



1 CABINET FOR HEALTH AND FAMILY SERVICES

2 Department for Aging and Independent Living

3 Division of Aging and Physical Disabilities

4 (Amendment)

5 910 KAR 1:170. Older Americans Act supportive services for the elderly.

6 RELATES TO: KRS 205.201, 205.203, 205.455-205.460 [~~205.465~~], 42 U.S.C. 3001 et seq.

7 STATUTORY AUTHORITY: KRS 194A.050, 205.204(2)

8 NECESSITY, FUNCTION, AND CONFORMITY: 42 U.S.C. 3001 et seq., the Older Americans
9 Act of 1965, as amended, authorizes grants to states to provide assistance in the development of
10 new or improved programs for older persons. KRS 194A.050 requires the secretary for the Cabinet
11 for Health and Family Services to promulgate administrative regulations necessary to implement
12 programs mandated by federal law, or to qualify for the receipt of federal funds. KRS 205.204
13 designates the Cabinet for Health and Family Services as the state agency to administer the Older
14 Americans Act in Kentucky. This administrative regulation establishes the standards of operation
15 for the Supportive Services Program in Kentucky.

16 Section 1. Definitions.

17 (1) "Access" means information and referral services, outreach service and transportation service.

18 (2) "Agency" means the area agency on aging, an entity designated by the state to administer, at
19 the local level, the programs funded by the Older Americans Act of 1965, as amended.

20 (3) "Assessment" means the collection and evaluation of information about a person's situation
21 and functioning to determine the applicant or recipient service level and development of a plan

of care utilizing a holistic, person centered approach by a case manager [~~qualified independent~~
~~care coordinator (ICC)~~].

(4) "Assisted transportation" means a one-way trip to accompany an eligible person who requires assistance for safety or protection to or from his physician, dentist, or other necessary service.

(5) "Case management" means a process, coordinated by a case manager, for linking a client to appropriate, comprehensive, and timely home or community based services as identified in the plan of care by:

(a) Planning;

(b) Referring;

(c) Monitoring;

(d) Advocating; and

(e) Following the timeline of the assessment agency to obtain:

1. Service level; and

2. Development of the plan of care.

(6) "Case management supervisor" means an individual meeting the requirements of Section 5(1) and (2) of this administrative regulation and who shall have four (4) years or more experience as a case manager.

(7) "Case manager" means the individual employee, meeting the requirements of Section 5, and who is responsible for case management including:

(a) Coordinating services and supports from all agencies involved in providing services required by the plan of care;

(b) Completing the initial assessment, plan of care and annual reassessment;

1 (c) [(b)] Ensuring that all service providers have a working knowledge of the plan of care; and

2 (d) [(e)] Ensuring that services are delivered as required.

3 (8) "Community" means a county designated as either urban or rural in accordance with the most
4 current percentage of population listing from the U.S. Census Bureau.

5 (9) "District" is defined by KRS 205.455(4).

6 (10) "Educational or experiential equivalent" means:

7 (a) Two (2) semesters totaling at least twenty-four (24) hours of course work; and

8 (b) At least 400 documented hours of experience assisting aging or disabled individuals
9 through:

10 1. Practicum placement;

11 2. Clinicals; or

12 3. Volunteerism.

13 (11) "Home modification" means the provision of minor home adaptations, additions, or
14 modifications to enable the elderly to live independently or safely or to facilitate mobility,
15 including emergency summons systems.

16 (12) [~~"Independent care coordinator" or "ICC" means the individual that completes the initial~~
17 ~~assessment, plan of care, and reassessment.~~]

18 [(13)] "Information and assistance" means a service for individuals that provides current
19 information about services available within the community.

20 (13) [(14)] "In-home services" means the performance of heavy housecleaning, yard tasks, and
21 other activities needed to assist a functionally impaired elderly person remain in his own home.

22 (14) [(15)] "Legal assistance" means:

23 (a) Legal advice and representation by an attorney; or

(b) Counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney.

(15) ~~[(16)]~~ "Multipurpose senior center" is defined by 42 U.S.C. 3002(36).

(16) ~~[(17)]~~ "Natural supports" means a non-paid person or community resource who can provide, or has historically provided, assistance to the consumer or, due to the familial relationship, would be expected to provide assistance when capable.

(17) ~~[(18)]~~ "OAA" means the Older Americans Act of 1965, 42 U.S.C. 3001 et seq., as amended.

(18) ~~[(19)]~~ "Outreach" means interventions with individuals initiated by an agency or organization for the purpose of identifying potential clients or their caregivers and encouraging their use of existing services and benefits.

(19) ~~[(20)]~~ "Planning and service area" is defined by 42 U.S.C.3002(42).

