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

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?**

Our Vision is that our clients will have the highest quality of life, which will include dignity and independence. Our Mission is to promote quality of life through advocacy, education, and access to resources.

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

The GRADD Area Agency on Aging and Independent Living is designated by the Commonwealth of Kentucky to develop a comprehensive delivery system of services to citizens in the GRADD area. The Area Agency on Aging and Independent Living is located in the Green River Area Development District offices, centrally located in Owensboro. GRADD serves a seven county area, including Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster Counties. The GRADD is governed by a Board of Directors which includes judges, mayors, and committee representatives. The Board of Directors meets on a bimonthly basis.

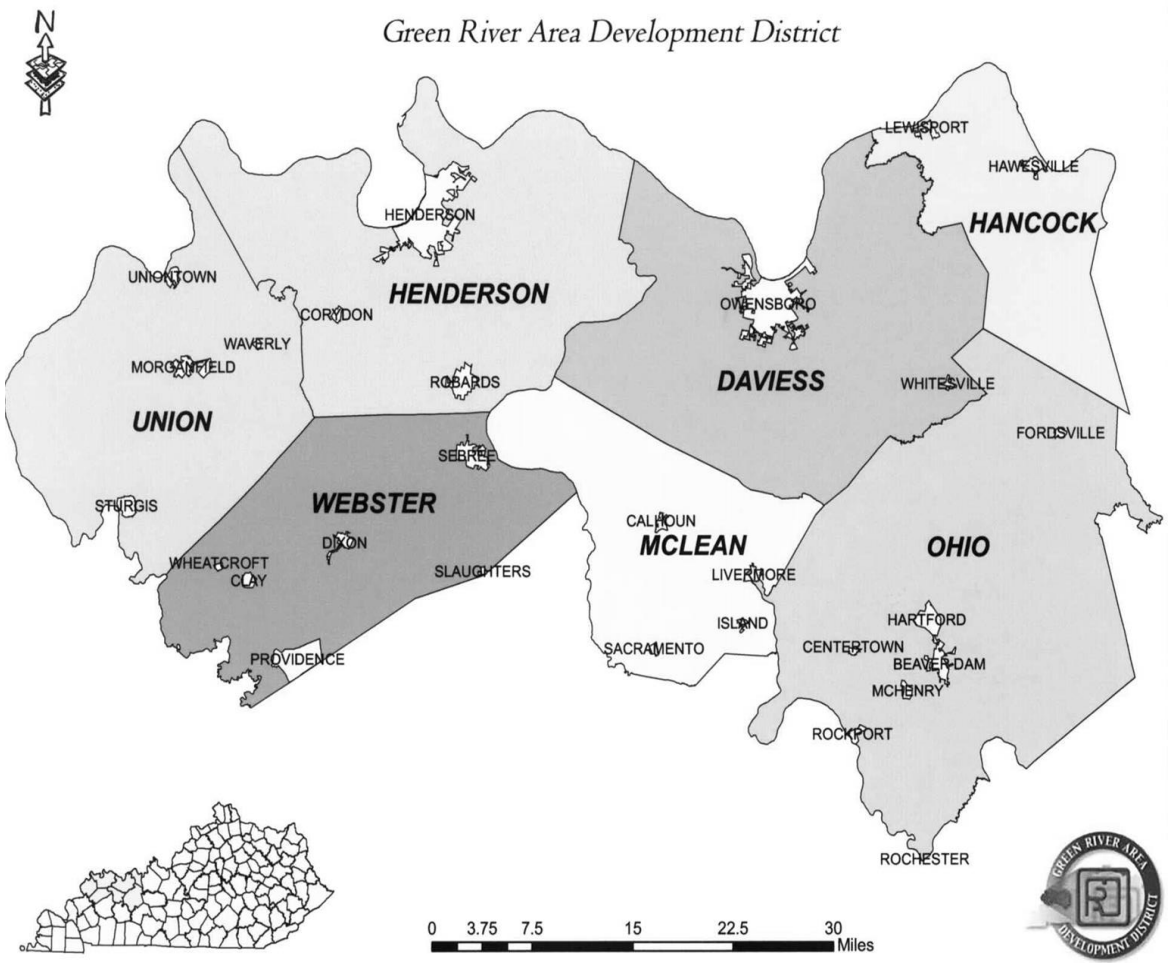
The Green River Area Council on Aging is a functional committee of the Board of Directors. The Council carries out advisory functions which further GRADD's mission. The Council has authority to conduct such activities as permitted by the Older Americans Act, as amended. They advise the Area Agency on Aging and Independent Living on development and administration of the area plan, conduct public hearings, review and comment on community policies, programs and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to older persons, and represent the interest of older persons.

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 Area Agency on Aging and Independent Living is located in the Green River Area Development District offices, centrally located in Owensboro. GRADD serves a seven county area, including Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster Counties.

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


Green River Area Development District
N
HENDERSON
UNIONTOWN
CORYDON
HENDERSON
WAVERLY
MORGANFIELD
ROBARDS
UNION
SEBREE
STURGIS
WEBSTER
DIXON
WHEATCROFT
CLAY
SLAUGHTERS
PROVIDENCE
LEWISPORT
HAWESVILLE
HANCOCK
OWENSBORO
DAVIESS
WHITESVILLE
FORDSVILLE
CALHOUN
MCLEAN
OHIO
LIVERMORE
ISLAND
HARTFORD
SACRAMENTO
CENTERTOWN
BEAVER DAM
MCHENRY
ROCKPORT
ROCHESTER
0 3.75 7.5 15 22.5 30
Miles
GREEN RIVER 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: 2010

	Information Not Available	
a. Percent of persons 60 and older in your region	☐	**44,048**
b. Percent of region's total population over 60	☐	**21%**
c. Percent 60+ who are low income (poverty rates as provided by HHS)	☐	**18%**
d. Percent 60+ who are minority	☐	**5%**
e. Percent 60+ who live in rural areas	☐	**44%**
f. Percent 60+ with severe disability (3 or more ADL/IADL impairments)*	☐	**71%**
g. Percent 60+ with limited English proficiency	☐	**6%**
h. Percent 60+ with Alzheimer's Disease or related dementia	☒	
i. Percent 60+ isolated or living alone	☐	**21%**
j. Percent of grandparents or older relative raising a child under 18	☐	**2%**

**ADLs (Activities of Daily Living): feeding, getting in/out of bed, dressing, bathing, toileting. IADLs (Instrumental Activities of Daily Living): Meal preparation, light housework, heavy housework, laundry, shopping, taking medicine*

IV. Funding Sources for Your AAAIL

5. In your last fiscal year, what percent of your revenue was from…	**%**
a. Federal grants/contracts	**19.75**
b. State government grants/contracts	**72.21**
c. Local government grants/contracts	**6.04**
d. Foundation grants/contracts	
e. Corporate grants/contracts	
f. Direct mail fundraising	
g. Fundraising events	
h. Individual contributions	**1.12**
i. Fees for services	
j. Other (Specify: In-Kind)	**.88**
k. Other (Specify: _____)	
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 Administration	$ 134,839 .00
B	Title III B Supportive Services	$ 598,351 .00
C	Title III C1 Congregate	$ 354,234 .00
D	Title III C2 Home Delivered Meals	$ 408,313 .00
E	Title III D Health Promotion	$ 13,352 .00
F	Title III E Caregiver Support	$ 119,145 .00
G	Title VII Community Elder Abuse Prevention	$ 4,106 .00
H	Title VII Ombudsman Facility Prevention	$ 6,771 .00
I	NSIP	$ 140,036 .00
J	FAST	$ 1,000 00.
K	SHIP	$ 32,615 .00
L	Homecare Coordination Administration	$ 92,996 .00
M	Homecare Social Services	$ 531,552 .00
N	Homecare Delivered Meals	$ 254,523 .00
O	Personal Care Attendant Administration	$ 35,749 .00
P	Personal Care Attendant Evaluation and Coordination	$ 34,174.00
Q	Personal Care Attendant Program Subsidy	$ 289,566 .00
R	State Long Term Care Ombudsman	$ 41,130 .00
S	ADRC	$ 32,000 .00
T	Senior Medicare Patrol	$ 20,000 .00

U	Improving Arthritis Outcomes	**$ 3,000 .00**
V	SAMS Administration	**$ 102,049.00**
W	Community Collaboration for Children	**$ 169,941 .00**
X	Patient Directed Services (CDO)	**$1,481,000.00**
Y	Miscellaneous Aging Services	**167,009.00**
Z	AmeriCorps	**590,920.00**
AA		
BB		
	GRAND TOTAL	**$ 4,170,024 .00**

↑ *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? Yes	No	Is service directly provided by AAAIL? Yes	No	Is service provided under contract? Yes	No	Number of people served in FY17	Amount spent in FY17 (round to nearest hundred)	Funding source(s) (use letters from Section IV)
a. Advocacy	☒	☐	☒	☐	☒	☐	260	11,935.00	B
b. Information and Referral	☒	☐	☒	☐	☒	☐	3980	84,175.00	B
c. Legal Assistance	☒	☐	☐	☒	☒	☐	176	21,050.00	B
d. Transportation	☒	☐	☐	☒	☒	☐	390	88,430.00	B
e. Home Delivered Meals	☒	☐	☐	☒	☒	☐	600	680,591.00	D, N
f. Congregate Dining	☒	☐	☐	☒	☒	☐	1203	361,345.00	C
g. Senior Center	☒	☐	☐	☒	☒	☐	3464	68,888.00	B
h. Mental Health Services	☐	☒	☐	☒	☐	☒	0	0	
i. Dementia Care or Support Group	☐	☒	☐	☒	☐	☒	0	0	
j. Caregiver Support Group	☒	☐	☒	☐	☒	☐	55	117,198.00	F
k. Caregiver Training or Education	☒	☐	☒	☐	☐	☒	17	4,066	F
l. Training or Education or Older Adults	☒	☐	☒	☐	☒	☐	488	23,926.00	B
m. Training or Education for Service Providers	☒	☐	☒	☐	☐	☒	100	20,565.00	A,F,G, J, P, R
n. Training or Education for Volunteers	☒	☐	☒	☐	☐	☒	64	2,328.00	B, K, Z
o. Case Management	☒	☐	☒	☐	☐	☒	1,127	409,200.00	B, M
p. Housing or Shelter Assistance	☐	☒	☐	☒	☐	☒	0	0	
q. Personal Care or Home Health Services	☒	☐	☐	☒	☒	☐	66	91,758.00	B, M
r. Homemaker Services	☒	☐	☐	☒	☒	☐	211	338,361.00	B, M
s. SHIP	☒	☐	☒	☐	☐	☒	1425	33,368.00	K
t. Elder Abuse Prevention	☒	☐	☒	☐	☐	☒	16	11,193.00	G, H
u. Disease Prevention Health Promotion (III-B)	☒	☐	☐	☒	☒	☐	1,182	20, 461.00	B
v. Disease Prevention Health Promotion (III-D)	**Yes**		**No**		**Yes**		97	20,932.00	E, U
w. Adult Day	☐	☒	☐	☒	☐	☒		0	
x. Consumer Directed Option	☒	☐	☒	☐	☐	☒	477	7,587,049.00	X
y. Ombudsman	☒	☐	☒	☐	☐	☒	790	91,976.00	B, R
z. Telephone Reassurance	☒	☐	☐	☒	☒	☐	678	8,110.00	B
aa. Friendly Visitors	☒	☐	☐	☒	☒	☐	313	7,348.00	B
ab. Personal Care Attendant Program	☒	☐	☒	☐	☐	☒	27	308,262.00	P, Q
ac. Senior Community Service Employment	☐	☒	☐	☒	☐	☒	**0**	**0**	

