

**2025 – 2028**  
**STATE PLAN ON AGING**  
Amended October 1, 2026

**TEAM**   
**KENTUCKY**®

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**CABINET FOR HEALTH  
AND FAMILY SERVICES**

**Department for Aging  
and Independent Living**

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## SECTION 1.0 INTRODUCTION

### MESSAGE FROM THE GOVERNOR



As Governor of the Commonwealth of Kentucky, I am pleased to designate the Cabinet for Health and Family Services, Department for Aging and Independent Living as the State Unit on Aging and present the Kentucky State Plan on Aging. This amended plan covers the period of October 1, 2026, through September 30, 2028. The Department for Aging and Independent Living (DAIL) is authorized to develop and administer the State Plan on Aging in accordance with all the requirements of the Older Americans Act, including the development of comprehensive and coordinated systems to advance support for equity and underserved communities to deliver services to older Kentuckians and their caregivers.

Since the start of my administration, Kentucky has made great strides to increase long-term services and supports to older adults. Kentucky now operates the Program for All-Inclusive Care for the Elderly, has increased funding to senior nutrition programs, and reinvested in Grandparents Raising Grandchildren. The State Plan on Aging over the next four years will allow TEAM KENTUCKY to continue its investment in older Kentuckians and their caregivers to move FORWARD TOGETHER.

Sincerely,

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**Andy Beshear**  
Governor, Commonwealth of Kentucky

Date

## MESSAGE FROM THE COMMISSIONER



Dear Colleagues,

I am pleased to present Kentucky's amended 2026-2028 State Plan on Aging (State Plan). This comprehensive State Plan serves as a roadmap to ensure every Kentuckian can achieve optimal health and well-being as they age. This State Plan was developed by the Kentucky Department of Aging and Independent Living (DAIL) with input from the 15 Area Agencies on Aging & Independent Living (AAAILs) and numerous aging network stakeholders.

The Administration for Community Living (ACL), an operating division of the United States (U.S.) Department of Health and Human Services (HHS), is the federal agency responsible for administering the Older Americans Act (OAA). Federal priorities articulated by ACL and combined with the Commonwealth's priorities informed by Kentucky's aging network, create the framework for the State Plan.

The amended State Plan marks an opportunity to reframe how we view and approach aging and the healthy aging process. It gives us a chance to thoughtfully assess, and where needed, change our strategies as an aging network. It prompts us to rethink our approach to policymaking, service delivery, and investment decisions. The goals of the state plan are informed by the Area Agencies on Aging and Independent Living Area Plans. This plan includes innovative approaches which are informed at the local level to address the immediate needs before us, as well as obstacles that lie ahead.

I ask that aging network partners—public and private; state and local; past, current, and future—enhance their commitment to older Kentuckians and caregivers by acting on this State Plan. While I ask for your commitment, I pledge DAIL's continued and renewed dedication to the priorities established herein. I am confident that, with thoughtful, aligned execution, Kentucky will become the best place to age in the nation.

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**Victoria L. Elridge**

Date

Commissioner, Department for Aging and Independent Living

## VERIFICATION OF INTENT

Kentucky's Amended 2026 – 2028 State Plan on Aging is hereby submitted. Included are the State Plan assurances and required activities, information requirements, and plans to be administered by DAIL under the provisions of the OAA of 1965, as amended in 2020.

DAIL is primarily responsible for developing comprehensive and coordinated services for older Kentuckians, their families, and caregivers and serving as their effective and visible advocate.

Kentucky's Amended 2026 – 2028 State Plan on Aging was developed in accordance with federal statutory and regulatory requirements and has been reviewed and approved by the Office of Governor Andy Beshear, constituting authorization to proceed with activities under the plan upon approval by the U.S. Assistant Secretary for Aging.

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**Victoria L. Elridge** Date  
Commissioner, Department for Aging and Independent Living

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**Andy Beshear** Date  
Governor, Commonwealth of Kentucky

## ACKNOWLEDGEMENTS

Area Agencies on Aging and Independent Living (AAAILs) play a key role in providing support and services across regional and local areas of the Commonwealth of Kentucky (Commonwealth). DAIL is proud to partner with and relies on Kentucky’s network of 15 AAAILs and the array of Commonwealth agency partners, non-profit organizations, and volunteer and advocacy organizations to implement Kentucky’s State Plan on Aging for 2025 – 2028. We thank you for your commitment and tireless efforts in seeking and being the change for older Kentuckians and those with disabilities as we move forward together.

### AREA AGENCIES ON AGING AND INDEPENDENT LIVING

AAAILs include 15 agencies Kentucky-wide that support the implementation of DAIL programs throughout the Commonwealth. Table 1 below lists the 15 AAAILs.

**Table 1: Information on AAAILs in Kentucky**

AAAIL	Director(s)	Address	Counties Served
Barren River	Director: Alecia Johnson	177 Graham Avenue Bowling Green, KY 42101	Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, and Warren
Big Sandy	Co-Directors: Stacy Hall, Amanda Lawson	110 Resource Court Prestonsburg, Kentucky 41653	Floyd, Johnson, Magoffin, Martin, and Pike
Bluegrass	Director: Celeste Robinson	699 Perimeter Drive Lexington, KY 40517	Anderson, Boyle, Bourbon, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, and Woodford
Buffalo Trace	Director: Caroline Ullery	201 Government Street, Suite 300 P.O. Box 460 Maysville, KY 41056	Bracken, Fleming, Lewis, Mason, and Robertson
Cumberland Valley	Director: Leigh Powell	P.O. Box 1740, 342 Old Whitley Road London, Kentucky 40743	Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle, and Whitley

<b>AAAIL</b>	<b>Director(s)</b>	<b>Address</b>	<b>Counties Served</b>
FIVCO	Director: Nicole Davis	32 FIVCO Court Grayson, KY 41143	Boyd, Carter, Elliott, Greenup, and Lawrence
Gateway	Director: Jason Boggs	110 Lake Park Drive Morehead, KY 40351	Bath, Menifee, Montgomery, Morgan, and Rowan
Green River	Director: Leslie Wilson	300 GRADD Way Owensboro, Kentucky 42302	Daviess, Hancock, Henderson, McLean, Ohio, Union, and Webster
KIPDA	Director: Jessica Elkin	11520 Commonwealth Drive Louisville, Kentucky 40299	Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble
Kentucky River	Director: Stacie Noble	941 North Main Street Hazard, KY 41701	Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry, and Wolfe
Lake Cumberland	Director: Tonya Bloyd	P.O. Box 1570 2384 Lakeway Drive Russell Springs, Kentucky 42642	Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, and Wayne
Lincoln Trail	Director: Sue Greenwell	613 College Street Road P.O. Box 604 Elizabethtown, KY 42702	Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, and Washington
Northern Kentucky	Director: Anne Wildman	22 Spiral Drive Florence, KY 41042	Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, and Pendleton
Pennyriple	Director: Jill Collins	300 Hammond Drive Hopkinsville, Kentucky 42240	Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd, and Trigg
Purchase	Director: Jeff Gabbert	1002 Medical Drive P.O. Box 588	Ballard, Calloway, Carlisle, Fulton, Graves, Hickman,

AAAIL	Director(s)	Address	Counties Served
		Mayfield, Kentucky 42066	McCracken, Marshall

DRAFT

## KENTUCKY ASSOCIATION FOR AREA AGENCIES ON AGING AND STATEWIDE INDEPENDENT LIVING COUNCIL

The Kentucky Association of Area Agencies on Aging and the Kentucky Statewide Independent Living Council (SILC) support vital activities and provide community resources across the Commonwealth for older Kentuckians and individuals with disabilities. Table 2 below lists members of the Kentucky Association of Area Agencies on Aging and the Kentucky Statewide Independent Living Council.

**Table 2: AAA and SILC Leads**

Agency	Point of Contact	Email Address
Kentucky Association of Area Agencies on Aging (K4A)	Chair: Stacie Noble	stacie@kradd.org
Kentucky Statewide Independent Living Council	Coordinator: Megan Coleman	kysilccordinator@gmail.com

## CENTERS FOR INDEPENDENT LIVING

Centers for Independent Living (CILs) are vital in supporting the aging population and individuals with disabilities by promoting independence, dignity, and community inclusion. Table 3 below lists the CILs.

