in this area that have expressed an interest in services provision. Gateway AAAIL also has discussed the situation with potential providers among our community partners and has not found any organization that is interested. Gateway will produce a new RFP in the new fiscal year to attempt to secure a provider for our Title III B supportive services. We will have both full and part time staff to provide services and spend the allocations.**
4. **Gateway ADD, Area Agency on Aging and Independent Living is requesting a waiver to be the provider for Nutrition Services Program including Title III C congregate meals, Title III C home-delivered meals, Homecare home-delivered meals, and nutrition counseling and education. There are no providers in this area that have expressed an interest in services provision. Gateway AAAIL also has discussed the situation with potential providers among our community partners and has not found any organization that is interested. Gateway will produce a new RFP in the new fiscal year to attempt to secure a provider for our Nutrition Services Program. We will have both full and part time staff to provide services and spend the allocations.**

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.**

In the past, Gateway region had a provider for in-home care services, however, they no longer provide this service. St. Claire provided the program for over 30 yrs. Gateway contacted other Area Development Districts asking if any would be willing or able to provide this service with no avail. Gateway advertised a solicitation requesting proposals for all the waiver-requested services in each of the five area newspapers in March 2018, however no proposals were received for these services.

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

1. As per the Homecare contract with DAIL to provide homemaker, personal care, respite and chore services in all counties in the District including Bath, Menifee, Montgomery, Morgan, and Rowan Counties.
2. As per the Title III B contract with DAIL to provide assessment, homemaker & personal care, in-home services throughout the District.
3. As per the Title III B contract with DAIL to provide supportive services including: information and assistance, outreach, transportation, assisted transportation, health promotion and recreation throughout the District.
4. As per the Title III & Homecare contracts with DAIL to provide nutrition services including: congregate meals, home-delivered meals, and nutrition education in the District.

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

1. Homecare: Personal Care-\$21.98, Homemaker-\$21.98, Respite-\$21.98, Chore-\$21.98 unit cost determined by total expenses divided by the number of units.
2. Title IIIB in home services: Assessment- \$64.11, Homemaker-\$10.00, Personal Care-\$10.00 estimated unit cost determined by estimated expenses divided by estimated units.
3. Title IIIB Supportive services: These services were previously offered by a sub-contractor EKISO at a rate of Escort-\$7.38, I&A- \$2.19, Outreach- \$7.13, Transportation-\$2.97. GADD brought these services in home March of 2018 and do not yet have enough information to determine an accurate or estimated unit cost for services provide by GADD.
4. Nutrition services: C1-\$7.51, C2-\$8.32, Homecare HDM- \$8.32 unit cost determined by total expenses divided by the number of units.

**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.

1. Gateway AAA is requesting an approval to provide frozen and/or shelf stable meals to eligible individuals that live off an established route of a great distance from the Senior Center.
2. Gateway AAA is requesting an approval to provide C1, C2, Homecare HDM, Title III B & Title III D in Bath, Menifee, Montgomery, Morgan, and Rowan counties Senior Citizens programs due to EKISO provider ending contract with Gateway on March 15, 2018. Gateway AAA completed the RFP process thereafter and received no

proposals. Gateway is now requesting approval to deliver these services in house. GADD feels that we can provide a superior quality of these services. GADD will hire all Senior Center staff that worked through sub-contractor EKISO temporary to avoid any interruption of services. All jobs will be advertised in local newspaper, the Gateway website and social media outlets giving current and all people of interest opportunity to apply. GADD projects to have this staffing process complete July 01, 2018. Gateway AAA Director of Aging, Becky Combs will complete training to ensure the programs and services are delivered in a manner to comply with any related policies and regulations.

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.