	Is this type of service offered?		Is service directly provided by AAAIL?		Is service provided under contract?		Number of people served in FY17	Amount spent in FY17 (round to nearest hundred)	Funding source(s) (use letters from Section IV)
	Yes	No	Yes	No	Yes	No			
ad. Other – Specify: AmeriCorp, NCOA, Comm. Collaboration for children, Citizen corps, FAST, ADRC, MIPPA, SAMS, SMP, Veterans Directed Care, Misc	☒	☐	☒	☐	☐	☒		1,134,094.00	S,T,V,W,Y, Z
ae. Other – Specify:	☐	☐	☐	☐	☐	☐			
af. Other – Specify:	☐	☐	☐	☐	☐	☐			
ag. Other – Specify:	☐	☐	☐	☐	☐	☐			
ah. Other – Specify:	☐	☐	☐	☐	☐	☐			
ai. Other – Specify:	☐	☐	☐	☐	☐	☐			
aj. Other – Specify:	☐	☐	☐	☐	☐	☐			
ak. Other – Specify:	☐	☐	☐	☐	☐	☐			
al. Other – Specify:	☐	☐	☐	☐	☐	☐			

VI. Program Explanation

Detailed program-specific policies and procedures will be reviewed during the yearly on-site monitoring. Please ensure that each program listed in the previous question has policies and procedures and that these are available for review during onsite monitoring. Assurances will also be verified during monitoring.

VII. Partnerships and Collaborations

7. Do you engage in partnerships or collaborations with other programs or agencies in your service area?

☒ Yes
☐ No

8. If yes, please identify key partners and collaborators, what activities you collaborate on, and when this partnership or collaboration began (year). Attach additional sheets as necessary to list all partnerships and collaborations.

	Collaboration Partner	Activity or Focus of Collaboration	Approx. Year Began
1	Town Square Mall, Green River Regional TRIAD, Citizen Corps Council, Senior Centers, CAP Agency, State Police, EMA, Local Police and Sheriff's Department, KY State Police, AmeriCorps Senior Connections	Senior Day Out at the Mall – focus is on crime prevention, scams , and disaster preparedness	2000
2	GRADD, Owensboro Health Regional Hospital, BB&T, Senior Centers	Masters Athletic Challenge/Senior Games promotes healthy activity for those 50 and over during week long Olympic activities	2001
3	Golden Partners, Senior Centers, Home Health Agencies, Pharmacies, CAP Agency	Senior Celebration – annual event to educate and entertain seniors	1996
4	Louisville/Jefferson Metro Government, GRADD AAAIL	Senior Medicare Patrol	2013
5	Green River Regional TRIAD/Elder Justice Coalition, Adult Protective Services, OIG, Senior Centers	Elder abuse coordinating councils/Multi Agency Regional Forums	1997
6	Independence Bank, Comfort Keepers, Canteen, GRADD, AmeriCorps Senior Connections, Specialty Food Group	Feed Seniors Now	2011

7	**National Council on Aging, GRADD Benefits Enrollment Center**	**Medicaid, Low Income Subsidy, Medicare Savings Plan, SNAP, LIHEAP**	**2013**
8	**Munday Activity Center, GRADD, Estes Behavioral Health (psychiatric APRN), Lighthouse Counseling**	**PEARLS Community-Based Depression Treatment**	**2015**
9	**GRADD, Senior Centers, River Valley Behavioral Health, Owensboro Health Regional Hospital**	**Mental Health & Aging Coalition**	**2006**
10	**Owensboro Public Schools, GRADD Family Caregiver Program**	**Grandparents Raising Grandchildren Support Group**	**2002**
11	**GRADD, Pennyrile AAAIL, Veterans Administration**	**Veterans Directed Care Services as part of the "Wheel and Spoke" Model**	**2016**
12	**Owensboro Health Regional Hospital, Munday Activity, GRADD**	**Frozen Weekend Meals – food provided by the hospital to freeze and deliver to HDM participants for weekend meals.**	**2017**
13	**Audubon Area Community Services, Area Homeless Shelters, Owensboro Mayor's Office, Daviess County Judge Executive's Office, GRADD**	**Homeless Resource Fair – provide giveaways and information on area resources for the homeless population.**	**2014**
14	**GRADD Ombudsman, community businesses and non-profit organizations.**	**Silver Bells – program to provide Christmas goodies for personal care homes in the district.**	**2016**

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?

A needs assessment is conducted before each new plan year. The information is collected in a survey format that is prepared by the AAAIL staff. The survey is sent to elected officials, service providers, Aging Council members, County Committees on Aging members, caregivers, in-home clients, senior center clients, and interested citizens. The surveys are returned to GRADD and tallied by the staff. Also, satisfactions surveys are conducted annually by all providers.

11. How often do you collect this information?

- ☐ **Monthly**
- ☐ **Quarterly**
- ☐ **Semi-annually**
- ☐ **Annually**
- ☒ **Other: Regional Needs Assessment collected before each new plan Regional Plan on Aging. Satisfaction surveys collected annually from providers.**

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

13. When is the next capacity assessment scheduled? December 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?

200 Surveys were distributed to seniors, service providers, elected officials, committee members, and interested citizens. Of those 200 surveys distributed, 112 were returned for a 56% rate of return. Over 67% were completed by women; and the average age of the respondents was 71. The top concerns were: (1) Congregate meals; (2) Information and Assistance; (3) Home Delivered Meals (tied with #4); (4) Transportation (tied with #3); (5) Outreach; (6) Health Promotion; (7) Homemaker; (8) Assisted transportation (escort); (9) Caregiver Services; (10) Telephone Reassurance. The results of the survey are shared with the Green River Area Council on Aging to provide assistance to the AAAIL in prioritization of planning. With the ability to move funds within services, we are able to better match the needs of our clientele with the funding for services. In cases where funding is not available or not sufficient we will utilize our good working relationship with other agencies to meet the needs expressed.

IX. Capacity Building Plan

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

1. To work with local government, providers, AARP, and other appropriate entities to initiate the process for Owensboro and/or Daviess County to become an "age friendly" community.

2. To expand the base of volunteers for the AAAIL, which will increase capacity to provide information and assistance and other services, such as Benefits Check Up, Senior Medicare Patrol, Medicare Savings Plan, Low Income Subsidy, and Ombudsman.

3. To explore, identify, and pursue new sources of grant funding to expand services to the vulnerable seniors in our region.

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

1. To work to develop an initial planning committee comprised of all necessary and interested entities. The group will then initiate a plan toward designation. 2. AAAIL staff will work with Volunteerowensboro.com and other community opportunities to recruit volunteers. Appropriate training will be provided and retention efforts will be strengthened. 3. AAAIL will research grants through various local and regional foundations, as well as NCOA, KCCVS, ACL, etc.; and pursue funding as appropriate and feasible.

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

☒ Yes

☒ No

If not, why?

Only one goal was not completed due to lack of funding opportunities and lack of available matching funds.

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

The goal was to identify and pursue grant funds to expand programs available to serve grandparents raising grandchildren in the Green River Region. We did a great deal of research in pursuit of funds to expand grandparent services. However, we were not able to find appropriate offerings, other than the Brookdale Foundation, which required a 100% match. We did not have the funds available to provide that match.

19. Total number of program managers/supervisors __5__ Number

20. Total number of program staff __39__ Number

21. Total number of program volunteers (in house & contract) __342__ 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? _79__ Number
Which programs? Senior Centers, SHIP, Ombudsman

26. How many new staff were hired by the AAAAIL in the past 12 months? _ 8 Number
Which programs? 3 Homecare/Title III Case Managers; 1 PDS Support Broker; 4 AmeriCorps members to work in Ombudsman, SHIP, Medicaid Waiver, and NCOA programs.

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.

We ensure that all staff attends appropriate training as available and affordable. This includes computer training, webinars, KAG, Alzheimer's Association, Hospice End of Life Training, case management training, support broker training, trainings provided by DAIL, and Mediware training, etc. Cross training among Social Services staff is encouraged.

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?

Volunteers for all programs will be recruited through Senior Centers, media, and health fairs. The public will be made aware of volunteer opportunities for all programs through media contacts, local speeches, flyers, pamphlets, health fairs and networking. We also work closely with the Retired Senior Volunteer Program and Volunteer Owensboro.com.

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

1. By seeing development of a plan for an age friendly community and tracking the steps toward that end. 2. By tracking AAAIL volunteer numbers and reviewing recruitment efforts, training, and retention efforts for potential areas for improvement. 3. AAAIL staff will periodically discuss identified grants and feasibility. Grant applications will be submitted as appropriate.

X. Public Hearing

34. Area Plan Public Hearing

Date	Time	Location	# of participants present	# of staff present	# of others present
2/16/18	9:00am	GRADD Board Room	10	4	6

Date plan available for review	Place(s) available for review	Dates advertised	Ad appeared in newspaper
1/29/18	GRADD,	1/28/18	Messenger-Inquirer
1/29/18	Senior Centers	1/28/18	Henderson Gleaner

35. Participation in Public Hearing was actively sought from:

Seniors, Providers, and the General Public.

36. Indicate means used in soliciting views:

Media, website, senior centers, newsletter, public hearing.

37. Summary of public comments:

Request was made to amend surveys in such a way as to seek more specific feedback from seniors regarding how to better meet an area of need.

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

GRADD staff will work to update the needs assessment survey in an effort to gain more specific feedback from seniors regarding improving services in an area of need.

XI. Service Usage

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

1. **Congregate Meals**
2. **Information and Assistance**
3. **Home Delivered Meals and Transportation (tied)**

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

We meet regularly with all contractors to ensure common goals. We continually recognize outstanding service models through our GRADD website, newspaper articles, monthly provider meetings, Council on Aging and GRADD board meetings. Our dedicated and caring staff, both in-house and contracted providers, are by far our greatest strength. Customer service is important to us and we take time to listen to both concerns and accolades.

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

Lack of funding due to level funding or in some cases decreased funding. Lack of staff time to implement all the new changes required.

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?

There continues to be a great deal of public interest in hunger initiatives. The GRADD has been actively partnering with a bank and local business to do a broad food drive for seniors, Feed Seniors Now (formerly, Stop Senior Hunger). This has been a way of publicizing nutrition programs, including the Home Delivered Meals program. In addition, families often express how difficult it is to meet a daily need, such as nutrition, as opposed to a need they can assist with periodically, such as laundry or housekeeping.