**Table 3: Information on CILs in Kentucky**

Agency	Address	Phone Number
Center for Accessible Living (CAL)	501 South Second Street, Suite 200 Louisville, KY 40202	Local: 502-589-6620 Toll-free: 888-813-8497 Fax: 502-589-3980 Accessible: 502-413-2689
Center for Accessible Living (CAL) – Bowling Green	1830 Destiny Lane Bowling Green, KY 42104	270-599-0911
Center for Accessible Living (CAL) – Murray	1051 North 16 <sup>th</sup> Street, Suite C Murray, KY 42071	Local: 270-753-7676
Independence Alliance	2368 Victory Parkway, Suite 501 Cincinnati, OH 45206	Local: 859-341-4346 Fax: 513-241-1707
Disability Resource Center of Southeastern Kentucky	242 Village Lane Hazard, KY 41701	606-436-0000
Independence Place, Inc.	841 Corporate Drive Suite 301 Lexington, KY 40503	Local: 859-266-2807 Toll-free: 877-266-2807 Fax: 859-335-0627



## GUIDE TO NAVIGATING THE STATE PLAN

The primary purpose of the State Plan is to provide an update on Kentucky’s accomplishments from the previous State Plan and to share a clear roadmap for what the Commonwealth will implement in upcoming years to continue improving services for people supported by the OAA. The goal is to ensure that older Americans and their families experience a seamless, comprehensive service system that is responsible for addressing individual needs and preferences as outlined in the OAA.

Kentucky's 2025 – 2028 State Plan on Aging is influenced by the five federal priorities established by the ACL and guided by information gathered through a multi-faceted Kentucky-wide needs assessment process. The priorities established by Kentucky's 15 AAAILs in their Regional Area Plans will reflect Commonwealth goals, as well as any priorities that are identified as unique regional needs.

Figure 1 below lists the similarities between ACLs and Kentucky’s priorities on aging that are described in more detail throughout the State Plan.

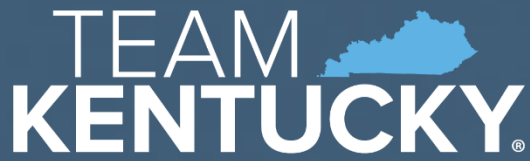
**Figure 1: ACL and Kentucky Priorities**

 Federal Priorities	Bolstering OAA Core Programs
	Advancing Equity
	COVID-19 Recovery
	Expansion of Home and Community-Based Services (HCBS)
	Contributing to Caregiver Well-Being
 Kentucky Priorities	Infrastructure, including Transportation and Internet Access
	Community Partnerships
	Workforce Development
	Well-Being
	Caregiver Support
	Quality

The State Plan includes eight primary sections and five supporting appendices, as follows:

- **Section 1.0 Introduction** includes introductory information such as messages from State executive leaders, verification of DAIL’s intent in relation to the State Plan, acknowledgements, and a guide to navigating the sections of the State Plan.
- **Section 2.0 Executive Summary** provides an overview of key information in subsequent State Plan sections.

- **Section 3.0 Our Journey: Past Achievements** provides an overview of the 2022 – 2024 State Plan goals and accomplishments.
- **Section 4.0 Kentucky’s Aging Landscape and Environment** summarizes the Commonwealth’s overall population demographics and growth, health status, and services available to meet the needs of priority populations.
- **Section 5.0 Kentucky-Wide Needs Assessment** summarizes key information from needs assessment activities and analysis conducted to inform the State Plan priorities.
- **Section 6.0 State Plan Priorities** outlines the selected Commonwealth priorities, the goals chosen for each priority, and the associated performance measurements.
- **Section 7.0 Other Considerations** includes considerations in relation to the State Plan, such as implementation considerations for priority populations, the impact of and considerations in relation to COVID-19 and preparing for public health emergencies.
- **Section 8.0 State Plan Quality Management** outlines how the Commonwealth will monitor progress regarding implementation of the State Plan and the quality of the services delivered during this State Plan period.
- The five appendices provide supporting details pertaining to the State Plan, including:
  - **Appendix A: Acronyms and Terms** lists the acronyms and terms used throughout the State Plan and their definitions.
  - **Appendix B: Meetings and Participants** summarizes meetings and participants in the Kentucky-wide needs assessment.
  - **Appendix C: Organizational Charts of Kentucky Government** provides Kentucky government organizational charts.
  - **Appendix D: Area Development District Map** provides an area development district map.
  - **Appendix E: Assurance Forms** includes assurance forms required for the State Plan.



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# EXECUTIVE SUMMARY

## SECTION 2.0 EXECUTIVE SUMMARY

In early 2024, the Commonwealth engaged in a series of activities to better understand the needs of people with physical disabilities and those who are over the age of 60 to strategically plan for the upcoming ACL State Plan requirements. The Commonwealth, through DAIL programs, currently provides services to more than 200,000 older or disabled individuals on an annual basis. However, the population of people aged 60+ in Kentucky is more than one million and is growing as people live longer and healthier lives. While great strides have been made with the goals outlined in the current State Plan, there is more work to be done as identified by needs and challenges posed by the COVID-19 pandemic, but also through the information gathered and key themes shown in Figure 2 from the Kentucky-wide needs assessment. DAIL recognizes the need to be forward-thinking about what types of services are available and how they are delivered equitably throughout the Commonwealth to reach and support as many Kentuckians as possible.

The Commonwealth and DAIL are wholeheartedly committed to realizing our mission and vision, all with the goal of enhancing the well-being of everyone.

- **Mission:** To promote the dignity, well-being, and independence of Kentuckians and their caregivers.
- **Vision:** We aspire to be a foundation of support where aging and disability are met with compassion, inclusivity, and empowerment in the Commonwealth.

DAIL will actively work toward promoting individualization and independent decision-making, enhancing collaboration with our existing and new partners. Kentuckians have strong community bonds and are prideful individuals. These attributes highlight the fact that neighbors help neighbors in need, as well as engage in and enjoy community activities that lend to a sense of belonging. Whether it is going to a local senior center, having a meal delivered directly to their home, or being able to obtain volunteer transportation to a medical care appointment, it is all a result of community connectedness. Kentuckians access to services are needed for overall health and safety. Each individual's ability to engage in those activities brings enjoyment and a sense of purpose to their life.

Figure 2: 2024 Kentucky-Wide Needs Assessment Key Themes

Key Themes	
	Enhance access to affordable and convenient transportation choices
	Invest in ongoing skill development and training for personnel
	Promote digital inclusion and bridge connectivity gaps in rural areas
	Create opportunities to empower homeowners with sustainable housing solutions
	Seek opportunities to grow workforce diversity

DAIL knows that when challenges arise, communities and programs must come together and collaborate on ways to improve and sustain systems, outreach, and resources. Key challenges from the 2024 Kentucky-wide needs assessment include:

- Lack of accessible and affordable transportation, particularly for those in rural areas or who need services outside their counties.
- Lack of caregivers to be in the home routinely and still meet their own family's needs.
- Inability to connect with services that are needed and valued, such as those listed in Figure 2.

As the Commonwealth looks to the future, DAIL understands that there is a need for improved communication, flexibility to meet individual needs, and a stronger workforce. DAIL is committed to the needs of older Kentuckians and those with disabilities. To meet these needs, DAIL will utilize quality management strategies that will evaluate current performance and provide additional ideas, resources, and insight that will continue to propel Kentucky forward. With continued partnerships across the Commonwealth, DAIL will move “**Forward Together**” toward greater successes, enhanced lives, and stronger communities.

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# OUR JOURNEY: PAST ACHIEVEMENTS



## SECTION 3.0 OUR JOURNEY: PAST ACHIEVEMENTS

As the Commonwealth transitions from the 2022 – 2024 State Plan to the 2025 – 2028 State Plan, it is essential to pause and reflect on previous activities. The previous State Plan laid the groundwork for future endeavors with considerable progress made toward achieving goals and propelling the Commonwealth toward its vision.

With the successful implementation of the 2022-2024 State Plan, the Commonwealth honors its past, embraces the present, and charts a **“Forward Together”** course for a brighter future for Kentuckians.