(20) ~~[(21)]~~ "Rural" means a community with less than 50,000 population as designated by the most current listing from the U.S. Census Bureau.

(21) ~~[(22)]~~ "Satellite senior center" means a facility that is used to provide services specified in Section 10(3) of this administrative regulation if a multipurpose senior center is not available to provide the services.

(22) ~~[(23)]~~ "Senior center services" means the provision of activities that foster the health or social well-being of individuals through social interaction and leisure.

(23) ~~[(24)]~~ "Service level" means the minimum contact required through face-to-face visits and telephone calls by the case manager or social service assistant.

(24) ~~[(25)]~~ "Social service assistant" means an individual who:

(a) Has at least a high school diploma or equivalent;

(b) Works directly under the direction of the case management supervisor;

(c) Assists the case manager with record keeping, filing, data entry, and phone calls;

(d) Helps determine what type of assistance a client needs;

(e) Assists the client in getting services to carry out the plan of care;

(f) Coordinates services provided to the client;

(g) Assists a client in applying for other services or benefits for which he may qualify; and

(h) Monitors a client to ensure services are provided appropriately.

(25) [~~(26)~~] "Supportive service provider" means an entity that provides supportive services funded by the OAA under an approved area plan.

(26) [~~(27)~~] "Telephone reassurance" means providing a wellness check by phone with the agreement of the individual.

(27) [~~(28)~~] "Transportation" means transporting an individual from one (1) location to another.

(28) [~~(29)~~] "Unit of service" means one (1):

(a) Hour of direct contact with or on behalf of the participant;

(b) Contact for the information and referral service;

(c) Call for the telephone reassurance service;

(d) Contact for the outreach service;

(e) One-way trip for the transportation service; and

(f) Contact for senior center service.

(29) [~~(30)~~] "Urban" means a community with 50,000 or more population as designated by the most current listing from the U.S. Census Bureau.

Section 2. Eligibility.

(1) Participants receiving supportive services funded by the OAA shall be sixty (60) years of age or older.

(2) Agencies shall utilize the DAIL-GA-01 Priority Screening Tool for prioritizing applicants to ensure services are targeted to those in greatest need.

(3) Means tests shall not be allowed to determine eligibility.

Section 3. Service Provider Responsibilities.

(1) A service provider contracting with a district to provide supportive services supported in whole or in part from funds received from the cabinet shall:

(a) Provide services in accordance with the approved agency area plan which shall ensure the provision of supportive services throughout the geographic area covered under its plan;

(b) Review the provision of supportive services to assure safety and consistency;

(c) Treat the client in a respectful and dignified manner and involve the client and caregiver in the delivery of services;

(d) Permit staff of the cabinet and the district to monitor and evaluate services provided;

(e) Assure that each paid or voluntary staff member meets qualification and training standards established for each specific service by the department;

(f) Maintain a written job description for each paid staff and volunteer position involved in direct service delivery;

(g) Develop and maintain written personnel policies and a wage scale for each job classification;

(h) Designate a supervisor to assure that staff providing in-home services are provided supervision;

(i) Monitor, evaluate, and conduct satisfaction surveys; and

(j) Maintain a record for each client including:

1. Participant name;

2. Address;

1 3. Phone number;

2 4. Emergency contact information;

3 5. Request for services;

4 6. Verification of eligibility;

5 7. Services provided; and

6 8. Monitoring of services provided.

7 (2) Staff of the provider agency shall not:

8 (a) Accept personal gratuities from participants or vendors; or

9 (b) Be involved in any client financial transaction without prior approval from the contracting
10 agency.

11 (3) A procedure shall be utilized annually for the evaluation of unmet need, the results to be made
12 available to the agency.

13 (4) The legal assistance provider shall:

14 (a) Specify how it intends to target services for the needs of low-income minority individuals;

15 (b) Attempt to provide services to the population of low-income minority individuals in at least
16 the same proportion as the population bears to the older population as a whole;

17 (c) Provide individual legal casework, legal referral, and legal education to the elderly and
18 training for attorneys in areas of law relevant to the elderly;

19 (d) Contact institutionalized elderly and inform and educate these individuals about the legal
20 assistance services available;

21 (e) Specify how it intends to coordinate its efforts with the efforts of the Long-term Care
22 Ombudsman Office;

23 (f) Meet at least annually with the local ombudsman program;

(g) Submit a written quarterly activities report to the agency, documenting the legal activities and services provided to participants; and

(h) Not divulge information protected by the attorney-client privilege.

Section 4. Support Services. Services funded by the OAA and administered by the area agencies on aging and independent living shall be provided as established in this section.

(1) Except for senior center and access services, the case manager [ICE] and the individual shall determine the service needs of the individual.