2. **Congregate Meals**

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

Congregate Meals are traditionally used by seniors who are more mobile. The economy continues to affect seniors. Many seniors come to the senior center as a way to stretch their limited budgets with an affordable lunch. The programming efforts at the senior centers is also continuing to attract seniors to come and eat lunch while enjoying a favorite activity and socializing with others.

3. **Information and Assistance**

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

Information and Assistance continues to be a growing service in our area. There have been so many changes in recent year with Medicare and other health insurance options. These changes have dramatically increased call volumes of people seeking assistance. There has also been a great deal of marketing of our

programs in the media, social media and our website. As the word gets out, we receive more calls seeking a variety of assistance.

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

1. Respite

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

The client eligibility for Homecare Respite is a narrow scope of people, so we get fewer requests for clients we can serve. When we do have requests, the usage goes up markedly, as these clients have intense needs.

2. Personal Care Attendant Program

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

Personal Care Attendant Program has limited funding. We have served 27 people this year and 20 people are waiting for services. The people receiving this service truly need it. If we had more funding we could serve more people. However, this is also a service where there is a specific client scope that is very narrow. This remains a much needed program.

3. Title III-B Personal Care

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

Personal Care Services under Title III-B were not funded prior to FY 2016. There is limited funding available, and it has been an adjustment for clients in the Title III program to accept this type of assistance. The need and usage of this service, however, is continuing to grow.

XII. Participant Feedback and Satisfaction

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

- ☒ Yes
- ☐ No

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

	Yes	No
a. Client surveys or interviews	☒	☐
b. Caregiver surveys or interviews	☒	☐
c. Provider logs	☒	☐
d. Provider surveys or interviews	☒	☐
e. Client focus groups	☒	☐
f. Other, Specify:	☒	☐

46. How often is feedback collected?

- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-annually
- ☒ Annually
- ☒ Other, Specify: The catered meals provider provides comment cards that are available on a daily basis at the senior centers. These comments are collected and reviewed throughout the year. The AAAIL staff also solicits comments on services when in the field

monitoring or visiting service sites. AAAIL staff meets regularly with the Focal Points in each county and listens to concerns or comments they have received from clients. Services or lack of services available are also discussed on a regular basis at the Area Council on Aging meetings and GRADD Board of Directors meetings. In addition, comments, suggestions or concerns regarding services are collected over the phone from clients, providers, elected officials or concerned citizens.

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

Staff reviews the survey results and any comments that are made concerning services. Results of the surveys have been shared with the Green River Area Council on Aging to provide assistance to the AAAIL in prioritization of planning.

48. Is there a formal process to investigate complaints?

- ☒ **Yes**
- ☐ **No**

49. Is there a formal process to respond to complaints?

- ☒ **Yes**
- ☐ **No**

XIII. Coordination and Collaboration

50. What are your procedures and methods for ensuring that services for older adults are delivered in a coordinated and efficient way?

The Green Area Development District (GRADD) and the Area Agency on Aging and Independent Living (AAAIL) has a history of providing successful programs and services due to its ability to coordinate a wide variety of agencies, groups, community leaders, and governmental officials. The AAAIL houses an Aging & Disability Resource Center (ADRC) for the district. The ADRC has been invaluable as an entry point to services at GRADD and throughout the region/state. All referrals for services are screened by the ADRC staff who make every effort to refer individuals to the appropriate array of services - both to programs within the AAAIL and its contract agencies; and to other programs in the community.

The GRADD AAAIL has required, through the Request for Proposal process, a full-time focal point in each county, open six hours or more, five days per week, for several years. Each county program employs a full-time county aging coordinator, to be housed at a focal point senior center within the county. At this focal point, which is a multi-purpose senior center, all records are kept, data is input in the computer, supportive services are provided, and the coordinator is available five days per week. Congregate meals are served at this center, and home delivered meals are packaged at and delivered from the focal point as well. When the aging coordinator is required to visit other senior centers/nutrition sites in the county, a volunteer or another staff member is available to answer questions. In every county if someone is not available; an answering machine will be available, which the aging coordinator can check on a regular basis.

All in-home participants are assessed and case managed by GRADD AAAIL Case Managers. If the client is eligible for a contracted service, then every effort is made by the case manager to link the client with the appropriate agency. If the client is not eligible for a contracted service, case managers will try to link the client with other community resources that may meet the needs of the client to remain in the home. Case managers also work with clients to allow choices

when possible; coordinate the needs of the client with all available resources; and meet as needed with service providers throughout the district. Case managers at the GRADD AAAIL are assigned to a county, and work closely with County Aging Coordinators to identify necessary services for clients that may be available either regionally or within the county to allow them to remain in their homes as long as possible.

In addition, many clients are referred to in-house programs such as Personal Care Attendant Program, Family Caregiver Support Program, and SHIP. All programs can allow the client to remain in the home and prevent institutionalization.
The GRADD AAAIL works with the local Transportation providers to assure adequate access and support to doctors, pharmacies and groceries.

The services as outlined in Section 321 (a) of the OAA are coordinated through the AAAIL with its councils and sub-councils, and programs which represent the region and the local level.
The AAAIL is always seeking new partnerships with agencies to provide services and/or programs that assist seniors with their needs or provides opportunities for seniors to stay involved in their community. We currently have contracts with Senior Medicare Patrol, the National Council on Aging, and are a part of the Veteran's Directed Care program, via a contract with the Pennyrile AAAIL.

The AAAIL also encourages all of its contract agencies to coordinate services with other agencies that provide services to senior citizens.

51. Do you have plans to improve service coordination?

- ☒ **Yes**
- ☐ **No**

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

The GRADD AAAIL will ensure that full-time aging coordinator position is in place in each county. The AAAIL will contact or meet with all providers throughout the district to facilitate coordination of services. The ADRC will continue to expand its database to include information and assistance regarding services available to our clients.

The AAAIL will provide all providers with applicable program regulations. The County Aging Service Coordinator (Focal Point) in each county will be responsible for completing the initial intake on a potential client requesting services and will forward that to the ADRC staff to complete a full level one screening. The potential client will then be placed on an appropriate waiting list for services if services are not available; or services will be started immediately; and/or appropriate referrals will be made to community resources, as needed.

The County Coordinators (Focal Point) in each county, the local director for the in-home services contractor, and the local director for legal services contractor will keep track of their appropriate units of service and unduplicated clients on a monthly basis. They will also be responsible for scheduling their services with clients based on the client's needs and as budgets allow.

The case managers located at the AAAIL will coordinate the needs of appropriate referred clients with available resources through the intake process. The case managers are familiar with all aging service providers and work closely with them on coordinating all services on behalf of the client.

The County Aging Coordinators (Focal Point) of each county will provide a comprehensive coordinated system of care and services by completing an intake on clients referred to them from local governments and local social service agencies.

The AAAIL will partner with non-profit and private for profit business to coordinate Masters Athletic Challenge/Senior Games and Health Fairs. The AAAIL and the Regional TRIAD/Elder Justice Coalition will partner with Towne Square Mall to coordinate "Senior Day Out" at the mall. This one day event is to provide education on crime prevention for seniors.

The AAAIL is a member of the "Committee for Concerned Caregivers" and will meet monthly to plan a one day event for seniors, called Senior Celebration. AAAIL staff will also continue to help plan and execute the annual Feed Seniors Now project to provide groceries to low income seniors; and will continue to assist with the local, annual resource fair for the homeless population.

Marketing will be provided to community-based agencies to enable older individuals to remain in their home. Inter-agency meetings will be encouraged so that providers will know options available to community based seniors. Brochures will be made available regarding services provided by the GRADD AAAIL.

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

The AAAIL contracts with an agency in each county of the GRADD to provide one full-time focal point in each of the seven counties.

All program referrals will be screened by ADRC staff, which will be reflected in the number of level one screenings completed annually.

GRADD will provide information regarding our services to 100% of the agencies involved in coordinated activities in the region. GRADD staff will participate in at least twelve inter-agency meetings during the year and will distribute brochures, flyers and other information regarding our services in at least twelve events during the year.

100 percent of AAAIL contractors review and report services monthly to the AAAIL.

The Masters Athletic Challenge/Senior Games and Health Fairs will be held annually in the GRADD district. A one day "Senior Celebration" event will be held annually and "Senior Day Out" will be held annually at Towne Square Mall. Sign in sheets will track the effectiveness of our marketing.

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?

As required in the Older American's Act, the local program will continue to follow policy in establishing programs for outreach to target those with "greatest economic and social needs", specifically to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas, the number of individuals at risk for institutional placement, the number of older individuals who are Native Americans residing in area, older individuals with severe disabilities, older individuals with Alzheimer's and related disorders. The local program has a history of targeting those with the "greatest economic and social needs" with special attention to the above listed groups.

Those in "greatest economic need" shall be individuals whose incomes are at or below poverty levels.

Those with "social needs" will be determined by factors, which restrict a person's ability to carry out normal activities of daily living, threatening one's ability to live alone. Criteria for determining the greatest social need include:

1. **Physical and mental disabilities;**
2. **Language barriers;**
3. **Cultural, social or geographical isolation, including isolation caused by racial or ethnic status that:**
   a. **Restricts the ability of an individual to perform daily tasks, or**
   b. **Threatens the capacity of the individual to live independently.**

Providers in each county will provide information on available services at annual health fairs held in each county. Providers will solicit and advertise program services through newsletters, pamphlets, and local media. Local providers will also meet with other social service agencies, personal care facilities, churches, subsidized housing units and with facilities providing services to the disabled and those agencies who serve populations with limited English speaking ability.

56. How will you measure your progress?

1. Seven health fairs will be provided annually in the district.
2. Program services will be advertised at a minimum of six times annually through newsletters and/or pamphlets and/or local media.
3. Local providers will network with other social service agencies, personal care facilities, churches, subsidized housing units and with other facilities providing services to the disabled and those agencies who serve populations with limited English speaking ability at least annually through local events such as Senior Celebration.
4. Feed Seniors Now will be provided annually to reach low income seniors who may be experiencing food insecurity.

Clients with the "greatest economic and social needs" will gain knowledge on the services available to them that can help them stay in their homes and maintain their independence.

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 will promote our services to the community through media, community meetings, and outreach efforts. Media exposure will include local cable shows including Around Owensboro and GRADD Dialogue; press releases to all district news media; GRADD website; GRADD Facebook page; Twitter; and interviews when appropriate. Staff is involved in several community coalitions, including Committee of Concerned Caregivers, Mental Health and Aging, Elder Abuse Councils, TRIAD, Senior Medicare Patrol, and Homeless Council of the Ohio Valley. Staff provides outreach at health fairs in all counties, and at district wide events like Senior Celebration and Senior Day Out at the Mall.