Table 4 below provides a list of DAIL’s goals and accomplishments in the 2022 – 2024 State Plan.

**Table 4: 2022 – 2024 State Plan Goals and Accomplishments**

Goals	Accomplishments
<p><b>GOAL 1.</b> Provide long-term services and supports that enable older Kentuckians, their families, caregivers, and persons with disabilities to fully engage and participate in their communities for as long as possible.</p>	<ul style="list-style-type: none"> <li>• <b>Increased physical activity.</b> Kentucky currently offers 15 evidence-based programs, including Bingocize, tai chi, and diabetes prevention. Additional interventions are added based on the AAAIL interest.</li> <li>• <b>Supported health promotion and disease prevention activities under Title III-D:</b> Drums Alive and Matter of Balance, which targets fall-risk behaviors and home hazards for older adults at high risk of falling, are just two examples of some of the programs that were offered.</li> <li>• <b>Utilized discretionary grants to further develop and enhance health programs.</b> Community partners were awarded a total of \$6.7 million in grant dollars, including \$2.1 million to the State Health Insurance Plan, \$2 million to Building Our Largest Dementia Infrastructure through the CDC, \$1.8 million to the Aging and Disability Vaccination Collaborative, and \$1.2 million to No Wrong Door.</li> <li>• <b>Engaged with local health departments to promote smoking cessation among older adults.</b> All senior centers offer smoking cessation courses.</li> <li>• <b>Decreased hunger among older adults.</b> DAIL held three consecutive annual senior hunger summits and received an allocation of \$35M in expanded senior meal programming in the past 3 state fiscal year’s budget.</li> </ul>

Goals	Accomplishments
<p><b>GOAL 2.</b> Ensure older Kentuckians, persons with disabilities, caregivers, and families have access to person-centered planning and optional counseling for their long-term services and supports.</p>	<ul style="list-style-type: none"> <li>• <b>Incorporated person-centered counseling and planning.</b> AAAILs were credentialed in the National Center on Advancing Person-Centered Practices and Systems (NCAPPS).</li> <li>• <b>Engaged in ongoing stakeholder discussions.</b> Kentucky, in partnership with AAAILs, held more than 75 stakeholder discussions.</li> </ul>
<p><b>GOAL 3.</b> Increase the development and implementation of business-related strategies that promote innovation, collaboration, and sustainability of aging and disability network partners.</p>	<ul style="list-style-type: none"> <li>• <b>Implemented a new training curriculum for the aging network.</b> Kentucky held three National Association trainings on inclusion and business acumen.</li> <li>• <b>Maintained a resilient, disaster-ready aging network.</b> DAIL developed and disseminated an Emergency Preparedness Blueprint for all senior centers.</li> </ul>
<p><b>GOAL 4.</b> Prevent abuse, neglect, and exploitation while protecting the rights of older Kentuckians and persons with disabilities.</p>	<ul style="list-style-type: none"> <li>• <b>Strengthened regulations related to abuse, neglect, and exploitation.</b> The Elder Abuse Victims Trust Fund will receive funds from the estates of victims of elder abuse fatalities and will fund training to help prevent elder abuse.</li> <li>• <b>Provided education on the guardianship process to help ensure the safety and well-being of those at risk of abuse, neglect, and exploitation in collaboration with the Department for Community Based Services (DCBS)/Adult Protective Services (APS) and ombudsman on concerns and reports made.</b> Guardianship training and alternatives to guardianship were provided.</li> <li>• <b>Promoted less restrictive alternatives to guardianship through community training.</b> Conducted 30 collaborative meetings with courts and judges.</li> </ul>
<p><b>GOAL 5.</b> Ensure continuous quality improvement principles to ensure the State Unit on Aging operates efficiently and effectively.</p>	<ul style="list-style-type: none"> <li>• <b>Ensured data accuracy.</b> DAIL holds a 97% data accuracy assurance.</li> <li>• <b>Evaluated DAIL's internal controls.</b> Evaluated and passed annual audits.</li> <li>• <b>Provided training.</b> Provided more than 70 training courses to AAAILs and staff. Thirty-four trainings were provided to Commonwealth staff.</li> </ul>

Goals	Accomplishments
<p><b>GOAL 6.</b> Ensure that all Kentucky elders have equitable access to services regardless of any social, cultural, or geographic barriers.</p>	<ul style="list-style-type: none"> <li>• <b>Utilized current data to identify and resolve disparities.</b> Modified policies based on feedback from national consumer voice surveys.</li> <li>• <b>Providers underwent training and consulting in SAGECare, a division of SAGE (Services &amp; Advocacy for LGBT Elders).</b> This training covered topics such as cultural humility and racial equity. SAGE is the country's largest and oldest organization dedicated to improving the lives of LGBTQ+ older adults. Link: <a href="https://www.sageusa.org/what-we-do/sagecare/">https://www.sageusa.org/what-we-do/sagecare/</a></li> <li>• <b>Providers completed racial equity and cultural humility training</b></li> </ul>

In addition to the goals listed above, DAIL accomplished several other activities that provided additional assistance to older adults. Figure 3 below highlights additional Kentucky-wide accomplishments in the 2022 – 2024 State Plan. Moving forward, DAIL aims to build on and grow such benchmarks to connect with and serve more Kentuckians across the Commonwealth.

**Figure 3: Additional State Plan Accomplishments**





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## SECTION 4.0 KENTUCKY'S AGING LANDSCAPE AND ENVIRONMENT

The AARP Long-Term Services and Supports (LTSS) Scorecard compares state systems across multiple dimensions of performance. Table 5 below highlights Kentucky's improvement in supporting older adults. In 2023, Kentucky improved from 47<sup>th</sup> to 42<sup>nd</sup> and moved from tier 5 up to tier 4 due to the progress made across multiple indicators.

**Table 5: AARP Long-Term Services and Supports Ranking**

Topic	2023 RANK	2020 RANK
<b>Overall</b>	42	47
<b>Affordability and Access</b>	40	34
<b>Choice of Setting and Provider</b>	37	37
<b>Safety and Quality</b>	45	51
<b>Support for Family Caregivers</b>	38	41
<b>Community Integration</b>	40	44

Specifically, Kentucky improved in 8 indicators by 10% or more and 17 indicators stayed about the same. Key indicators of improvement include the implementation of the Program for All-Inclusive Care for the Elderly (PACE), percentage of Medicaid spending in home and community-based services to support older adults, and aging and disability resource center operations.

Access to services has substantially improved for older adults since 2020. However, there remain opportunities for improving the health of Kentucky's senior population. The 2023 Annual Report for America's Health Rankings places Kentucky among the lowest states (48<sup>th</sup>) for overall senior health status.<sup>1</sup> Health and wellness measures for Kentucky's seniors show high rates of hunger and poverty, limited access to healthcare, and exceedingly high risk of social isolation (85 on a scale from 1 – 100). Addressing Kentucky's population health disparities and low overall senior health will be imperative in the coming years, as Kentucky's population aged 60 years and older is projected to increase by 11.4% between 2020 and 2030. Kentuckians aged 75 – 84 years will see the most significant population increase of 39.2%, while Kentuckians aged 85 years and older will see a population increase of 28.9%. As Kentuckians continue to age in the communities, they are facing morbidity, premature death, and low life expectancy, significantly impairing their ability to age with grace and dignity.