(2) Information and assistance services shall:

(a) Provide information in response to an inquiry regarding opportunities and services available;

(b) Assist in accessing opportunities and services;

(c) Follow-up to determine whether services were received and identified needs were met; and

(d) Utilize current records of appropriate community resources, including local procedures for assessing participant needs and for making referrals to appropriate agencies.

(3) Legal assistance services shall:

(a) Be available for institutionalized older persons and other elderly persons otherwise entitled to legal assistance;

(b) Not be denied because of a person's failure to disclose information about income or resources; and

(c) Assure providers maintain records to include individual client services and group activities, covering topics, presenters, locations and numbers of participants.

(4) Outreach services shall:

(a) Locate or reestablish contact initiated by providers, to identify participants in need of services;

1 (b) Provide information;

2 (c) Encourage the use of existing services;

3 (d) Be provided in the total geographic area served by the agency, in accordance with a plan to
4 identify the elderly and caregivers in the area, with priority given to a rural, low income
5 minority, limited English speaking, or disabled individual; and

6 (e) Be provided by a worker with current knowledge of services available to the elderly,
7 caregivers, and individuals with disabilities in accordance with an established procedure for
8 worker assistance to the participant in accessing appropriate services, including follow-up to
9 assure needs have been met.

10 (5) Senior center services shall provide activities which foster the health or social well-being of
11 an individual through social interaction and the use of leisure time.

12 (6) OAA Title IIIB allocation shall be provided:

13 (a) By staff who are knowledgeable and skilled in the services provided, including a volunteer
14 under the supervision of the center director; and

15 (b) With consideration for the physical and mental conditions and activity preferences of a
16 participant.

17 (7) Telephone reassurance services shall:

18 (a) Provide regular telephone contact to or from isolated individuals;

19 (b) Be provided by a staff who is knowledgeable and skilled in the services provided, including
20 a volunteer under the supervision of the center director;

21 (c) Include a prearranged schedule for contacting the participant;

22 (d) Maintain a log of calls documenting:

23 1. Date of the contact;

2. Length of the call;
3. Summary of the contact;
4. Demographics of the participant;
5. Determination of safety and well-being; and
6. Determination of special assistance needed;
- (e) Establish a procedure to be implemented in the event of a non-answered call; and
- (f) Include the participant's preference regarding frequency of calls.
- (8) Transportation services shall:
 - (a) Be provided by a trained individual;
 - (b) Carry older persons to or from community resources to access or receive needed services;
 - (c) Comply with federal, state, and local regulations; and
 - (d) Use vehicles safe and accessible to older persons and properly insured to protect the participants in accordance with state laws.
- (9) Assisted transportation services shall be provided:
 - (a) In accordance with subsection (8) of this section; and
 - (b) To a person who requires accompaniment for reasons of safety or protection to or from his physician, dentist, or other necessary services as determined by the case manager [ICC].
- (10) In-home services shall be provided:
 - (a) By trained staff; and
 - (b) As determined by the case manager [ICC].

Section 5. Case Manager Requirements.

- (1) A case manager [~~and an ICC~~] shall:
 - (a)

1 1. Possess a bachelor's degree in a health or human services field from an accredited college
2 or university:

3 a. With one (1) year experience in health or human services; or

4 b. The educational or experiential equivalent in the field of aging or physical disabilities;

5 2. Be a currently licensed RN as defined in KRS 314.011(5) who has at least two (2) years of
6 experience as a professional nurse in the field of aging or physical disabilities; or

7 3. Be a currently licensed LPN as defined in KRS 314.011(9) who:

8 a. Has at least three (3) years of experience in the field of aging or physical disabilities; and

9 b. Is supervised by an RN who consults and collaborates on changes to the plan of care;

10 (b) Be a department certified case manager beginning July 1, 2015; and

11 (c) Be supervised by a case management supervisor.

12 (2) A master's degree from an accredited college or university may be substituted for the required
13 experience.

14 (3) Each client shall be assigned a:

15 (a) Case manager; or

16 (b) Social service assistant.

17 (4) A client shall be assessed initially and reassessed at least annually thereafter by a case
18 manager ~~[an ICC]~~ that possesses a bachelor's degree, a master's degree, or is a licensed registered
19 nurse (RN).

20 (5) After each assessment or reassessment, the case manager ~~[ICC]~~ shall determine eligibility
21 and service level based on the DAIL-HC 01, Scoring Service Level of each assessed individual.

22 (6) If the client is ineligible, the case shall be closed and the reason documented in the case record
23 with notification mailed to the client or caregiver.