1. GRADD AAAIL will use multiple media venues to advertise services.
2. AAAIL will participate in meetings with multiple agencies.
3. AAAIL will provide outreach to new populations in the district.

59. How will you measure your progress?

Baselines for media visibility, community meetings and outreach have been determined.
1. The AAAIL will continue to expand our visibility through new partnerships with local and regional media outlets; as well as social media, such as Facebook and Twitter.
2. Media/Social Media visibility will be provided a minimum of 12 times.
3. AAAIL staff will participate in community meetings a minimum of 15 times.
4. Outreach efforts will be coordinated at least 10 times.

XV. Community Opportunities

60. How many of the counties in your service area currently have at least one focal point? 7

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

The AAAIL contracts with the county program in each of the seven counties to provide congregate and home delivered meals. The county programs also provide the following Title III B Supportive Services: advocacy, counseling, education, health promotion, outreach, recreation, friendly visiting, telephoning, transportation, information and assistance, and nutrition education; as well and Title IIID Programs.

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 GRADD AAAIL has required through the request for proposal process (RFP) a full time focal point in each county, open six hours or more, five days per week, for several years. Our RFP required that each county program hire a full-time county aging coordinator, to be housed at a focal point senior center within the county. At this focal point, which is a multi-purpose senior center, all records are kept, data is input in computer, supportive services are provided and the coordinator is available five days per week. Congregate meals are served at the focal point, and home delivered meals are packaged and delivered from the focal point. When the aging coordinator is required to visit other senior centers in the county, a volunteer is available to answer questions. In every county, if a volunteer is not available, an answering machine will be available which the aging coordinator can check on a regular basis. County programs are encouraged to reach out to all seniors with dances, pot lucks, and other activities to expand their

clientele. They are also required to conduct an annual client satisfaction survey to ask for areas that need improvement.

64. How will you measure your progress?

Through the RFP process we will continue to require that a full-time aging coordinator position is in place in each county. A focal point is required in all of the seven counties we serve. The Community Services Manager will conduct annual monitoring at the focal points of service. Annual surveys conducted by aging coordinators will be collected and reviewed.

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?

All Benefits Counselors are trained on the importance of long-term care insurance and tools to access information. SHIP Coordinator and counselors will educate the GRADD region through speaking engagements, material at senior events and community activities. The ADRC coordinator and Ombudsman will provide education on 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.

GRADD AAAIL Staff will provide assistance, education, support and training to local providers through a variety of meetings, scheduled trainings, formal letters, e-mail and telephone access. Meetings are scheduled as requested by the providers or deemed necessary by the AAAIL to assist providers in meeting their contractual obligations. Staff and contractors will be encouraged to participate in appropriate local and statewide training such as KAG/Optimal Aging Conference; Hospice Seminars; SE4A, etc. Staff are also encouraged to participate in appropriate webinars or on-line training.

69. How will you measure your progress?

Request for Proposal require a training plan be submitted by each provider. Monitoring determines that this is being accomplished by the provider. In many cases, training is provided by AAAIL Staff, who assist in training with senior center volunteers, home delivered meal drivers, benefits counseling issues, family caregiver trainings, and more. Sign in sheets will be maintained. Training for GRADD AAAIL staff will be tracked annually and placed in their files.

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 Information and Referral Line is listed on all brochures and information that is distributed by the AAAIL to existing clients and/or to the general public. It is also listed in media releases and on line.

The Area Agency on Aging and Independent Living has a full-time Aging and Disability Resource Coordinator and uses the DAIL required level one screening form to collect information during intake and referral contacts. This form documents a variety of information as well as the topics/services that the client is inquiring about. The caller is asked to provide as much of this information as they can. If they are unable to provide any of the crucial information, then the potential client or their designated contact person is contacted to provide the additional facts.

72. If yes: On average, how many intake calls do you handle in a typical month? # 65

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.

Plans to improve the intake and referral process for the Green River AAAIL include continued training and education of the ADRC staff to ensure they are aware of the constantly changing resources in the area. ADRC will continue to send client satisfaction questionnaires to a random sampling of callers each month. Results are used to evaluate needed adjustments to the process.

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?

There are a number of needs which are difficult to meet with current funding levels. Home Delivered Meals continue to grow in requests of people waiting to receive the service. Currently we have nearly 250 requests for home delivered meals. Further, both the congregate and home delivered meals programs continue to see rising costs. While every effort is made to contain costs, the quality of these programs must also be considered. We strive to serve quality meals at an affordable price to as many seniors as we can afford to serve. With the current funding levels, it is impossible to serve everyone who needs a meal.

Information and Assistance continues to be a growing service need in our area, however, current funding does not allow for increased staff to meet this need.

Legal Services are a much needed service for seniors and this program has received numerous funding cuts through recent years. Dollars continue to be stretched and this has caused cuts to travel meaning senior centers in rural areas are receiving fewer visits. While the program

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Commented [JW2R1]: This has been corrected! I missed that during my last review - definitely not my words! Thank you for pointing it out and for giving me the opportunity to correct it!

continues to meet and exceed its goals each year, staffing has been cut and other cost saving measures place this program in jeopardy to provide the quality services truly needed.

Transportation is another service which is key to rural Kentucky seniors. Rising costs for fuel, vehicle maintenance, and staffing have reduced the number of trips available. Transportation for isolated rural seniors can be a lifeline, and many counties reduce trips due to funds available.

There is a long waiting list for the National Caregiver Program. SHIP is another program which needs more funds to truly serve the need. With the Health Care Reform Changes, many of the benefit programs will change. The guidelines and specifics of each program vary and can be confusing to seniors. Seeking out needed benefits can be a daunting task with the numerous agencies and guidelines in place.

Supportive services such as case management and senior centers also need increased funding to meet continued need for those requesting service. As the aging population grows, every service will need additional funds to truly serve those in need.

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.

Program income or donations will be accepted from participants of program related activities, as well as from family members, civic groups or other organizations. All donations shall be utilized for the expansion of services. Donations will be made on a voluntary basis with each person's privacy protected. Each Senior Center will be provided with closed, locked, boxes for the purpose of collecting donations. County Aging Coordinators will collect and count donations from the designated volunteers who will be responsible for the donations daily. Receipts will be given to the volunteers from the Coordinators with the signatures of both required. Two people are at each nutrition site on each serving day to count the donations for that day. All money will be collected by bonded personnel and deposited for safe keeping weekly, at minimum. Receipts for each transaction, general ledger books and receipt accounts journals will be maintained for audit trails. Additionally, coin envelopes will be available at each senior center for those clients wishing to use them. Home bound clients will be provided a coin envelope for their contribution. Envelopes will be collected weekly by staff providing homemaker or personal care services or home delivered meals. Donations are turned into the County Aging Coordinator at least twice per month. Receipts are given to all workers who turn in money and an audit trail is established.

GRADD Case Managers will assess client income during initial assessment and reassessment to determine if sliding scale fees apply. If fees apply, GRADD case manager will explain these to the client and how the fees are used to expand services. GRADD Case Managers will explain donation procedures, suggested donations and donation benefits. Program Income will be expended in the same year it is collected. Local funds grants and foundation grants will be pursued to expand services whenever appropriate. Although donations are encouraged, no person will be denied services because the person will not or cannot contribute to the cost of services. Donation Suggestions are posted in each Senior Center. Legal Assistance staff, and County Aging Coordinators will make clients aware of the opportunity to donate to the program and how program services will be expanded as a result of donations received. All program income collected will be used to expand services, maximizing the amount of services available in the region.

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 Green River Area Agency on Aging and Independent Living will continue to research and seek additional funding opportunities. The agency has a long track record in identifying and meeting unfunded needs in the area. Agencies and foundations with similar community missions will be approached as grant opportunities arise. Examples of funding streams include National Council on Aging, Foundation for A Healthy Kentucky, Senior Medicare Patrol, and the Community Foundation at Owensboro Health Regional Hospital.

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.

Prior to each plan cycle, a Needs Survey will be conducted and used to determine service specific funding. The most current population data available will be used to determine equitable distribution of funds allocated. The process for determining service allocations will be based on: local needs assessments; review of needs projected by Federal or State Survey, especially those indicating target populations; previous years' experience, including service request to specific communities; waiting list for each service; population distribution by county, including low-income and minority data; and financial resources and restrictions placed on available resources.

Minor changes may occur within specific services due to changing of unit costs, changes in Federal or State Funding, or changes in Federal or State Program Policies. All funds allocated for programs and services will be distributed in an impartial manner throughout the seven-county Green River Area Development District. Allocations are presented annually to the Area Council on Aging for discussion and recommendation for approval. The GRADD Board of Directors will make the final approval of allocations.

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

Financials, units provided and funds expended are monitored on a monthly basis for providers of all contracted and in-house services. AAAIL Staff discuss on an ongoing basis all program and funding issues.

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?

AAAIL staff monitor budgets very closely to try to avoid over-spending. If over-spending or inadequate budgeting becomes a problem, it may be necessary to temporarily suspend addition of new clients to allow attrition to decrease spending. All requests for proposals and provider contracts state that services must be provided throughout the contract year.

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

State funded programs are subject to unspent funds being returned. For federal programs, carryover funds are incorporated into budgets.

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)

Many methods are used to monitor programs that are provided in-house, including SHIP, Case Management, MIPPA, ADRC, etc. Methods include: monthly desktop monitoring of clients and units provided, review of client records, in-home evaluations, review of excel spreadsheets, review of any issues as needed, review of SAMS data, review of data on SHIPtalk.org, and client satisfaction surveys. Supervisors of all in-house programs provide constant feedback and updates regarding the status of their programs. Any issues noted are addressed immediately.

The AAAIL staff performs an administrative and financial monitoring of each contracted program at least annually. The monitoring tools address specific contract compliance issues, including outreach efforts and services delivered. AAAIL staff will monitor all documentation, client files, service records and general procedures of each provider. Client interviews and direct observation of service delivery is included during most monitoring visits. Upon completion, a report of the monitoring results and any technical assistance needs that were identified is compiled and submitted to the provider within thirty days. The provider will be asked to respond with an appropriate plan of correction within thirty days. The AAAIL will then follow up to assure that corrective actions have actually taken place. If technical assistance is needed, the AAAIL staff will meet with the provider to offer this assistance or make arrangements to obtain the assistance they need.

For all programs, both in-house and contracted providers, client satisfaction surveys allow us to track the efficiency and usefulness of our programs to the client.

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

Each provider is responsible for conducting an annual client satisfaction survey, which is pre-approved by the AAAIL. Results are submitted and analyzed by AAAIL staff to determine effectiveness of outreach efforts and success of service delivery.

AAAIL staff will provide technical assistance to providers to ensure state and federal guidelines for programs are being followed. AAAIL staff also performs desk-top monitoring of service units and clients on a monthly basis. AAAIL staff provides monthly service allocations to the Focal Points. Mid-contract year AAAIL staff notifies providers of any service concerns by letter and asks for an action plan to correct concerns. AAAIL staff follows up with providers to see if action plan has been implemented.