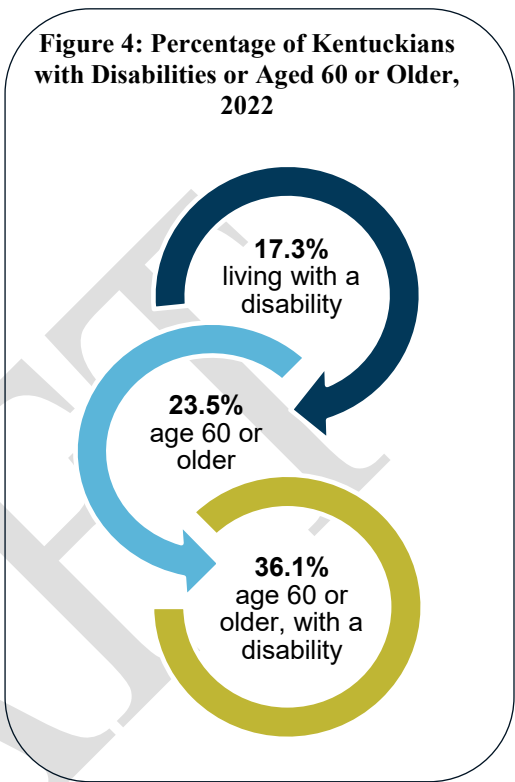
<sup>1</sup> United Health Foundation. 2023. "America's Health Rankings 2023 Senior Report State Summaries, Kentucky." *United Health Foundation*. [Americashealthrankings.org](https://www.americashealthrankings.org).  
<https://www.americashealthrankings.org/learn/reports/2023-senior-report/state-summaries-kentucky>

## POPULATION DEMOGRAPHICS

According to the 2022 U.S. Census Bureau’s American Community Survey (ACS), Kentucky’s population size is 4,502,935.<sup>2</sup> Of the approximately 4.5 million Kentuckians, the ACS data shows that 1,834,297 individuals have a disability or are older. This means Kentucky’s aging and disabled population accounts for 40.7% of all Kentuckians as of the 2022 ACS reports. Figure 4 shows the percentage of Kentucky’s population aged 60 or older and/or living with a disability. Additionally, Kentucky’s aging population is projected to grow by 12% between 2022 and 2030, further challenging the KY DAIL programs, services, and resources.

Overall, Kentucky remains a relatively homogenous state with 83.2% of its total population identifying as white; of those, 18.2% have disabilities and 90.5% are aged 60 or older. Black or African American is the second most prevalent race in Kentucky, accounting for 7.9% of the total population, 7.0% of the disabled population, and 6.1% of the aging population. The remaining percentage of the population identifies as one of the following categories: American Indian, Alaskan Native, or Asian.

Table 6 shows the breakdown of the Commonwealth’s racial and ethnic demographics Kentucky-wide.



**Table 6: Kentucky Population Race and Ethnicity**

Race and Ethnicity	Total Population	Individuals with a Disability, All Ages	Individuals Aged 60+
White	3,748,657	683,871	955,980
Black or African American	355,368	54,407	64,436
American Indian and Indigenous	3,902	1,459	1,056
Asian and Pacific Islanders	71,736	4,938	7,394
Hispanic or Latino	180,481	16,670	12,676
Other	10,744	5,480	3,169

<sup>2</sup> U.S. Census Bureau. 2022. “American Community Survey Demographic and Housing Estimates.” *U.S. Census Bureau*. [Data.census.gov](https://data.census.gov/tables/ACSDP5Y2022.DP05?g=040XX00US21&moe=false). <https://data.census.gov/tables/ACSDP5Y2022.DP05?g=040XX00US21&moe=false>

Race and Ethnicity	Total Population	Individuals with a Disability, All Ages	Individuals Aged 60+
Two or More Races	132,047	27,811	17,958

Researchers show that a diverse community fuels economic growth, raising everyone’s standard of living and resulting in improved job opportunities, infrastructure, education, health, and overall prosperity.<sup>3</sup> According to the 2022 ACS, 16.1% of Kentuckians live in poverty, higher than the national rate of 12.6%.

## OVERALL HEALTH STATUS

In the 2023 Annual Report for America’s Health Rankings, Kentucky ranks among the lowest states for overall health at 41 of 50 state rankings and ranks 48 of 50 for overall senior health status.<sup>4</sup> America’s Health Rankings, produced by the United Health Foundation, is the longest-running state-by-state analysis of national health indicators, including race and ethnicity, gender, age, education, income, disability status, sexual orientation, veteran status, and rural living.

America’s Health Ranking provides a nationwide annual report with state-level insights, interactive data dashboards, and reports on priority populations. The 2023 Senior Report from America’s Health Rankings provides insights into the social, clinical, and economic well-being of older individuals. Data used to develop Kentucky’s overall senior health and wellness measures and annual senior reports include sources such as:

- CDC’s Wide-Ranging Online Data for Epidemiologic Research (WONDER) user-friendly menu-driven system
- CDC’s Behavioral Risk Factor Surveillance System (BRFSS)
- U.S. Census Bureau surveys
- Federal ACL State Program Reports, Centers for Medicare & Medicaid Services (CMS) reports, and other government agency datasets

Metrics defined by America’s Health Rankings can inform states’ strategic goals and performance indicators by offering peer-state rankings and national averages for various data analyses. Additionally, states can download data used in each report to perform unique analyses and reporting. Table 7 provides measures for Kentucky’s overall senior health compared to the national metrics reported by America’s Health Rankings. Metrics indicating that Kentucky performs better than the national measures are highlighted in light green. For 80% of the measures listed, Kentucky’s performance

<sup>3</sup> Rodríguez-Pose, Andrés, and Viola von Berlepsch. “Does Population Diversity Matter for Economic Development in the Very Long Term?” *European Journal of Population* 35(5): 873-911. doi:10.1007/s10680-018-9507-z

<sup>4</sup> United Health Foundation. 2023. “America’s Health Rankings 2023 Senior Report State Summaries, Kentucky.” *United Health Foundation*. [Americashealthrankings.org](https://www.americashealthrankings.org). <https://www.americashealthrankings.org/learn/reports/2023-senior-report/state-summaries-kentucky>

is poorer than the U.S. performance and is consistent with Kentucky’s low overall senior health ranking (48 of 50).

**Table 7: Kentucky’s Overall Senior Health vs. National Measure**

Health and Wellness Measures		Kentucky Value	U.S. Value
<b>Social and Economic Factors</b>			
Economic Resources	Food Insecurity (% of adults ages 60+)	20%	11.9%
	Poverty (% of adults ages 65+)	11.7%	10.3%
	Supplemental Nutrition Assistance Program (SNAP) Reach (participants per 100 adults ages 60+ in poverty)	49.4	81
Social Support and Engagement	Community Support Expenditures (dollars per adult ages 60+)	\$31	\$62
	High-speed Internet (% of households with adults ages 65+)	78.3%	83.1%
	Low-care Nursing Home Residents (% of residents)	12.9%	15.2%
	Risk of Social Isolation (on a scale from 1-100 – lowest risk to highest risk, respectively, adults ages 65+)	85	—
<b>Physical Environment</b>			
Housing	Housing Cost Burden (% of households with adults ages 65+)	<b>24.8%</b>	31.8%
	Severe Housing Problems (% of small households with adults ages 62+)	<b>25.3%</b>	32.3%
<b>Clinical Care</b>			
Access to Care	Avoided Care Due to Cost (% of adults ages 65+)	5.0%	3.4%
	Geriatric Providers (providers per 100,000 adults ages 65+)	25.1	36.4
	Home Health Care Workers (workers per 1,000 adults ages 65+)	27.5	60.3

Health and Wellness Measures		Kentucky Value	U.S. Value
Preventive Clinical Services	Cancer Screenings (% of adults ages 65-75)	78.4%	75.9%
	Flu Vaccination (% of adults ages 65+)	64.5%	67.5%
	Pneumonia Vaccination (% of adults ages 65+)	65.9%	69.7%
Quality of Care	Dedicated Health Care Provider (% of adults ages 65+)	96.4%	96.1%
	Hospice Care (% of Medicare decedents)	42.1%	46.7%
	Nursing Home Quality (% of beds rated four or five stars)	29.1%	32.6%
	Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries ages 65-74)	2,104	1,482
<b>Behaviors</b>			
Nutrition and Physical Activity	Exercise (% of adults ages 65+)	10.5%	23.1%
	Fruit and Vegetable Consumption (% of adults ages 65+)	8.3%	7.3%
	Physical Inactivity (% of adults ages 65+ in fair or better health)	37.2%	31.2%
Sleep Health	Insufficient Sleep (% of adults ages 65+)	32.8%	26.0%
Tobacco Use	Smoking (% of adults ages 65+)	11.8%	8.9%
<b>Health Outcomes</b>			
Behavioral Health	Cognitive Difficulty (% of adults ages 65+) ‡	10.2%	7.8%
	Drug Deaths (deaths per 100,000 adults ages 65+) ‡	10.8	9.9
	Excessive Drinking (% of adults ages 65+)	5.7%	7.0%
	Frequent Mental Distress (% of adults ages 65+)	12.2%	8.5%
	Suicide (deaths per 100,000 adults ages 65+)	19.6	16.9
Mortality	Early Death (deaths per 100,000 adults ages 65-74)	2,906	2,151

Health and Wellness Measures		Kentucky Value	U.S. Value
Physical Health	Falls (% of adults ages 65+)	30.6%	27.1%
	Frequent Physical Distress (% of adults ages 65+)	21.9%	15.8%
	Multiple Chronic Conditions (% of Medicare beneficiaries ages 65-74)	58.0%	52.0%
	Obesity (% of adults ages 65+)	35.3%	29.5%
	Teeth Extractions (% of adults ages 65+)	22.4%	13.4%

Kentucky has made progress over the past 2 years according to AARP. Kentucky was named one of the most improved states according to AARP.