(7) The case manager shall:

(a) Be responsible for coordinating, arranging, and documenting those services provided by:

1. Any funding source; or

2. A volunteer;

(b) Make a reasonable effort to secure and utilize informal supports for each client;

(c) Document the reasonable effort in the client's case record;

(d) Monitor each client by conducting a home visit according to the assessed service level and coordinate a telephone contact between home visits. Clients shall be contacted at a minimum as follows:

1. Level 1, a home visit shall be conducted every other month;

2. Level 2, a home visit shall be conducted every four (4) months; or

3. Level 3, a home visit shall be conducted every six (6) months; and

(e) Document in the case record each contact made with a client, as specified in paragraph (d) of this subsection.

(8) A district shall employ a case manager [~~an ICC~~] to assess the eligibility and needs for each client.

(9) A client assessed at a Level 1 or a Level 2 shall be assigned a case manager.

(10) A client assessed at a Level 3 shall have a case manager or a social service assistant assigned to assist with meeting their needs.

(11) A client shall receive in-home services in accordance with an individualized plan of care developed through participant directed planning which shall:

(a) Relate to an assessed problem;

(b) Identify goals to be achieved;

(c) Identify a scope, duration, and unit of service required;

(d) Identify a source of service;

(e) Include a plan for reassessment; and

(f) Be signed by the client or client's representative and case manager with a copy provided to the client.

(12) Case management services shall not be provided to an individual on a waiting list.

Section 6. Multipurpose Senior Center Selection.

(1) An AAAIL shall designate a multipurpose senior center within each urban community of the AAAIL's planning and service area.

(2) If only rural communities are within an AAAIL's planning and service area, the AAAIL shall designate at least one (1) multipurpose senior center in the AAAIL's planning and service area.

(3) Selection of a multipurpose senior center location shall be based on:

(a) Demographic information concerning the population of older persons in its service area; and

(b) The advice of public and voluntary agencies serving the elderly.

(4) The AAAIL shall specify designation of a multipurpose senior center within its area plan.

(5) The following factors shall be given consideration in choosing a site for the multipurpose senior center:

(a) Demographic information and projections;

(b) Accessibility to the maximum number of people with particular attention to:

1. Low-income older individuals, including low-income minority older individuals;

2. Older individuals with limited English proficiency;

3. Older individuals residing in rural areas; and

4. The number of older individuals at-risk for institutional placement;

(c) Proximity to other services and facilities;

(d) Convenience to public or private transportation or a location within walking distance for participants;

(e) The absence of structural barriers or difficult terrain; and

(f) The safety and security of participants and staff.

Section 7. Multipurpose Senior Center Specifications.

(1) A multipurpose senior center shall:

(a) Provide barrier-free access and movement within the facility pursuant to 45 C.F.R. 85.42 and 85.43;

(b) Be clearly identified with a sign;

(c) Make arrangements:

1. For the security of facility equipment, furniture, and files; and

2. To offer activities at other sites in its service area; and

(d) Be free of physical hazards in accordance with the DAIL-MS-01 Multipurpose Senior Center Site Approval Checklist.

(2) The facility shall be properly maintained and repaired to meet the safety and security of staff and participants.

(3) An existing multipurpose senior center that does not meet the requirements of subsections (1) and (2) of this section shall comply with a corrective action plan administered by the department.

(4) The multipurpose senior center shall have thirty (30) days from receipt of the corrective action plan to comply.

(5) The department may withhold funding if the multipurpose senior center does not comply with the corrective action plan.

1 Section 8. Multipurpose Senior Center Requirements.

2 (1) Each multipurpose senior center shall have a full time director and paid or volunteer staff to
3 administer the center.

4 (2) At least one (1) staff person or the director shall be present at the site during hours of
5 operation.

6 (3) At a minimum, a multipurpose senior center shall be open six (6) hours per day and five (5)
7 days per week.

8 (4) A multipurpose senior center shall provide the following services:

9 (a) Nutrition services in accordance with 910 KAR 1:190; and

10 (b) Support Services including:

11 1. Transportation;

12 2. Outreach;

13 3. Information and assistance; and

14 4. Other services identified in the planning and service regions area plan.

15 (5) A multipurpose senior center shall:

16 (a) Comply with the confidentiality and disclosure of a client as follows:

17 1. Adhere to the confidentiality and disclosure of client information pursuant to KRS
18 194A.060 and 5 U.S.C. 552, the Federal Freedom of Information Act;

19 2. Not disclose client information without the informed consent of the person or legal
20 representative, unless the disclosure is required by a court order or for program monitoring
21 authorized by federal, state, or local monitoring agencies; and

22 3. Not reveal client information that is protected by attorney-client privilege; and

23 (b) Refer reports of abuse, neglect, or exploitation to the Department for Community Based

Services.

Section 9. Satellite Senior Center Selection.

(1) The AAAIL shall designate a satellite senior center within the planning and service area of each rural community if:

(a) A multipurpose senior center is not already located in the county; or

(b) Additional satellite senior centers are needed to provide aging programs to seniors of that area.