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;

AAAIL Staff and volunteers, through the SHIP, MIPPA, NCOA, Senior Medicare Patrol, and ADRC programs, will educate and inform clients and their support network regarding existing health and long-term care services and supports, while encouraging them to make independent, educated choices regarding their health and other options.

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

The Homecare, Title III, Family Caregiver, Personal Care Attendant, and Waiver services offered through the AAAIL will assist clients to maintain in their home, or in the environment they choose, to prevent institutionalization for as long as possible.

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

Seniors will be empowered to stay healthy and active by receiving assistance to identify and apply for benefits that might help them financially, which can have a direct impact on their wellness. In addition, Senior Centers are providing evidence based education and exercise programs throughout the district.

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

The AAAIL will educate seniors and persons with disabilities regarding the law and what constitutes abuse. We will also educate the general public regarding the requirement to report suspected abuse.

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

GRADD AAAIL ensures effective and responsive oversight of program and financial management through well trained and qualified management staff who conduct frequent desktop monitoring and meet regularly with staff to discuss any problems or issues encountered.

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

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

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

Objective

Objective 1: AAAIL will network with other agencies through community events to provide an awareness of available services to consumers to enable and empower individuals to make informed decisions about and to be able to easily access existing health, social services, and long-term care options.

Objective 2: Provide a regional Aging and Disability Resource Center (ADRC) to provide information and access to regional services.

Objective 3: Provide a comprehensive coordinated system of care for older Kentuckians.

Objective 4: Provide plans for outreach to target those with "greatest economic and social needs", with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; including at senior centers, senior housing and health fairs.

Objective 5: Provide and expand services in the community through focal points, and/or multipurpose senior centers.

Objective 6: Identify how supportive services will be delivered in the district (in accordance with Section 321 of the OAA, as amended) including service delivery and clients to be served, management of service provision, referral intake and service scheduling.

Objective 7: Provide a plan which ensures service providers have an adequate process for referral service scheduling, and an internal evaluation system to ensure quality services are provided.

Objective 8: Provide Senior Medicare Patrol training, education, and volunteers to prevent Medicare fraud and abuse.

Objective 9: Target potential clients through the NCOA grant, SHIP and MIPPA in the areas of LIS, Medicaid, MSP, LIHEAP, SNAP, etc.

Objective

Strategies

Strategy 1: The AAAIL will provide informational brochures, education and information about accessibility to services and long-term care options. District residents will be made aware of these options through aging council meetings, health fairs, senior centers, senior celebration, Senior Day at the Mall, Senior Games/Masters Athletic Challenge, TRIAD, Mental Health and Aging Coalition, and other community events. Kentuckians will be more aware of services and be empowered to make informed decisions about their options. The AAAIL will provide counseling services to those that need more assistance.

Strategy 2: The AAAIL will educate the community about the ADRC and the services it provides by providing at least two presentations per year and by reporting to the Area Council on Aging on a quarterly basis. AAAIL staff will use the DAIL Level One Screening form for all programs. AAAIL will participate in local trainings regarding resources and regional services including the Benefits Check Up Program to determine individual eligibility for various programs.

Strategy 3: The case managers located at the AAAIL will coordinate the needs of appropriate referred clients with available resources through the assessment process. The case managers are familiar with all aging service providers and work closely with them on coordinating all services on behalf of the client. The County Aging Coordinators are also known as the "focal point" of aging services in each county. They also provide a comprehensive coordinated system of care and services by completing intake information on clients referred to them from local governments and local social service agencies.

Strategy 4: Providers in each county will provide information on available services at annual health fairs held in each county. They will solicit and advertise program services through newsletters, pamphlets, and local media, six times annually. Local providers will also meet with other social service agencies, personal care facilities, churches, subsidized housing units and with facilities providing services to the disabled and those agencies that serve populations with limited English speaking ability and provide at least annually an event such as Senior Celebration. The AAAIL will also provide outreach through media events, Facebook, web page, Twitter and speaking engagements.

Strategy 5: The GRADD AAAIL will ensure that a full-time aging coordinator position at the focal point is in place in each county. The focal points will be open six hours or more five days per week. Focal points are also multi-purpose senior centers. Coordinator will be encouraged to provide more services during afternoon/evening hours.

Strategy 6: 100% of information & assistance is provided by the AAAIL staff by phone and at community functions. Staff members are available and willing to assist anyone who may need information concerning aging services or other services available in the community. 100% of the Green River AAAIL case management staff provides assessment and case management services to eligible clients for the Title III In-home supportive services of homemaker and personal care. The AAAIL Community Services Manager will meet at least quarterly with the County Aging Service Coordinators who provide the Title IIIB supportive services. The Green River AAAIL employs the district Ombudsman. The Ombudsman receives, investigates, and acts on complaints by older individuals who are residents of long-term care facilities and advocates for the well-being of these individuals. The Ombudsman also provides the Elder Abuse Prevention Programs and visits each long-term care facility at least quarterly. The AAAIL will comply with program regulations, policies and procedures to ensure accountability, and quality care.

Strategy 7: The AAAIL will provide contractors with the applicable program regulations, and implement local policies and procedures and provide technical assistance to ensure programs provide accurate and quality services. The County Aging Service Coordinator (Focal Point) in each county will be responsible for completing the initial intake on a potential client requesting services, and to refer them to the ADRC for a level one screening as appropriate. The County Coordinator (Focal Point) will place the potential client on an appropriate waiting list for services if services are not available; or services will be started immediately; and/or appropriate referrals will be made to community resources as needed. The County Coordinators (Focal Point) in each county, the project director for the in-home services contractor, and the project director for legal services contractor will keep track of their appropriate units of service and unduplicated clients on a monthly basis. The

County Coordinators (Focal Point) in each county, the in-home services project director and the legal services project director will be responsible for scheduling their services with clients based on the client's needs and as budgets allow.

Strategy 8: Recruit 15 volunteers, have 800 training hours, 20 community education events per year.

Strategy 9: The NCOA grant coordinator will train Benefits Counselors regarding proper procedures and paperwork to provide additional services to our neediest citizens.

Person and entity responsible for completion	Date
Jennifer Williams, Associate Director for Social Services, GRADD Tina Hayes, ADRC Counselor, GRADD Nancy Williams, ADRC Counselor, GRADD Leslie Wilson, Community Services Manager, GRADD Janet Clancy, In-Home Services Manager, GRADD Sheila Howard, District Ombudsman, GRADD Kelli King, SMP Coordinator	3/30/18

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

Objective 1: Determine current needs of clients and family caregivers within the district.

Objective 2: Provide FCSP programs in an effort to equip traditional caregivers and grandparents to provide care in a highly effective and manageable manner.

Objective 3: Inform communities and caregivers of programs provided through the Green River AAAIL, and in so doing, increase interest and inquiries for information and services from family caregivers, the general public, and service agencies.

Objective 4: Measure/Monitor effectiveness of FCSP services.

Objective 5: Provide Service Advice and Case Management for Participant Directed Services (PDS), Traditional Service for waiver and Veteran Directed Care Services within the Green River District to eligible individuals, who will feel empowered and supported in their care and will be given the opportunity to succeed in this endeavor through participant centered planning.

Objective 6: To provide a comprehensive system to ensure clients receive timely intake to assess their needs and appropriate follow up for care plan modifications as their condition and needs change.

Objective 7: To provide Homecare services to eligible individuals in all seven counties within the Green River District.

Objective 8: Provide a plan for the provision of personal care attendant program (PCAP) in the district, and the method of service delivery and how services will be managed. GRADD is the qualified agency.

Strategies

Strategy 1: Administer the Green River AAAIL needs assessment tool to every caregiver prior to the three year plan development by AAAIL staff; compile results, adjust services offered to reflect needs in conjunction with services and funding available.

Strategy 2: Provide caregivers and grandparents with a single-point-of-entry for information, assistance accessing resources, training, individual counseling, support groups, supplemental, and respite services. Maintain individual chart on client's/caregiver's needs and steps made to meet those needs, including periodic reassessments to keep abreast of needed changes. Partner with as many community and private organizations and agencies as possible to provide easily accessible resources/trainings and services not provided through the Green River AAAIL. Expense reimbursement system will be used for respite and supplemental services unless a contracted provider is utilized for services and supplies.

Strategy 3: Use all forms of media, technology and community and organizational events at our disposal for outreach purposes. Record and maintain all referrals and inquiries, including client waiting lists for respite and supplemental services.

Strategy 4: An Advisory committee comprised of individuals representing caregivers and providers of caregiver services/training will meet to monitor level of services being provided and to suggest steps to improve programs. A satisfaction survey will be sent out yearly to 100% of all caregivers and grandparents utilizing program services. Data will be compiled and percentages determined for levels of satisfaction.

Strategy 5: Each participant will be assigned a Service Advisor/Case Manager upon eligibility determination through the Medicaid Waiver Management Application. The Service Advisor/Case Manager will coordinate with the participant and their providers a team meeting to develop the service plan, facilitate service delivery and ensure all necessary requirements are met. The Service Advisor/Case Manager will help to ensure the participant's success in the care they receive by completing monthly contact , making referrals as needed to community partners, and by coordinating with Medicaid, Financial Management Agency, and Service Providers to ensure compliance.

Strategy 6: AAAIL staff will accept referrals from any interested party and provide documentation on a common intake form. As necessary, the potential client will be contacted within three business days to complete intake information. A waiting list will be maintained and referrals will be made for other appropriate services within the community. The waiting list will be purged quarterly. When services become available, a Case Manager will be assigned to assess the client in the home to determine eligibility and to develop a viable plan of care. A Case Manager will provide regular contact, according to program guidelines, to monitor the client's plan of care. Every client will be reassessed for services annually or any time there is a significant change in their situation. The plan of care will be revised, according to the client's changing needs. The Case Manager will communicate these revisions to the service providers by utilizing the Service Order. The Lead Case Manager and In-Home Services Manager provide chart quarterly reviews and periodic case reviews to monitor documentation and outcomes. Client services and/or cases will be terminated when it is determined that services are no longer needed. The Case Manager will work with the client to ensure their needs are being met, and a termination summary is completed. All termination summaries are reviewed by the Lead Case Manager.

Strategy 7: The AAAIL will subcontract with qualified and appropriate agencies to provide direct service delivery to Homecare clients in all counties. Case Managers will provide assessment and case management for all Homecare clients. They will provide monthly monitoring and consistent

communication with service providers to ensure services are appropriate and delivered according to the plan of care. Homecare staff will provide clients with information regarding other long-term care options and will make referrals as needed. Collaboration with these other agencies will include committees, councils, trainings, and special events.