## LIFE EXPECTANCY

Kentucky’s average life expectancy is 74 years, with a high and low range of 79.6 and 65.4 years, respectively. Kentucky is among the five states with the lowest life expectancy in the nation. The United States average life expectancy is 78.6 years, with Hawaii reporting the highest life expectancy at 82.4 years and Mississippi and Kentucky reporting the lowest life expectancy at 65.4 years.<sup>5,6</sup> Life expectancy projections vary depending on many factors. The National Center for Health Statistics, in 2022, identified significant disparities leading to steep declines in life expectancy for persons of color; individuals with mental health needs, addiction, and substance use disorder; and disease severity and inequitable healthcare access.<sup>7</sup> In Kentucky, prevalent poverty rates, poor overall health, substance use, and high prevalence of disabilities are significant contributing factors to low life expectancy projections. Figure 5 on the following page shows Kentucky’s life expectancy range compared to the states with the highest and lowest life expectancies (Hawaii and Mississippi, respectively). Kentucky’s efforts to reduce disparities for aging and disabled populations could positively impact future life expectancy projections.

<sup>5</sup> Kentucky Violence and Injury Prevention Program. Findings from the Kentucky Communities to Support Older Adult Falls Programs Assessment. Kentucky Injury Prevention and Research Center, Lexington, KY. February 2024.

<sup>5</sup> World Population Review. 2024. “Life Expectancy by State 2024.” *World Population Review*. <https://worldpopulationreview.com/state-rankings/life-expectancy-by-state>

<sup>6</sup> University of Wisconsin Population Health Institute. 2024. “County Health Rankings and Roadmaps: Kentucky.” *Countyhealthrankings.org*. <https://www.countyhealthrankings.org/health-data/kentucky?year=2024&measure=Life+Expectancy>\*

<sup>7</sup> Harvard Medical School. 2022. “Why life expectancy in the US is falling.” Harvard Health Publishing. <https://www.health.harvard.edu/blog/why-life-expectancy-in-the-us-is-falling-202210202835>

**Figure 5: High, Average, and Low Life Expectancy Comparison**

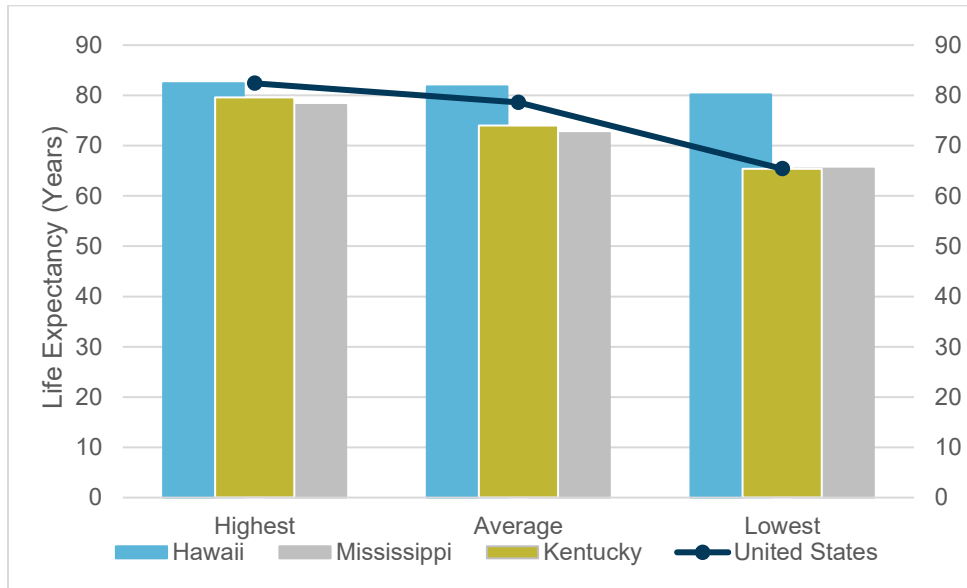
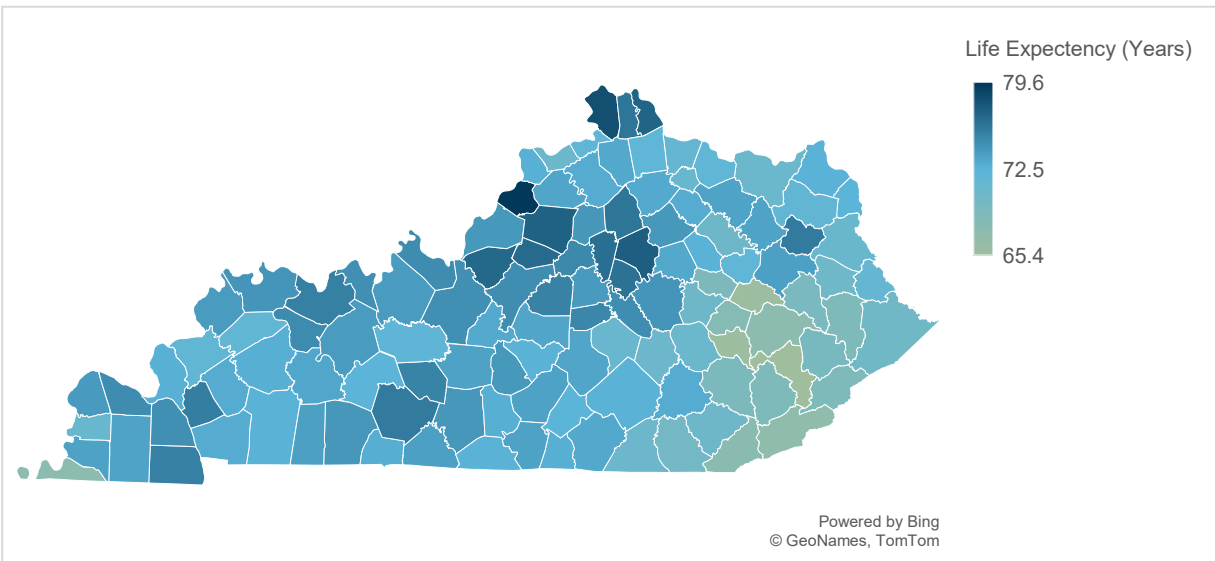


Figure 6 below shows Kentucky’s life expectancy averages by county. Compared to the Rural-Urban Continuum Codes, Kentucky's life expectancy data shows that approximately 33% of counties with a lower-than-states-average life expectancy (less than 74 years) are categorized as rural, non-metropolitan areas with fewer than 5,000 in population.<sup>8</sup>