(2) The AAAIL shall specify designation of a satellite senior center within its area plan.

(3) A satellite senior center shall meet the multipurpose senior center selection requirements of Section 6(2) of this administrative regulation.

Section 10. Satellite Senior Center Requirements.

(1) Each satellite senior center shall have a director who is responsible for the administration of the site.

(2) At least one (1) staff person or the director shall be present at the site during hours of operation.

(3) At a minimum, a satellite senior center shall be open for eight (8) nonconsecutive hours per week.

(4) An AAAIL shall organize and advertise activities, services, and schedules of operation in advance.

(5) A satellite senior center shall:

(a) Unless already established in a multipurpose senior center in the same community, provide access services which shall include:

1. Transportation;

2. Outreach; and

3. Information and referral; and

(b) Adhere to the confidentiality requirements of Section 8(5) of this administrative regulation.

(6) A satellite senior center may provide nutrition services in accordance with 910 KAR 1:190.

Section 11. Approval of a Multipurpose and Satellite Senior Center.

(1) Supportive or nutrition services shall be funded at a multipurpose and satellite senior center if the center has been approved by the department.

(2) A multipurpose and satellite senior center shall not become operational until an on-site visit by the department has been completed and approval given by the department.

(3) Prior to approval of a multipurpose and satellite senior center, it shall be inspected by the following:

(a) The local health department for compliance with applicable health codes depending on the types of services provided at the site;

(b) The local fire department for compliance with fire and building safety codes; and

(c) An AAAIL inspection using a:

1. DAIL-MS-01 Multipurpose Senior Center Checklist; or

2. DAIL-SS-02 Satellite Senior Center Checklist.

Section 12. Altering Multipurpose or Satellite Senior Center.

(1) Prior approval shall be obtained from the department by an AAAIL which intends to:

(a) Close or open a new multipurpose or satellite senior center;

(b) Change the location of the multipurpose or satellite senior center;

(c) Change the method of providing services in a manner that affects availability of ongoing services; or

1 (d) Reduce the level or number of services.

2 (2) Justification for the change shall include:

3 (a) The proposed effective date;

4 (b) The need or reason;

5 (c) The number of participants affected;

6 (d) Whether this change is temporary or permanent;

7 (e) A cost benefit analysis;

8 (f) For a change made to an existing multipurpose or satellite senior center, whether this facility
9 was altered, renovated, or constructed with Older Americans Act funds and the date work was
10 completed;

11 (g) Whether the AAAIL advisory council recommended this change;

12 (h) What provisions are proposed to continue services to the participants; and

13 (i) For a proposed multipurpose or satellite senior center, costs involved in meeting local fire,
14 health, safety, and sanitation regulations.

15 (3) A request to open a new multipurpose or satellite senior center shall include copies of
16 completed local health department inspections and a completed:

17 (a) DAIL-MSC-01 Multipurpose Senior Center Checklist; or

18 (b) DAIL-SSC-02 Satellite Senior Center Checklist.

19 (4) If meal preparation at a new multipurpose or satellite senior center is proposed, the
20 multipurpose or satellite senior center shall notify the:

21 (a) Department;

22 (b) Local fire department; and

23 (c) Local health department.

(5) The department shall review the information submitted and determine if an on-site visit is necessary for approval.

(6) In case of altered multipurpose or satellite senior center operations due to damages caused by fire, flood, storm, high winds, tornados, or other safety issues, the department shall be notified within one (1) business day that emergency alterations are necessary by:

(a) Telephone;

(b) Email; or

(c) Fax.

(7) Prior approval shall be obtained from the department on a conditional basis for emergency circumstances with final approval pending:

(a) Written documentation of the proposed change;

(b) Local fire, health, and safety inspections; and

(c) An on-site inspection by the department if the department determines a visit is necessary for final approval.

(8) The AAAIL shall specify alterations of a multipurpose and satellite senior center within its area plan for department approval.

Section 13. Training and Education. An AAAIL shall implement the following training and education programs for multipurpose and satellite senior center providers of service:

(1) An annual program assessment to identify training needs and develop correlating plans;

(2) An identification and review of resources available to meet training needs;

(3) The development of a comprehensive education and training plan;

(4) A search for additional resources to implement the plan;

(5) The coordination of education programs with private, public, governmental, and educational

1 organizations and institutions; and

2 (6) A plan to implement staff development initiatives.

3 Section 14. Monitoring. An AAAIL shall:

4 (1) Monitor and assess services to determine compliance with contract requirements and an
5 approved area plan; and

6 (2) Submit written evaluation of its findings to DAIL annually.