Strategy 8: The AAAIL will provide PCAP services, in seven counties of the GRADD. AAAIL employs a program coordinator to manage the PCAP program. The program coordinator will provide outreach, referral services, provide pre-screening services and coordinate the evaluation of an applicant according to the PCAP program regulations and guidelines, using the appropriate forms for documentation. The program coordinator will provide outreach services to attract applicants in need of PCAP services. Once the referral is made, the program coordinator will conduct a pre-admission screening to determine if eligibility requirements are met. Applicants who meet the requirements are placed on a prioritized waiting list. Priorities are based on state regulation definitions of emergency, urgent and stable situations. When an opening becomes available and the applicant's name is at the top of the waiting list, the coordinator arranges a home visit to further explain the program and complete the application. The coordinator will schedule a visit with the applicant and possibly with one or more of the evaluation team members employed by the qualified agency. The evaluation team may consist of a registered nurse, a physical or occupational therapist, director or executive director of qualified agency, a fiscal officer of qualified agency, a mental health provider, an in-home service coordinator, or other entity involved in the participant's care. The team member(s) determine how many hours per week of attendant services the applicant needs and then three members sign the evaluation team report. The PCAP client interviews, hires, supervises, pays and fires (if necessary) his/her own attendants. The coordinator will offer assistance/training, to the PCAP client, in recruiting attendants, record keeping, and tax responsibilities related to the services received. The coordinator will review and process PCAP attendant time sheets and ensure that participants receive subsidy payments timely. Monitoring of the participants will be the responsibility of the coordinator and will be in accordance to program regulations.

Person and entity responsible for completion	Date
Kelli King, Family Caregiver Coordinator, GRADD Sarah Duncan, Waiver Manager, GRADD Janet Clancy, PCAP Coordinator/In-Home Services Manager, GRADD	3/30/18

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

Objective

Objective 1: The Area Agency on Aging and Independent Living will provide healthy aging initiatives through Title III D: arthritis education, chronic disease self-management, Matter of Balance, Bingocize, regional Masters Athletic Challenge/Senior Games and Kentucky Senior Games. We also will work with the senior centers to promote exercise programs and educational speakers. We will encourage each county focal point to plan and promote an annual health fair for community senior citizens. The AAAIL will also coordinate a Mental Health and Aging Coalition.

Objective 2: Provide plan for the implementation and management of Title IIIC-1 (Congregate) Services.

Objective 3: Provide plan for the implementation and management of Title III C-2 (Home Delivered Meal) Services. In addition to providing a summary of the C2 program operation, include emergency plan for back up food preparation sites and nutrition sites.

Objective 4: Provide for nutritional screening, nutrition education, and where appropriate nutrition counseling. Plans include what is done with the data collected in the screening process and how it is utilized; how the nutrition education is planned and carried out; and the process to provide nutrition counseling when needed.

Objective 5: Provide for Title III D services as outlined in Sections 361 & 362 of OAA (Chapter 35, 42 U.S.C. 3030F). Provide integrated health promotion and disease prevention programs that include nutrition education, physical activity and other evidence based activities to modify behavior and to improve health literacy.

Objective 6: Provide coordination of the recruitment, supervision, retention, recognition and training of volunteers, including senior centers, long term care ombudsman, SHIP (benefits counseling), and volunteers within any of the Area Agency on Aging and Independent Living programs.

Objective 7: Assist with and coordinate activities to encourage opportunities for older persons to stay active and involved through community volunteering.

Objective

Strategies

Strategy 1: Regional Senior Games will be held and expanded to include more opportunities for senior athletes. GRADD AAAIL staff will provide, encourage and participate in county health fairs within the district. AAAIL staff will participate in the Mental Health and Aging Coalition. County Coordinators are trained in Title III D classes and will be offering various classes throughout the year.

Strategy 2: 100% of meals will be prepared in a central kitchen, and delivered to all senior centers/nutrition sites on a timely basis. County programs will serve meals at congregate sites in the four hour time frame required by regulation.

Strategy 3: Home delivered meals will be prepared and delivered to the county programs five days per week. Home delivered meal drivers will deliver meals to all clients certified by case management to receive the meals. Meal drivers will be trained regarding state regulations. GRADD AAAIL will work with catered meal provider to prepare and deliver meals during an emergency.

Strategy 4: Any clients who score at 6 or above on the nutritional screening are referred by staff to their physician or a dietician for additional nutritional counseling as needed. The County Aging Service Coordinators provide nutritional screening when a new congregate meal client signs up and annually to existing congregate meal clients. The case managers complete the nutritional screening on all new Title III and Homecare clients and annually on existing clients. The Catered Meals provider provides nutrition education monthly on the back of the monthly menus, which all congregate and home delivered meals clients receive.

Strategy 5: Presentations regarding senior health issues and health screenings will be arranged in collaboration with senior centers and churches throughout the district. Health screenings including blood pressure and cholesterol will be held at least quarterly at various senior sites in the GRADD.

Vision and diabetes screening will be held at least yearly in senior sites. Chronic Disease Self-Management Program classes will be held in the GRADD district at area senior sites or with other interested organizations.

Strategy 6: Education regarding volunteer opportunities will be provided through community events. Flyers and brochures will be distributed at seven health fairs or more. Volunteers will be required to attend training in their specific program area. Recognition of volunteers will be provided.

Strategy 7: GRADD AAAIL will network with other agencies in the district. Volunteer opportunities/possibilities will be posted on the website, social media and in agency newsletters. Volunteers will be recruited for council positions. Press releases, brochures, and media contacts will be presented in order to increase awareness of volunteer opportunities.

Person and entity responsible for completion	Date
Leslie Wilson, Community Services Manager, GRADD Jennifer Williams, Associate Director for Social Services, GRADD Janet Clancy, In-Home Services Manager, GRADD	3/30/18

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

Objective

Objective 1: The AAAIL will coordinate efforts and share information with community agencies, law enforcement, senior centers, long term care facilities, judicial, TRIAD Elder Abuse Coalitions for the prevention of abuse, neglect and exploitation. Through these collaborative and continuous efforts senior Kentuckians and those with disabilities will be aware of their rights in long-term care and prevention of abuse, neglect and exploitation.

Objective 2: Provide education to the public, including policy makers, about the challenges the elderly face when disability changes their lives. Include the establishment of 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.

Objective 3: Provide for AAAIL coordination and delivery of Title III services to residents of long-term care facilities including community based services which residents may access.

Objective 4: Provide for legal representation/advice including a listing of the types of cases that will be accepted through this program (i.e. wills, divorces). In accordance with Chapter 4 Section 731 of OAA (Chapter 35, 42U.S.C. 3058j).

Objective 5: Provide a plan on how the Legal Assistance Provider will identify and serve those who are homebound by reason of illness, incapacity, disability, or otherwise isolated.

Objective 6: Provide a plan on how the Legal Assistance provider will make referrals and maintenance of an individual referral list for those clients who request services but are not served.

Objective

Strategies

Strategy 1: Kentuckians will be more aware of the effects of elder abuse and the method for reporting and preventing abuse. The AAAIL and District Ombudsman or Ombudsman volunteers shall distribute information; provide education and in-services for residents, general public and facility staff about elder abuse, neglect and financial exploitation and how to identify the signs of abuse. Posters and hand-outs will be given out at community events attended by the AAAIL staff and volunteers with 800/#'s for reporting abuse and neglect. The LTC Ombudsman and volunteers will distribute the

800/#'s to residents through elder abuse in-services. The LTC Ombudsman will be available for community education programs that promote the prevention of elder abuse and neglect
AAAIL staff will work with the local radio stations and other media outlets and distribute the PSAs that have been received in order to raise awareness of elder abuse in our region. AAAIL staff will attend legislative breakfast hosted by GRADD to encourage more laws be enforced on those involved in crimes and elder abuse against our seniors and those with disabilities.

Strategy 2: GRADD AAAIL will network with other agencies to assure disabled individuals are made aware of services available to them. Green River Area Council on Aging will meet regularly and have representatives of all counties. GRADD AAAIL staff will attend legislative breakfasts, and notify other providers of the opportunity to speak with legislators. The GRADD AAAIL staff, seniors, and agencies will advocate on behalf of seniors and individuals with disabilities with legislators in the district or Frankfort.

Strategy 3: County coordinators, District Ombudsman and volunteers will have regular contact with facility staff. The District Ombudsman will provide information about special events to facility staff, and will attend resident council meetings as invited. The District Ombudsman will support and encourage the development of family councils within long-term care facilities. Residents will be provided Resident Rights Booklets by the District Ombudsman and volunteers. District Ombudsman will present in-services to facility staff in conjunction with DCBS.

Strategy 4: Legal service representatives will visit at least one senior center in each county on a quarterly basis. Initial intake will be provided by telephone and appointments will be scheduled as needed with a local person.

Strategy 5: The legal services provider will advertise available services via public service announcements or newspapers. The provider will make presentations to various groups regarding services available to seniors. The provider will accept referrals of homebound seniors and make every effort to serve those individuals in the most convenient locations possible.

Strategy 6: Every referral and/or inquiry will be logged via an intake form. Clients who need other services will be referred to other community agencies and programs. Monthly status reports for clients will be submitted to GRADD using numerical identification numbers for each individual to maintain confidentiality of client.

Person and entity responsible for completion	Date
Jennifer Williams, Associate Director for Social Services, GRADD Sheila Howard, Long Term Care Ombudsman, GRADD Leslie Wilson, Community Services Manager, GRADD	3/30/18

GOAL 5: Ensure effective and responsive oversight of program and financial management.

Objective

Objective 1: Adequate and qualified staff will be provided for services.

Objective 2: Area Agencies on Aging and Independent Living assure that service provider staff are trained as required for their job functions. Required training and monitoring is provided for district ombudsman, homecare case managers, senior center directors, nutrition providers, family caregiver staff, and SHIP coordinators.

Objective 3: Equitable allocation of funds for programs and services within the planning and service area will be provided.

Objective 4: Program income, fees, donations as well as other resources (i.e, local funds grants) will be collected and used to expand services.

Objective 5: The AAAIL will provide for an integrated regional client management data system.

Objective 6: Consumer input will be incorporated in policy decisions through the local Area Agency on Aging and Independent Living Councils, public hearings or forums.

Objective 7: Technical assistance, education, support and training to all local providers will be provided by the AAAIL.

Objective 8: Awareness of available services through a network of agencies and individuals who are interested in the needs of the elderly will be provided by the AAAIL.

Objective 9: The AAAIL will conduct monitoring and evaluation of all direct and contract programs administered by the AAAIL for compliance with state and federal guidelines.

Objective

Strategies

Strategy 1: Provider Plans will be updated and reviewed annually to ensure provider compliance. 100% of Provider Staffing Plans will be reviewed annually to insure the hours reflected are adequate for the proposed service provision. Provider Staffing plans and staff qualifications will be reviewed during monitoring. AAAIL staff will be hired, trained and supervised based on the requirements for the position. 100% of AAAIL staff will be evaluated annually.

Strategy 2: All new case managers will receive case managers training as required by DAIL. All case managers will receive 16 hours of training annually. Case Managers are monitored annually by the In-Home Services Manager. Peer Review for client charts is done quarterly with all case managers participating. Senior Center Directors will meet monthly with the Community Services Manager.

Ombudsman will attend all training provided by the State Long-Term Care Ombudsman.