- 1. Due to a projected budget shortfall for Title III-C1 Congregate meals, Gateway AAAIL is requesting an approval to allow Senior Centers within the Gateway Region (Bath, Menifee, Montgomery, Morgan and Rowan Counties) the option to do a potluck meal one day each week to help reduce food cost beginning October 1, 2017. This change will affect an average of 100 weekly participants within the region. The proposed cost benefit will be approximately \$34,560 over the remaining nine months of FY 2018--\$138,244 for four days congregate meals over nine months vs. \$172,805 for five days congregate meals over nine months.**
- 2. Gateway advertised a solicitation requesting proposals for all the waiver-requested services C1, C2, Homecare HDM, Title III B & Title III D services in each of the five area newspapers in March 2018, however no proposals were received for these services. On April 05, 2018, Gateway ADD hired all Senior Directors and support staff that had worked through EKISO to continue providing C1, C2, Homecare HDM, Title III B & Title III D services within the Senior Centers of the Gateway AAA District without interruption of any services.**

XXIII. PROVIDER APPROVALS

List of Contracts with a Profit Making Organization

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

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

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

Complete the list of contracts with any Profit Making Organization.

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

List of Contracts with Profit Making Organization(s) & Approval Request			
Name & Address For-Profit Services Provider	Services to be provided	Unit of Service to be provided	Cost/Unit of Service

XXIV. ASSURANCES

- 1. Each Area Agency on Aging and Independent Living shall assure that case management services under Title III of the OAA will not duplicate case management services through other federal and state-funded programs and will include in its annual plan the coordination of case management services between programs.**
- 2. Each Area Agency on Aging and Independent Living shall provide for adequate and qualified staff for service provisions.**
- 3. Each Area Agency on Aging and Independent Living assures that the Area Agency on Aging and Independent Living and Independent Living and its services provider staff are trained as required for their job functions.**
- 4. Each Area Agency on Aging and Independent Living and Independent Living shall assure that there is an integrated regional client management data system.**
- 5. Each Area Agency on Aging and Independent Living shall encourage local cities and towns to plan for the growing aging populations and needs.**
- 6. In accordance Sec. 306(a) of the Older Americans Act, each Area Agency on Aging and Independent Living shall assure that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services and will report annually, to the State Agency, in detail, the amount of funds expended for each such category during the fiscal year most recently concluded:**
 - (a) Services associated with access to services transportation, health services (including mental health services)**
 - (b) Outreach, information and assistance which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in public supported programs for which the consumer may be eligible**
 - (c) Case management services**
 - (d) In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and**
 - (e) Legal assistance.**
- 7. Each Area Agency on Aging and Independent Living shall assure that it will establish specific objectives, consistent with State Policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need and older individuals at risk for institutional placement.**
- 8. Each Area Agency on Aging and Independent Living shall assure that it will develop proposed methods to achieve the objectives described in Section 306(1), paragraph (4)(a)(i), clause I as follows:**
 - (a) Set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;**
 - (b) Include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;**
 - (c) Include the proposed methods to achieve the objectives described in Section 306(a), paragraph (4)(a)(i), clause (I)**
- 9. Each Area Agency on Aging and Independent Living shall provide information to extent to it meets the following objectives:**
 - (a) Establishes specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;**

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

- 10. Each Area Agency on Aging and Independent Living shall assure that it will conduct outreach efforts that identify individuals eligible for assistance under this Act, with special emphasis on-older individuals residing in rural areas and older individuals with greatest social and economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English proficiency; older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to above and the caretakers of such individuals, and older individuals at risk for institutional placements of the availability of such assistance.**
- 11. Each Area Agency on Aging and Independent Living shall assure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.**
- 12. Each Area Agency on Aging and Independent Living shall assure that it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities.**
- 13. Each Area Agency on Aging and Independent Living shall assure that in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), it will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2001 in carrying out such a program under this Title.**
- 14. Each Area Agency on Aging and Independent Living shall provide information and assurances concerning services to older individuals who are older Native Americans including-information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging and Independent Living will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title; an assurance that the Area Agency on Aging and Independent Living will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and an assurance that the Area Agency on Aging and Independent Living will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.**
- 15. Each Area Agency on Aging and Independent Living shall provide assurances that the Area Agency on Aging and Independent Living will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.**
- 16. Each Area Agency on Aging and Independent Living shall provide assurances that the Area Agency on Aging and Independent Living will disclose to the Assistant Secretary and the State agency --the identify of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and the nature of such contract or such relationship.**
- 17. Each Area Agency on Aging and Independent Living shall provide assurance that the AAAIL will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.**
- 18. Each Area Agency on Aging and Independent Living shall provide assurances that the AAAIL will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.**
- 19. Each Area Agency on Aging and Independent Living shall provide assurances that the AAAIL request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.**
- 20. Each Area Agency on Aging and Independent Living shall provide assurances that preference in receiving services under this Title III of the Older Americans Act will not be given by the Area Agency on Aging and**