7 Section 15. Incorporation by Reference.

8 (1) The following material is incorporated by reference:

9 (a) "DAIL-GA-01, Priority Screening Tool", November 2014;

10 (b) "DAIL-MS-01, Multipurpose Senior Center Checklist", August 2014;

11 (c) "DAIL-SSC-02, Satellite Senior Center Checklist", August 2014; and

12 (d) "DAIL-HC 01, Scoring Service Level", December 2023~~April 2014~~.

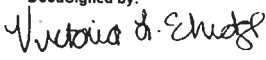
13 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at
14 the Department for Aging and Independent Living, 275 East Main Street, Frankfort, Kentucky
15 40621, Monday through Friday, 8 a.m. to 4:30 p.m. This material may also be viewed on the
16 department's Web site at <https://chfs.ky.gov/agencies/dail/Pages/default.aspx>.

910 KAR 1:170

REVIEWED:

12/8/2023


Date

DocuSigned by:

BCC79E4E3A4B477
Victoria Elridge, Commissioner
Department for Aging and Independent Living

APPROVED:

12/8/2023

Date

DocuSigned by:

0AEA1D8C15D6431
Eric C. Friedlander, Secretary
Cabinet for Health and Family Services

PUBLIC HEARING AND PUBLIC COMMENT PERIOD:

A public hearing on this administrative regulation shall, if requested, be held on February 26, 2024, at 9:00 a.m. using the CHFS Office of Legislative and Regulatory Affairs Zoom meeting room. The Zoom invitation will be emailed to each requestor the week prior to the scheduled hearing. Individuals interested in attending this hearing shall notify this agency in writing by February 19, 2024, five (5) workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who attends will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on this proposed administrative regulation until February 29, 2024. Send written notification of intent to attend the public hearing or written comments on the proposed administrative regulation to the contact person. In the event of an emergency, the public hearing will be held using the CHFS Office of Legislative and Regulatory Affairs Zoom meeting room. The Zoom invitation will be emailed to each requestor in advance of the scheduled hearing. Pursuant to KRS 13A.280(8), copies of the statement of consideration and, if applicable, the amended after comments version of the administrative regulation shall be made available upon request.

CONTACT PERSON: Krista Quarles, Policy Specialist, Office of Legislative and Regulatory Affairs, 275 East Main Street 5 W-A, Frankfort, KY 40621; Phone: 502-564-7476; Fax: 502-564-7091; CHFSregs@ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Administrative Regulation: 910 KAR 1:170
Agency Contact: Sarah Puttoff
Phone Number: (502) 401-9115
Email: sarah.puttoff@ky.gov

Contact Person: Krista Quarles
Phone Number: (502) 564-7476
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(1) Provide a brief summary of:

(a) What this administrative regulation does: This amended administrative regulation sets out the services administered under the Older Americans Act in Kentucky.

(b) The necessity of this administrative regulation: This amended administrative regulation is necessary to carry out the requirements of the supportive services for the elderly pursuant to KRS 205.201, 205.203, 205.455-205.460, 42 U.S.C. 3001 et seq. This administrative regulation sets out the eligibility for services, service provider responsibilities, and responsibilities of the participants, program and service providers.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This amended administrative regulation conforms to the content of KRS 205.201, 205.203, 205.455-205.460, 42 U.S.C. 3001 et seq. by establishing program and the requirements for eligibility and service provisions that support the Older American Act.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This amended administrative regulation assists in the effective administration of the statutes by updates position title terminology.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment updates terminology from independent care coordinator to case manager.

(b) The necessity of the amendment to this administrative regulation: This amendment is necessary to update the terminology because the job duties are performed by the case managers.

(c) How the amendment conforms to the content of the authorizing statutes: This amendment provides supportive services for the elderly as authorized by KRS 205.201, 205.203, 205.455-205.460, 42 U.S.C. 3001 et seq. The amendment establishes additional clarification on case management job duties.

(d) How the amendment will assist in the effective administration of the statutes: This amended administrative regulation provides more clarity on the job description of the case managers that provide supportive services to older adults.

(3) List the type and number of individuals, businesses, organizations, or state and

local governments affected by this administrative regulation: This amended administrative regulation will affect the 15 Area Development District and their contracted service providers, senior centers supported by the Department for Aging and Independent Living, and program recipients in the commonwealth.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: In accordance with this administrative regulation, this action should not have any effect on regulated entities because all of them currently employ case managers.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): This administrative regulation as amended has no cost to any entity since the case managers are currently active employees.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The service provider case managers will have the ability to complete assessments and streamline services for the aging population receiving these services.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: There are no additional costs to the Department for Aging and Independent Living for implementation of this amended administrative regulation.

(b) On a continuing basis: There are no additional costs to the Department for Aging and Independent Living of this amended administrative regulation on a continuing basis.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: The source of funding used for the implementation and enforcement of the Older Americans Act supportive services for the elderly is provided by the federal Older Americans Act program.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: This administrative regulation as amended does not increase fees or funding necessary to operate the Older Americans Act supportive services for the elderly.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation as amended does not establish a fee. This administrative regulation does not directly or indirectly establish or increase any fees.