The nutrition provider, dietician, and GRADD staff will meet regularly to review menus address any issues which arise. In addition, meal production (over/under) is reviewed monthly.

Family Caregiver staff will meet regularly with DAIL staff to review services and discuss issues.

The Ship Coordinator attends state training and provides regular training and updates to volunteers/SHIP staff.

Strategy 3: Prior to each plan cycle, a Needs Survey will be conducted and used to determine service specific funding. The most current population data available will be used to determine equitable distribution of funds allocated. Allocations are presented to the Area Council on Aging for discussion and recommendation for approval. The GRADD Board of Directors will make the final approval of allocations. All funds allocated for programs and services will be distributed in an impartial manner throughout the district.

Strategy 4: Donation Suggestions are posted in each Senior Center. Each Senior Center will be provided with closed, locked, boxes for the purpose of collecting donations. County Aging Coordinators will collect and count donations from the designated volunteers who will be responsible for the donations daily. Receipts will be given to the volunteers from the Coordinators with the signatures of both required. Two people are required at each nutrition site on each serving day to count the donations for that day. Homebound clients will be provided a coin envelope for their contribution. Envelopes will be collected weekly by staff providing home delivered meals. Donations are turned into the County Aging Coordinator at least twice per month. Receipts are given to all workers who turn in money and an audit trail is established. Case Management staff, Legal Assistance providers, Personal Care Attendant Program Provider, In Home Service Providers and County Aging Coordinators will make clients aware of the opportunity to donate to the program and how program services will be expanded as a result of donations received. GRADD Providers for In-Home Services, Personal Care Attendant Program, and Legal Assistance will accept and deposit donations received for their respective programs and will provide a monthly report to GRADD. All program income is utilized to expand the service from which it was collected. 100% of clients will be made aware of the opportunity to donate to the program and the expansion of services due to donations.

Strategy 5: Assessments for In-home services clients will be done using Mediware's Mobile Assessment software. The DAIL approved assessment tool is used and all case notes are done in SAMS. GRADD, Senior Service Providers, Family Caregiver staff, Case Managers, In-Home Services Provider, and ADRC will use SAMS as their client management system. GRADD's Ombudsman will use the Ombudsmanager for secure reporting of its program activities. GRADD staff and all providers will issue monthly reports to GRADD, assuring back-up for each unit of service entered. Meal orders and home delivered route sheets are reviewed against data entered in SAMS. Each report will be reviewed against actual data in SAMS and Ombudsmanager for accuracy. Payment requests will be calculated based on SAMS and Ombudsmanager data and sent to DAIL by the 19th of each month. 100% of GRADD's case management, ADRC staff, family caregiver, senior service providers, and in-home service providers, will receive training and on-going technical support from GRADD.

Strategy 6: Needs surveys will be conducted prior to each new area plan. Public hearings will be held prior to each new area plan. Area Council on Aging meetings will be open to the public and will be held on a bimonthly basis. The public will be notified of the meetings via the media and GRADD's website. Program reports and financial reports are shared and reviewed regularly with GRADD's Aging Council. Client satisfaction surveys will be conducted by all providers each fiscal year and the results will be forwarded to the AAAIL. Providers and public are encouraged to attend legislative breakfasts twice a year, or as offered.

Strategy 7: Monthly meetings will be held with senior center providers. Monthly meetings will be held with catered meal providers. Training events will be offered to all providers. All providers will be offered technical assistance as needed. Informal desktop reviews will be conducted following monthly receipt of provider data.

Strategy 8: The AAAIL will provide brochures and information at health fairs in all counties. The AAAIL will also participate in district wide events through Senior Celebration, Senior Day at the Mall, Senior Games, Green River Regional TRIAD. AAAIL staff will participate in numerous committees throughout the district to network on needs/services.

Strategy 9: All subcontractors will be monitored at least annually by AAAIL staff. AAAIL staff will be available to provide and/or arrange technical assistance for providers. Annual client satisfaction surveys will be conducted and analyzed for each provider. A report of monitoring results will be compiled and submitted to the provider for corrective action within 30 days.	
Person and entity responsible for completion	Date
Jennifer Williams, Associate Director for Social Services Jeanette Woodward, SAMS Administrator, GRADD Leslie Wilson, Community Services Manager, GRADD Janet Clancy, In-Home Services Manager, GRADD Kelli King, Family Caregiver Coordinator, GRADD Lisa Flahardy, Aging Contract Specialist, GRADD Sheila Howard, Long Term Care Ombudsman, GRADD	3/30/18

XXI. PERFORMANCE PLAN FORMS

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

Form A – Area Agency on Aging and Independent Living Advisory Council Membership
Form B – Area Agency on Aging Independent Living Administration Staffing Plan
Form C – Area Agency on Aging Independent Living Direct Staffing Plan
Form C.1 – Provider Direct Staffing Plan
Form D – Public Hearing
Form E – Demographics
Form F – Case Managers
Form G – Adult Day Centers
Form H – SHIP Counselor Locations
Form H.1 – SHIP Counselor Site Details
Form I – Ombudsman Advisory Council Membership
Form J – Provider Site List

XXII. WAIVER & SPECIAL PROGRAM APPROVALS

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

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

Statement of Request – One request for each service.

The Green River Area Development District (GRADD) requests to provide Coordination of the Personal Care Attendant Program, due to lack of a qualified agency willing and capable to perform this service.

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.**

The program was advertised in the Messenger-Inquirer and the Henderson Gleaner for bid in January 2017 and no responses were received. DAIL approved a waiver for FY2018. We will advertise again in FY2019. Further Coordination for the program will be decided pending the outcome of the RFP process

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

GRADD will provide services to eligible Kentucky disabled adults for and on behalf of persons assessed as being eligible for and in need of service in accordance with KRS Chapter 205.900 through 205.920 and all SOPs of the Department for Aging and Independent Living.

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

FY2019 program cost will remain the same as in the current year.

**Scope of work must be detailed further in the Area Plan, service section. Budgets must be detailed in plan budget section.*
Note: Additional information and/or documentation may be required by the State Agency.

B. PROGRAM APPROVAL/EXCEPTION REQUESTS FOR THE PERIOD OF THE PLAN

Special Program Approval

A request is required that includes justification for special program approval.

Exception Requests (includes meals served less than 5 days per week and non-traditional meals requests)

A request for an exception of service is required. Exceptions are granted only on a temporary basis. Justification along with a plan and timeline for meeting program compliance is required.

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
Canteen Service Company of Owensboro 712 Industrial Drive Owensboro, KY 42301	Catered Meals for Congregate and Home Delivered Meal Programs	To be determined based on FY 19 allocations	$3.68 Currently
Help at Home 1 N. State St., Suite 800 Chicago, IL 60602	Homemaker/Home Management, Personal Care, and Respite, Title III B Homemaker and Personal Care	To be determined based on FY 19 allocations	$9.99 Homecare $19.98 Title III Currently

XXIV. ASSURANCES

1. **Each Area Agency on Aging and Independent Living shall assure that case management services under Title III of the OAA will not duplicate case management services through other federal and state-funded programs and will include in its annual plan the coordination of case management services between programs.**

2. **Each Area Agency on Aging and Independent Living shall provide for adequate and qualified staff for service provisions.**

3. **Each Area Agency on Aging and Independent Living assures that the Area Agency on Aging and Independent Living and Independent Living and its services provider staff are trained as required for their job functions.**

4. **Each Area Agency on Aging and Independent Living and Independent Living shall assure that there is an integrated regional client management data system.**

5. **Each Area Agency on Aging and Independent Living shall encourage local cities and towns to plan for the growing aging populations and needs.**

6. **In accordance Sec. 306(a) of the Older Americans Act, each Area Agency on Aging and Independent Living shall assure that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services and will report annually, to the State Agency, in detail, the amount of funds expended for each such category during the fiscal year most recently concluded:**

   (a) Services associated with access to services transportation, health services (including mental health services)

   (b) Outreach, information and assistance which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in public supported programs for which the consumer may be eligible

   (c) Case management services

   (d) In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

   (e) Legal assistance.

7. **Each Area Agency on Aging and Independent Living shall assure that it will establish specific objectives, consistent with State Policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need and older individuals at risk for institutional placement.**

8. **Each Area Agency on Aging and Independent Living shall assure that it will develop proposed methods to achieve the objectives described in Section 306(1), paragraph (4)(a)(i), clause I as follows:**

   (a) Set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

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

   (c) Include the proposed methods to achieve the objectives described in Section 306(a), paragraph (4)(a)(i), clause (I)

9. **Each Area Agency on Aging and Independent Living shall provide information to extent to it meets the following objectives:**

   (a) Establishes specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

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

10. **Each Area Agency on Aging and Independent Living shall assure that it will conduct outreach efforts that identify individuals eligible for assistance under this Act, with special emphasis on-older individuals residing in rural areas and older individuals with greatest social and economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English proficiency; older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to above and the caretakers of such individuals, and older individuals at risk for institutional placements of the availability of such assistance.**

11. **Each Area Agency on Aging and Independent Living shall assure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.**

12. **Each Area Agency on Aging and Independent Living shall assure that it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities.**

13. **Each Area Agency on Aging and Independent Living shall assure that in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), it will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2001 in carrying out such a program under this Title.**

14. **Each Area Agency on Aging and Independent Living shall provide information and assurances concerning services to older individuals who are older Native Americans including-information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging and Independent Living will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title; an assurance that the Area Agency on Aging and Independent Living will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and an assurance that the Area Agency on Aging and Independent Living will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.**

15. **Each Area Agency on Aging and Independent Living shall provide assurances that the Area Agency on Aging and Independent Living will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.**

16. **Each Area Agency on Aging and Independent Living shall provide assurances that the Area Agency on Aging and Independent Living will disclose to the Assistant Secretary and the State agency --the identify of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and the nature of such contract or such relationship.**

17. **Each Area Agency on Aging and Independent Living shall provide assurance that the AAAIL will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.**

18. **Each Area Agency on Aging and Independent Living shall provide assurances that the AAAIL will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.**

19. **Each Area Agency on Aging and Independent Living shall provide assurances that the AAAIL request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.**

20. **Each Area Agency on Aging and Independent Living shall provide assurances that preference in receiving services under this Title III of the Older Americans Act will not be given by the Area Agency on Aging and**

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

21. **Each Area Agency on Aging and Independent Living shall provide assurances that funds received under this Title will be used; to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph Section 306(a)(4)(A)(i); and in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in section 212 of the Older Americans Act.**

22. **Each Area Agency on Aging and Independent Living shall support the encouragement of local cities and towns to plan for the growing aging population and needs.**

23. **Each Area Agency on Aging and Independent Living shall provide for a legal representation/advise in accordance with Chapter 4, Section 731 of OAA (Chapter 35, 42 U.S.S. 3058j) including a listing of the types of cases that will be accepted through this program.**