**Figure 6: Kentucky Life Expectancy by County**

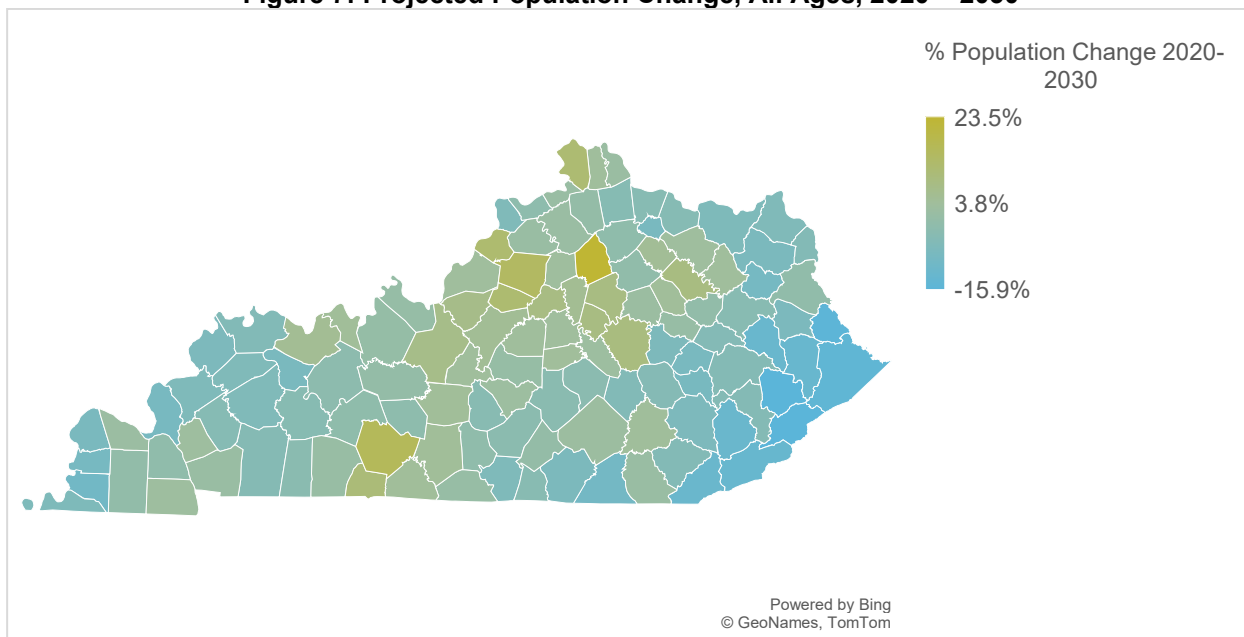


<sup>8</sup> Economic Research Service. 2024. “Rural-Urban Continuum Codes.” *U.S. Department of Agriculture*. [ers.usda.gov](https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/#referencedate). <https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/#referencedate>

## POPULATION GROWTH

Population projections are forecasts of the population in future periods and consider births, deaths, and changes in household populations, known as migration patterns. Between 2020 and 2030, the population of Kentucky is projected to increase by 3%—from 4,505,836 to 4,641,150—a gain of 135,314 people.<sup>9</sup> Kentucky’s population change between 2010 and 2020 showed a 3.8% increase, and Kentucky experienced a 7.4% increase between 2000 and 2010. Decade over decade, Kentucky continues to see increases in overall population, fueling economic growth and urban density. Figure 7 below shows Kentucky’s county-level projected population growth rates for all ages between years 2020 and 2030.

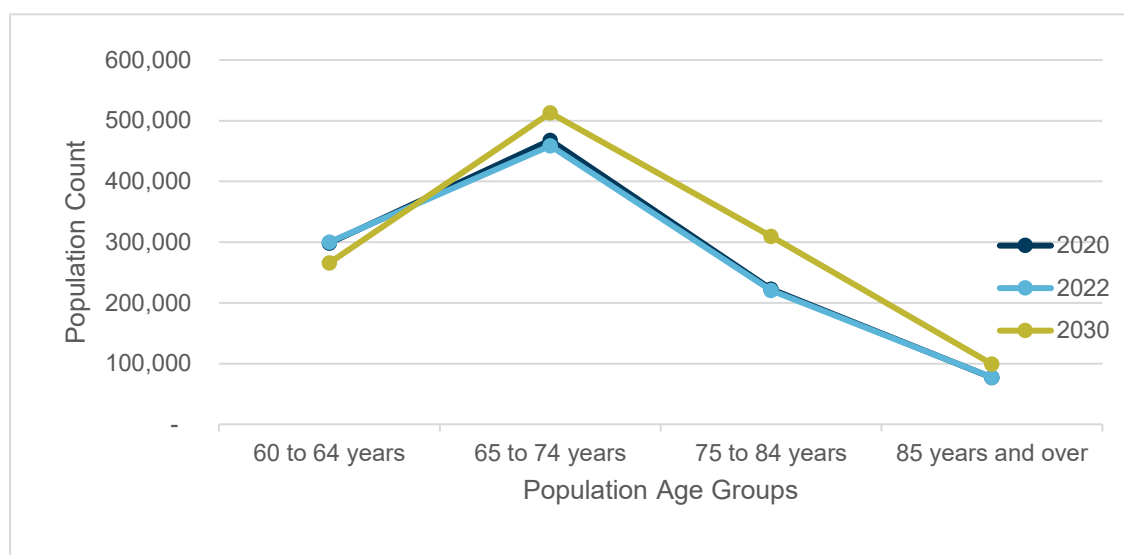
**Figure 7: Projected Population Change, All Ages, 2020 – 2030**



Kentucky’s population aged 60 and older is projected to increase by 11.4% between 2020 and 2030. Kentuckians aged 75 – 84 years will see the largest population increase of 39.2%, with Kentuckians aged 85 years and older seeing a population increase of 28.9%. Figure 8 on the following page shows Kentucky’s projected population growth between 2020 and 2030 for ages 60 years and older. Population increases for older Kentuckians adds strain to resources that are already limited for senior populations.

<sup>9</sup> Kentucky State Data Center. 2022. Population and Household Projections: 2020 – 2050. *KSDC.Louisville.edu*. <http://ksdc.louisville.edu/data-downloads/projections/>

**Figure 8: Kentucky Population Growth, Ages 60+, 2020 – 2030**



## PRIORITY POPULATIONS

As of 2022, the U.S. Department of HHS requires that all states address priority populations and that they ensure all individuals are treated consistently in a fair and just manner. The U.S. Department of HHS defines priority populations as those who have experienced more significant obstacles to health based on characteristics linked to discrimination or exclusion.<sup>10</sup> Clearly defining priority populations in a community informs health improvement goal-setting activities for measurable goals that address health disparities and create equitable opportunities for people to live healthy lives. Kentucky recognizes the inherent value of equitable service delivery and the far-reaching impact that inequities and disparities can have on the health and well-being of a population. For the KY DAIL State Plan, priority populations (listed below in alphabetical order) include aging Kentuckians, their families, caregivers, and people with disabilities who also identify as one or more of the populations listed below:

- Immigrants or Refugees
- Individuals Living in Rural Regions
- Individuals with Disabilities
- Individuals with Limited English Proficiency (LEP)
- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA+) Community<sup>11</sup>

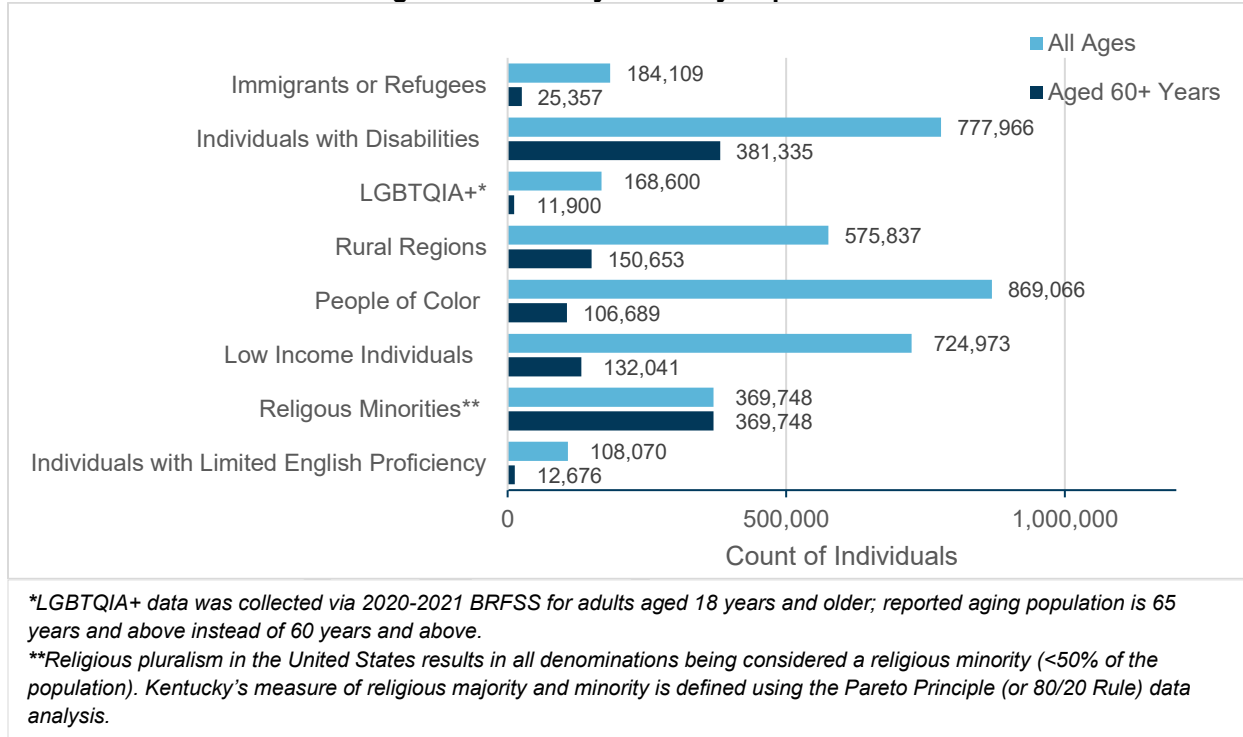
<sup>10</sup> Alison Barkoff, Acting Assistant Secretary for Aging to State Unit on Aging Directors, State Unit on Aging Directors Letter #01-2021: Guidance for Developing State Plans on Aging. August 5, 2021.