(9) TIERING: Is tiering applied? (Explain why or why not)
Tiering is not applicable as compliance with this administrative regulation applies equally to all entities regulated by it.

FISCAL NOTE

Administrative Regulation: 910 KAR 1:170

Agency Contact: Sarah Puttoff

Phone Number: (502) 401-9115

Email: sarah.puttoff@ky.gov

Contact Person: Krista Quarles

Phone Number: (502) 564-7476

Email: CHFSregs@ky.gov

(1) What units, parts, or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? This administrative regulation does impact the Cabinet for Health and Family Services, Department for Aging and Independent Living, the Area Development Districts and, Area Agencies on Aging and Independent Living.

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation.
KRS 205.201, 205.203, 205.455-205.460, 42 U.S.C. 3001 et seq..

(3) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year?

This amended administrative regulation does not generate any revenue, there is no increase in revenue.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years?

This amended administrative regulation does not generate any revenue, there is no increase in revenue.

(c) How much will it cost to administer this program for the first year? There are no additional costs to the Department for Aging and Independent Living for implementation of this amended administrative regulation.

(d) How much will it cost to administer this program for subsequent years? There are no additional costs to the Department for Aging and Independent Living for implementation of this amended administrative regulation during subsequent years.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-):

Expenditures (+/-):

Other Explanation:

(4) Estimate the effect of this administrative regulation on the expenditures and cost savings of regulated entities for the first full year the administrative regulation is to be in effect.

(a) How much cost savings will this administrative regulation generate for the regulated entities for the first year? There are no cost savings with the implementation of this amended administrative regulation.

(b) How much cost savings will this administrative regulation generate for the regulated entities for subsequent years? There are no cost savings with the implementation of this amended administrative regulation in subsequent years.

(c) How much will it cost the regulated entities for the first year? There are no additional costs with the implementation of this amended administrative regulation.

(d) How much will it cost the regulated entities for subsequent years?

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Cost Savings (+/-):

Expenditures (+/-):

Other Explanation:

(5) Explain whether this administrative regulation will have a major economic impact, as defined below. *"Major economic impact" means an overall negative or adverse economic impact from an administrative regulation of five hundred thousand dollars (\$500,000) or more on state or local government or regulated entities, in aggregate, as determined by the promulgating administrative bodies. [KRS 13A.010(13)]*

There is no major economic impact with this amended administrative regulation. There is no change to the income or expenditures for the implementation of this amendment.

FEDERAL MANDATE ANALYSIS COMPARISON

Administrative Regulation: 910 KAR 1:170
Agency Contact: Sarah Puttoff
Phone Number: (502) 401- 9115
Email: Sarah.Puttoff@ky.gov

Contact Person: Krista Quarles
Phone Number: (502) 564-7476
Email: CHFSregs@ky.gov

(1) Federal statute or regulation constituting the federal mandate.
42 U.S.C. 3001 et seq.

(2) State compliance standards.
KRS 194A.050, 205.204

(3) Minimum or uniform standards contained in the federal mandate.
In accordance with 29 U.S.C. 794 provides the standards of nondiscrimination under federal grant programs, 42 U.S.C. 3018 provides guidance for the reports required under this grant program, 42 U.S.C. 3025 allows the state to designate the agency to administer the grant program, 42 U.S.C. 3027 provides the guidance for the development and submission of the required state plan, 42 U.S.C. 3030(d) provides guidance for the programs and services under this grants for supportive services.

(4) Will this administrative regulation impose stricter requirements, or additional or different responsibilities or requirements, than those required by the federal mandate?
This amendment to the administrative regulation is consistent with federal requirements and does not impose stricter requirement than the federal mandate.

(5) Justification for the imposition of the stricter standard, or additional or different responsibilities or requirements.
This amendment to the administrative regulation is consistent with federal requirements and does not impose stricter requirement than the federal mandate.

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR AGING AND INDEPENDENT LIVING

910 KAR 1:170

Older Americans Act supportive services for the elderly.

Summary of Material Incorporated by Reference

The "DAIL-HC 01, Scoring Service Level", 12/23, is used by case managers to determine the frequency of client contact. This is performed during the assessment(s). The form contains two (2) pages.

The total number of pages incorporated by reference for this administrative regulation is two (2) pages.

Department for Aging and Independent Living
DAIL-HC-01 Scoring Service Level

Client Name: _____ Date: _____ Score: _____ Level: _____

Level Scoring: Please mark the appropriate box.