24. **Each Area Agency on Aging and Independent Living shall assure that its legal assistance provider will identify and serve those who are homebound by reason of illness, incapacity, disability or otherwise isolated.**

25. **Each Area Agency on Aging and Independent Living and independent living shall provide assurances that the legal assistance provider will make referrals and maintain an individual referral list for clients who request services but are not served.**

26. **Each Area Agency on Aging and Independent Living shall implement and oversee a community Elder Abuse Prevention program in accordance with Chapter 3, Section 721 of OAA (Chapter 35, 42 U.S.C. 3058i) for the prevention of elder abuse including neglect and exploitation. The program shall coordinate with LTC Ombudsman, senior centers, long term care facilities, judicial, law enforcement and other community agencies.**

27. **Each Area Agency on Aging and Independent Living shall develop programs, services and initiatives that support a comprehensive coordinated system of care for older Kentuckians.**

28. **Each Area Agency on Aging and Independent Living shall facilitate the coordination of community-based, long-term care services designed to enable older individuals to remain in their homes.**

29. **Each Area Agency on Aging and Independent Living shall maintain a plan for the development and administration of regional ADRC and coordinate information and access to regional services.**

30. **Each Area Agency on Aging and Independent Living shall plan for the development of consumer directed options to expand service delivery and coordination with other service delivery.**

31. **Each Area Agency on Aging and Independent Living shall assure Title III-B Supportive Services will be delivered in the District in accordance with Section 321 of the OAA, as amended.**

32. **Each Area Agency on Aging and Independent Living shall assure service providers have an adequate process for referral, service scheduling, and an internal evaluation system to ensure quality services are provided.**

33. **Each Area Agency on Aging and Independent Living and independent living shall provide assurances for coordination of services described in Section 321 (a) of the OAA with other community agencies and voluntary organizations providing the same services, including agencies that carry out intergenerational programs or projects.**

34. **Each Area Agency on Aging and Independent Living shall implement services in accordance with 910 KAR 1: 180 for the provision Homecare services to be delivered in the District.**

35. **Each Area Agency on Aging and Independent Living shall provide a process used to ensure the Homecare program coordinate services for individuals with other publicly funded community long-term living services.**

36. **Each Area Agency on Aging and Independent Living shall implement services in accordance with 910 KAR 1:160 for the provision of Adult Day Care and Alzheimer's respite services.**

37. **Each Area Agency on Aging and Independent Living receiving funds to implement Personal Care Assistance Program (PCAP) in the district, shall provide for the implementation and oversight of the PCAP program and its provisions according to 910 KAR 1:090**

38. **Each Area Agency on Aging and Independent Living shall provide a plan for the provision of SHIP services which includes those provided by Title III-B Legal Services and ACL funds.**

39. **Each Area Agency on Aging and Independent Living shall provide for locally accessible counseling to individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.**

40. **Each Area Agency on Aging and Independent Living assure that the SHIP program will target outreach in order to address access to counseling for low-income, dual-eligible, and hard-to-reach populations.**

41. **Each Area Agency on Aging and Independent Living enhance the counselor work force including the recruitment and training of counselors and volunteers and shall ensure that all SHIP counseling sites have access to a computer with Internet access and are registered on the SHIP NPR website: www.shipnpr.acl.gov.**

42. **Each Area Agency on Aging and Independent Living ensure participation in SHIP education and communication activities, thus enhancing communication to assure that SHIP counselors are equipped to respond to counseling needs and that the regional coordinator will disseminate information as needed and conduct quarterly meetings with SHIP staff and volunteers.**

43. **Each Area Agency on Aging and Independent Living provide for the implementation and management of Title III C-1 (Congregate) Services and maintain a plan for back up food preparation sites and nutrition sites.**

44. **Each Area Agency on Aging and Independent Living shall provide for the implementation and management of Title III C-2 (Home-Delivered Meal) Services, including an emergency plan for back up food preparation sites and nutrition sites.**

45. **Each Area Agency on Aging and Independent Living shall provide nutritionally balanced meals that comply with the most recent Dietary Guidelines, published by the Secretary of Health and Human Services and the Secretary of Agriculture, and Dietary Reference Intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences for meals funded through Title III-C Nutrition Services Program.**

46. **Each Area Agency on Aging and Independent Living shall provide for nutritional screening, nutrition education, and where appropriate nutrition counseling.**

47. **Each Area Agency on Aging and Independent Living shall comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual.**

48. **Each Area Agency on Aging and Independent Living shall implement a plan for furnishing emergency meals during inclement weather conditions, power failure, any disaster that may cause isolation, medical emergencies, or those with a special need. At least three menus that meet the nutritional requirements of the program shall be planned.**

49. **Each Area Agency on Aging and Independent Living shall provide for Title III D services as outlined in Sections 361 & 362 of OAA (Chapter 35, 42 U.S.C. 3030F), by providing integrated health promotion and disease prevention programs that include nutrition education, physical activity and other activities to modify behavior and to support improved health and wellness of older adults.**

50. **Each Area Agency on Aging and Independent Living provide or arrange for medication management programs in accordance to Title III D, including activities to screen to prevent drug reactions and incorrect prescriptions.**

51. **Each Area Agency on Aging and Independent Living provide for a healthy aging initiative, including coordination with state health and wellness programs and senior games.**

52. **Each Area Agency on Aging and Independent Living coordinate the recruitment, supervision, retention, recognition and training of volunteers, including senior centers, long term care ombudsman and SHIP (benefits counseling) volunteers within Area Agency on Aging and Independent Living programs.**

53. **Each Area Agency on Aging and Independent Living assist with and coordinate activities to encourage opportunities for older persons to stay active and involved through community volunteerism.**

54. **Each Area Agency on Aging and Independent Living provide for support of caregivers though regional programs that provide information, assistance accessing resources, training, respite, counseling, support groups and other services provided in National Family Caregiver Support Program in accordance with Section 373 of OAA (Chapter 35, 42 U.S.C. 3030s-1.**

55. **Each Area Agency on Aging and Independent Living shall provide for support of grandparents/relative caregiver though regional programs that provide information, assistance accessing resources, training, respite, counseling, support groups and other services provided in National Family Caregiver Support Program and Kentucky Caregiver Support Program.**

56. **Each Area Agency on Aging and Independent Living shall inform the public, including policy makers, about the challenges the elderly face when disability changes their lives. Maintain an AAAIL Advisory Council consisting of older individuals, including older rural and minority who are participants or who are eligible for programs assisted under OAA.**

57. **Each Area Agency on Aging and Independent Living shall provide for coordination and delivery of Title III services to residents of long-term care facilities including community based services which residents may access, when other public resources are not available to provide such services.**

58. **Each Area Agency on Aging and Independent Living provide community awareness regarding the needs of residents of long-term care facilities.**

59. **Each Area Agency on Aging and Independent Living shall provide for a formal process to receive/identify, investigate and resolve inquiries and complaints that are made by or on behalf of residents of licensed Long Term Care facilities.**

60. **Each Area Agency on Aging and Independent Living shall maintain a management system which ensures accountability of the district office to respond to the resident's needs including certified back-up in absence of the District Long Term Care Ombudsman.**

61. **Each Area Agency on Aging and Independent Living provide to the general public, potential residents of long-term care facilities and facility residents information and education regarding: The LTC Ombudsman Program, navigating the long-term care system, Residents' Rights in Long-Term Care facilities.**

62. **Each Area Agency on Aging and Independent Living shall utilize the state-provided system to document information on complaints and conditions in long-term care facilities; maintaining confidentiality and prohibiting disclosure of identity of any complainant or resident, except as allowed under 42 U.S.C. 3058g (5)(D)(iii). Submit quarterly, annual and special reports as required by the State Long Term Care Ombudsman and DAIL.**

63. **Each Area Agency on Aging and Independent Living shall provide for adequate legal counsel, without conflicts of interest, to provide advice and consultations for the protection of health, safety, welfare and neglect of residents, and support the district LTC Ombudsman by representing older adults as provided under the Act for legal representation.**

64. **Each Area Agency on Aging and Independent Living will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.**

65. **Each Area Agency on Aging and Independent Living shall provide assurances to provide for a District LTC Ombudsman Advisory Council in accordance with state requirements.**

66. **Each Area Agency on Aging and Independent Living provide for the support of the District LTC Ombudsman program with state funds (CMP) as well as with funds from the federal Title VII Ombudsman and Elder Abuse Prevention program.**

67. **Each Area Agency on Aging and Independent Living provide for the expansion of the District LTC Ombudsman program as additional funding is provided.**

68. **Each Area Agency on Aging and Independent Living make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing services offered through the AAAIL. As appropriate and possible, work in coordination with organizations that have experience in providing training,**

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

69. **Each Area Agency on Aging and Independent Living shall coordinate with the state, local and/or regional public mental health services agency to: increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging and Independent Living with mental health services provided by community health centers and by other public agencies and local mental health organizations to facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings. Coordination shall be conducted in a manner that is responsive to the needs and preferences of older individuals and their family caregivers, by: collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care. In coordination with local mental health entities, continuously analyze and recommend strategies as needed to modify the local system of long-term care to better: respond to the needs and preferences of older individuals and family caregivers; facilitate the provision, by service providers, of long-term care in home and community-based settings.**

70. **Target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings; implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and providing for the availability and distribution of public education programs provided through the Aging and Disability Resource Center, the Area Agency on Aging and Independent Living, and other appropriate means relating to: the need to make individual improvements in daily health and wellness habits; plan in advance for long-term care; and (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.**

71. **Each Area Agency on Aging and Independent Living shall provide assurances that funds received will be used: to provide benefits and services to older individuals, giving priority to older individuals with greatest economic need, older individuals with greatest social need and older individuals at risk for institutional placement, low income minority older individuals, older individuals with limited English proficiency, and older individual residing in rural areas; and in compliance with the assurances Section 306(a)(13) and the limitations specified in Section 212.**

72. **Each Area Agency on Aging and Independent Living will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.**

73. **Each Area Agency on Aging and Independent Living shall include in the area plan statistical data indicating projected changes in the number of older individuals residing in the AAAIL over the next 10-year period, the impact of changes in population to older individuals and the AAAIL's services, statistical data regarding projected changes in minority, low-income, number of older rural individuals and other target populations over the next 10-year period for which data is available. Further, the AAAIL shall provide an overview of an analysis regarding how programs, policies, resources and services can be adjusted to meet the needs of the changing population of older individuals in the planning and service area, particularly supportive services to address the change in the number of individuals age 85 and older in the planning and service.**

74. **Each Area Agency on Aging and Independent Living shall provide services in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the AAAIL to build the capacity in the planning and service area to meet the needs of older individuals for: health and human services; land use; housing; transportation; public safety; workforce and economic development; recreation; education; civic engagement; emergency preparedness; and any other service as determined by the AAAIL in coordination with public officials.**

75. **Each Area Agency on Aging and Independent Living shall provide, to the extent feasible, the provision of services under the Older Americans Act and Kentucky Administrative Regulations consistent with self-directed care.**