<sup>11</sup>When referencing information developed by other parties, DAIL has maintained the original author's use of the acronym for the LGBTQ+ community. When DAIL is the author referencing this population in the State Plan, DAIL has used LGBTQIA+.

- Low-Income Individuals
- People of Color
- Religious Minorities

Figure 9 below provides an overview of Kentucky-wide prevalence for each priority population. Data used to inform Kentucky’s priority populations as well as additional data analyses and visualizations for specific populations can be requested from DAIL.

**Figure 9: Kentucky’s Priority Populations**



## IMMIGRANTS OR REFUGEES

Kentucky’s immigrant and refugee population contributes to the state’s cultural vibrancy and economic diversity. Over the years, Kentucky has welcomed individuals and families from around the globe, including countries like Cuba, Iraq, Mexico, and Somalia. These newcomers bring rich traditions, languages, and perspectives, enriching the fabric of Kentucky’s communities. Kentucky’s foreign-born population accounts for 4.1% of the total population and 2.4% of Kentucky’s population aged 60 years and older.

Despite facing challenges such as language barriers and cultural adjustment, many immigrants and refugees in Kentucky have found opportunities for success, whether through entrepreneurship, education, or employment in sectors like healthcare, agriculture, and manufacturing. Organizations and initiatives across the state work to support the integration and well-being of these communities, recognizing the invaluable contributions they make to Kentucky’s social and economic landscape.

According to the Kentucky Refugee Resettlement Agencies, in 2023, Kentucky ranked fourth in the nation in the number of refugee arrivals compared to other states.<sup>12</sup> Today, Kentucky is home to three refugee resettlement agencies with five offices across the state. Refugees are initially resettled in Louisville, Lexington, Bowling Green, Owensboro, and Covington. Resettlement agencies in Kentucky welcomed 4,720 newcomers from 2018 – 2022. During that time, Kentucky supported refugee arrivals from Cuba (39.2%), the Democratic Republic of Congo (17.5%), Afghanistan (5.4%), Burma (2%), Ukraine (1.9%), Haiti (1.5%), Syria (0.8%), Bhutan (0.3%), and other, unnamed nationalities (31.3%).

## COMMUNITY FEEDBACK

“It takes a village to meet the needs of seniors.”  
— Big Sandy Region  
Community Forum  
Participant

The Kentucky Office for Refugees manages federal funding from the federal Office of Refugee Resettlement (ORR) and awards it to community partners through grant opportunities. Community partners such as resettlement agencies, health providers, school districts, community colleges, and social service providers offer senior care programs and services not currently available in the community. Programs range from employment services and English language training to health screenings and emotional wellness services for older refugees.

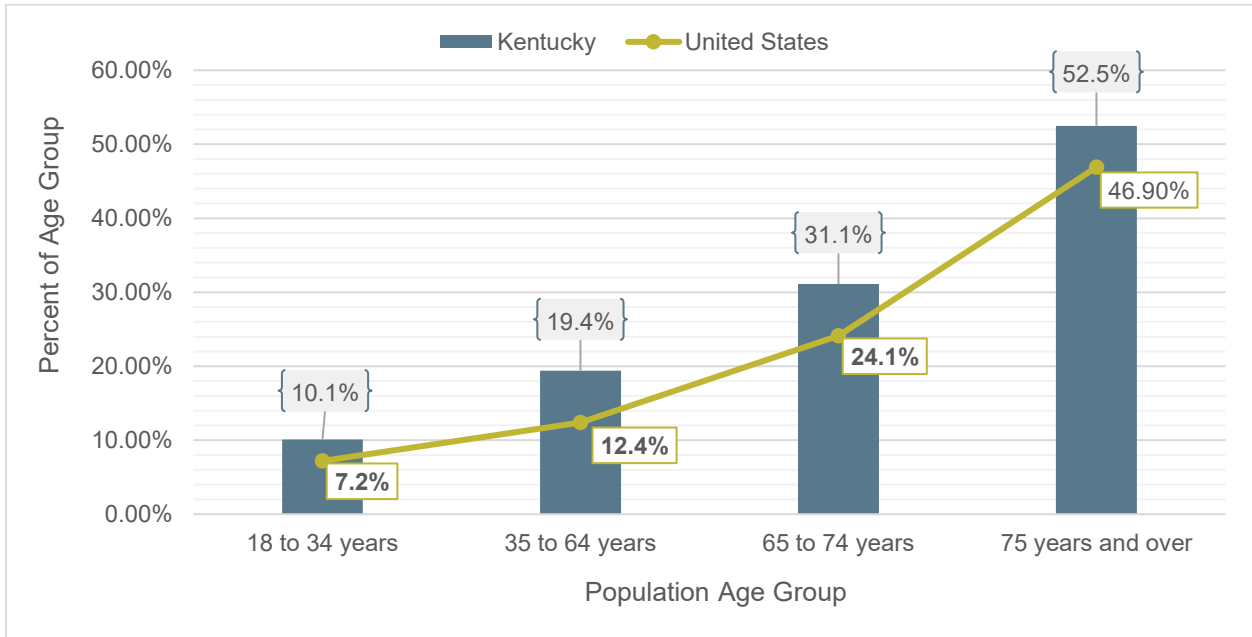
### INDIVIDUALS WITH DISABILITIES

The 2022 ACS census data shows Kentucky’s overall rate to be 20.1% of adults living with one or more disability compared to 15.3% of adults in the United States. Figure 10 on the following page shows the percentage of Kentucky’s adult population living with a disability compared to the national prevalence rate. For all age groups, 18 – 75+ years, Kentucky consistently has a higher prevalence rate of individuals living with disabilities.