ADLs and IADLs

- ☐ 3 pts - Unable to perform at least four ADLs without assistance, and no assistance from caregivers.
- ☐ 2 pts - Unable to perform a combination of four ADLs and IADLs without assistance and no assistance from caregivers.
- ☐ 1 pt - Meets minimal ADL and IADL requirements for program eligibility or meets on the above criteria but has needs met through caregivers.
 - ☐ Program requires assistance with a combination of 3 or more ADLs and IADLs.

Health

- ☐ 3 pts - Unstable or declining health condition that has resulted in hospitalizations.
 - ☐ Such as: hip break would need assistance with laundry or bath.
- ☐ 2 pts - Controlled health condition.
 - ☐ Sees doctor on regular basis with minimal risk for hospitalization.
- ☐ 1 pts - Stable health condition or able to manage on their own or with the support of caregiver(s).

Cognitive

- ☐ 3 pts - Cognitive or other mental impairment results in serious health or safety concerns.
 - ☐ Such as: Alzheimer's, Parkinson's, or Dementia
 - ☐ Could affect ability to drive, cook, or perform personal hygiene.
- ☐ 2 pts - Client shows minimal signs of cognitive or other mental impairments.
- ☐ 1 pts - Client is alert and oriented or remains safe due to the support of caregiver(s).

Social Supports

- ☐ 3 pts - Minimal or no support from family or friends.
 - ☐ Socially isolated, no driver's license, cannot read or write, etc.
- ☐ 2 pts - Few or limited supports from family or friends.
 - ☐ Neighbors, church or other social groups, and family that provide assistance as schedules permit.
- ☐ 1 pts - Social Support - Client has active caregiver

Communication

- ☐ 3 pts - Communication is impaired and no assistance from caregivers.
 - ☐ Language barrier, stroke, hearing impaired, low literacy, etc.
- ☐ 2 pts - Communication is not impaired but requires cues from case manager.

Department for Aging and Independent Living
DAIL-HC-01 Scoring Service Level

Client Name: _____ Date: _____ Score: _____ Level: _____

☐ Client does not understand process for reporting to case manager or client is dependable for reporting issues.

☐ 1 pts - Communication is good or caregivers provide assistance as needed.

☐ Client requests supports as needed.

Case Manager Signature: _____ Agency: _____ Date : _____

Case Management Leveling Key

Case Manager shall assign Level based on the criteria below.

Level 1 – (Highest risk)

12-15 points

Contact schedule: Case Manager performs: Home visit every other month and phone call on the alternating months.

Level 2 – (Medium Risk)

9 to 11 points

Contact schedule: Case Manager performs: Home visit every four (4) months. Phone call on months no home visit is completed can be completed by social service assistance or case manager. Case manager must do at least one phone call per year to ensure level is still correct and plan of care continues to meet their needs.

Level 3 – (Low Risk)

5-8 points

Contact schedule: Case manager or Social service assistant shall perform a home visit every six (6) months. Phone call on months no home visit is completed. The social service assistant shall consult with the case manager supervisor regarding each case at least quarterly to discuss change in needs and potential reassessment by the case manager to move client to a higher level.

Department for Aging and Independent Living
DAIL-HC-01 Scoring Service Level

Client Name: _____ Date: _____ Score: _____ Level: _____

Level Scoring: Please mark the appropriate box.

ADLs and IADLs

- ☐ 3 pts - Unable to perform at least four ADLs without assistance, and no assistance from caregivers.
- ☐ 2 pts - Unable to perform a combination of four ADLs and IADLs without assistance and no assistance from caregivers.
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Department for Aging and Independent Living
DAIL-HC-01 Scoring Service Level

Client Name: _____ Date: _____ Score: _____ Level: _____

☐ Client does not understand process for reporting to case manager or client is dependable for reporting issues.

☐ 1 pts - Communication is good or caregivers provide assistance as needed.

☐ Client requests supports as needed.

Case Manager Signature: _____ Agency: _____ Date : _____

Case Management Leveling Key

Case Manager~~(Independent Care Coordination Agency (ICCA))~~ shall assign Level based on the criteria below.

Level 1 – (Highest risk)

12-15 points

Contact schedule: Case Manager performs: Home visit every other month and phone call on the alternating months.

Level 2 – (Medium Risk)

9 to 11 points

Contact schedule: Case Manager performs: Home visit every four (4) months. Phone call on months no home visit is completed can be completed by social service assistance or case manager. Case manager must do at least one phone call per year to ensure level is still correct and plan of care continues to meet their needs.

Level 3 – (Low Risk)

5-8 points

Contact schedule: Case manager or Social service assistant shall perform a home visit every six (6) months. Phone call on months no home visit is completed. The social service assistant shall consult with the case manager supervisor regarding each case at least quarterly to discuss change in needs and potential reassessment by the case manager~~(ICCA)~~ to move client to a higher level.