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

- 21. Each Area Agency on Aging and Independent Living shall provide assurances that funds received under this Title will be used; to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph Section 306(a)(4)(A)(i); and in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in section 212 of the Older Americans Act.**
- 22. Each Area Agency on Aging and Independent Living shall support the encouragement of local cities and towns to plan for the growing aging population and needs.**
- 23. Each Area Agency on Aging and Independent Living shall provide for a legal representation/advise in accordance with Chapter 4, Section 731 of OAA (Chapter 35, 42 U.S.S. 3058j) including a listing of the types of cases that will be accepted through this program.**
- 24. Each Area Agency on Aging and Independent Living shall assure that its legal assistance provider will identify and serve those who are homebound by reason of illness, incapacity, disability or otherwise isolated.**
- 25. Each Area Agency on Aging and Independent Living and independent living shall provide assurances that the legal assistance provider will make referrals and maintain an individual referral list for clients who request services but are not served.**
- 26. Each Area Agency on Aging and Independent Living shall implement and oversee a community Elder Abuse Prevention program in accordance with Chapter 3, Section 721 of OAA (Chapter 35, 42 U.S.C. 3058i) for the prevention of elder abuse including neglect and exploitation. The program shall coordinate with LTC Ombudsman, senior centers, long term care facilities, judicial, law enforcement and other community agencies.**
- 27. Each Area Agency on Aging and Independent Living shall develop programs, services and initiatives that support a comprehensive coordinated system of care for older Kentuckians.**
- 28. Each Area Agency on Aging and Independent Living shall facilitate the coordination of community-based, long-term care services designed to enable older individuals to remain in their homes.**
- 29. Each Area Agency on Aging and Independent Living shall maintain a plan for the development and administration of regional ADRC and coordinate information and access to regional services.**
- 30. Each Area Agency on Aging and Independent Living shall plan for the development of consumer directed options to expand service delivery and coordination with other service delivery.**
- 31. Each Area Agency on Aging and Independent Living shall assure Title III-B Supportive Services will be delivered in the District in accordance with Section 321 of the OAA, as amended.**
- 32. Each Area Agency on Aging and Independent Living shall assure service providers have an adequate process for referral, service scheduling, and an internal evaluation system to ensure quality services are provided.**
- 33. Each Area Agency on Aging and Independent Living and independent living shall provide assurances for coordination of services described in Section 321 (a) of the OAA with other community agencies and voluntary organizations providing the same services, including agencies that carry out intergenerational programs or projects.**
- 34. Each Area Agency on Aging and Independent Living shall implement services in accordance with 910 KAR 1: 180 for the provision Homecare services to be delivered in the District.**
- 35. Each Area Agency on Aging and Independent Living shall provide a process used to ensure the Homecare program coordinate services for individuals with other publicly funded community long-term living services.**
- 36. Each Area Agency on Aging and Independent Living shall implement services in accordance with 910 KAR 1:160 for the provision of Adult Day Care and Alzheimer's respite services.**
- 37. Each Area Agency on Aging and Independent Living receiving funds to implement Personal Care Assistance Program (PCAP) in the district, shall provide for the implementation and oversight of the PCAP program and its provisions according to 910 KAR 1:090**

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

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

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

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