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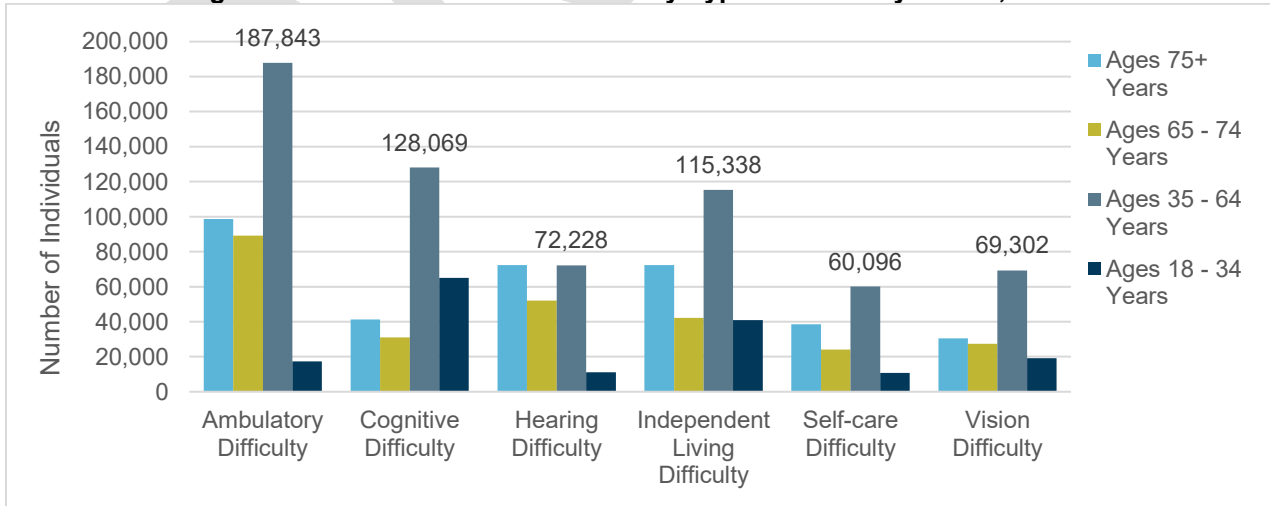
<sup>12</sup> Catholic Charities of Louisville, INC. n.d. “Refugee Resettlement in Kentucky.” *Kentuckyrefugees.org*. <https://www.kentuckyrefugees.org/refugees-in-kentucky/>

**Figure 10: Population Disability Prevalence, by Age, 2022**



For the adult population with one or more disability, Figure 11 below provides a breakdown of disability types most prevalent in the community. Ambulatory difficulties account for the most prevalent disability for all adults aged 35 years and older. Ambulatory disabilities include serious difficulty walking and climbing stairs. Adults unable to walk and move independently significantly impact other health areas, such as cardiovascular health, obesity, and others. Additionally, adults who have significant challenges with walking and climbing stairs without aids are also faced with a heightened risk of injuries and falling.

**Figure 11: Prevalence of Disabilities by Type in Kentucky Adults, 2022**



For all ages, disabilities can affect an individual's ability to perform daily tasks and engage fully in society. However, many older adults with disabilities in Kentucky face challenges with access to essential services such as healthcare, transportation, and

social support. Data from America’s Health Rankings and the 2022 Kentucky-wide needs assessment shows that older Kentuckians are struggling with social and emotional support needs and access to services. Kentucky defining individuals with disabilities, specifically older individuals with disabilities, shows a dedication to ensuring that aging individuals with disabilities have access to the resources they need, advocating for inclusive policies and programs that promote dignity, autonomy, and inclusion for all members of the community.

## LGBTQIA+

The aging and disabled LGBTQIA+ community faces higher health disparities and inequality than their heterosexual and cisgender counterparts, even when social determinants are considered. The National Resource Center on LGBTQIA+ Aging reports that older LGBTQIA+ people are twice as likely to be single and living alone, four times less likely to have children, and at higher risk of poverty, homelessness, and poor physical and emotional health.<sup>13</sup> Additionally, this vulnerable population remains at heightened risk for a myriad of adverse physical, mental, and social outcomes, including discrimination in long-term care (LTC) facilities and assisted living. Research into LGBTQIA+ experiences in LTC facilities shows that 89% of participants believe that a staff member would openly discriminate against an LGBTQIA+ resident, and 77% believe that other residents would not socialize with an LGBTQIA+ resident.<sup>14</sup>

Recognizing the need for tailored interventions to ensure healthy aging, researchers at the University of Kentucky developed the community-based Kentucky Aging LGBTQ Statewide Needs Assessment to understand the needs of aging LGBTQIA+ individuals throughout the state. Following a community pilot, the multi-pronged Kentucky LGBTQ Aging Statewide Needs Assessment was launched in September 2017.<sup>15</sup> Questions focus on health status, access to health and medical services, social support, social isolation, community support, discrimination, and LTC planning. Data from the initial launch provided insight into three significant concerns of the aging LGBTQIA+ population:

- Fear of social isolation
- Lack of access to affirming providers
- Limited to no planning for LTC

The Kentucky LGBTQ Aging Statewide Needs Assessment is still in its early phases of research, development, and implementation and may prove beneficial for future needs; for the KY DAIL State Plan , the Kentucky LGBTQIA+ priority population is defined by

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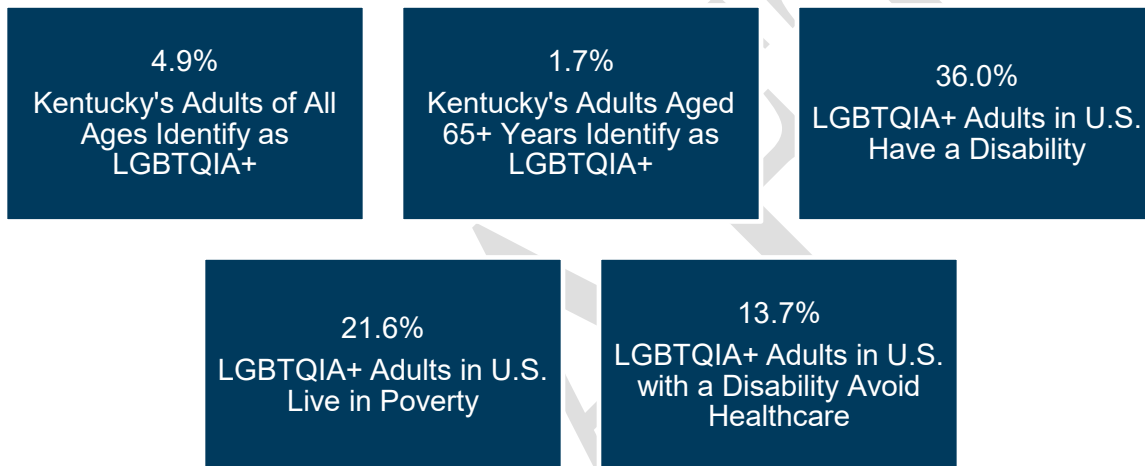
<sup>13</sup> SAGE & National Resource Center on LGBTQ+ Aging. 2023. *Facts on LGBTQ+ Aging*. Lgbtqagingcenter.org. <https://www.lgbtagingcenter.org/>

<sup>14</sup> SAGE & National Resource Center on LGBTQ+ Aging. 2023. *LGBT Older Adults in Long-Term Care Facilities: Stories from the Field*. Lgbtqaging center.org [https://www.lgbtagingcenter.org/resources/pdfs/nsclc\\_lgbt\\_report.pdf](https://www.lgbtagingcenter.org/resources/pdfs/nsclc_lgbt_report.pdf)

<sup>15</sup> Guest, Aaron, Elizabeth Hunter. 2018. “Rainbow aging in the bluegrass state: The Kentucky LGBTQ aging statewide needs assessment.” University of Kentucky, Lexington, KY

the CDC’s Behavioral Risk Factor Surveillance System (BRFSS), Kentucky-based advocacy groups, the National Resource Center, and industry leaders on research and policy change.<sup>16,17,18</sup> Figure 12 below highlights critical statistics about the LGBTQIA+ aging and disabled population in Kentucky and the U.S.

**Figure 12: LGBTQIA+ Aging and Disabled Population in Kentucky and the United States**



The Department for Aging and Independent Living recognizes LGBTQIA+ people and people with disabilities shall have fair and equitable resources to support daily living. Further, aging and/or disabled LGBTQIA+ people who live at the intersection of these identities face compounded discrimination, and it is essential for those who serve and care for those individuals to understand the unique obstacles they face in their current lives and as they age.

Despite these challenges, Kentucky displays unwavering dedication to improving the lives of the LGBTQIA+ aging and disabled populations. In 2020, Governor Beshear signed an executive order to protect and ensure equal rights to employment and public services for all people regardless of race, color, religion, sex, national origin, sexual orientation, gender identity or expression, ancestry, age, pregnancy, or related medical condition, marital or familial status, disability, or veteran status.<sup>19</sup> This action effectively ensures that the DAIL priority populations, including the LGBTQIA+ community, have

<sup>16</sup> Durso, Laura, Sejal Singh. 2017. “Widespread Discrimination Continues to Shape LGBT People’s Lives in Both Subtle and Significant Ways.” *American Progress*. <https://www.americanprogress.org/article/widespread-discrimination-continues-shape-lgbt-peoples-lives-subtle-significant-ways/>

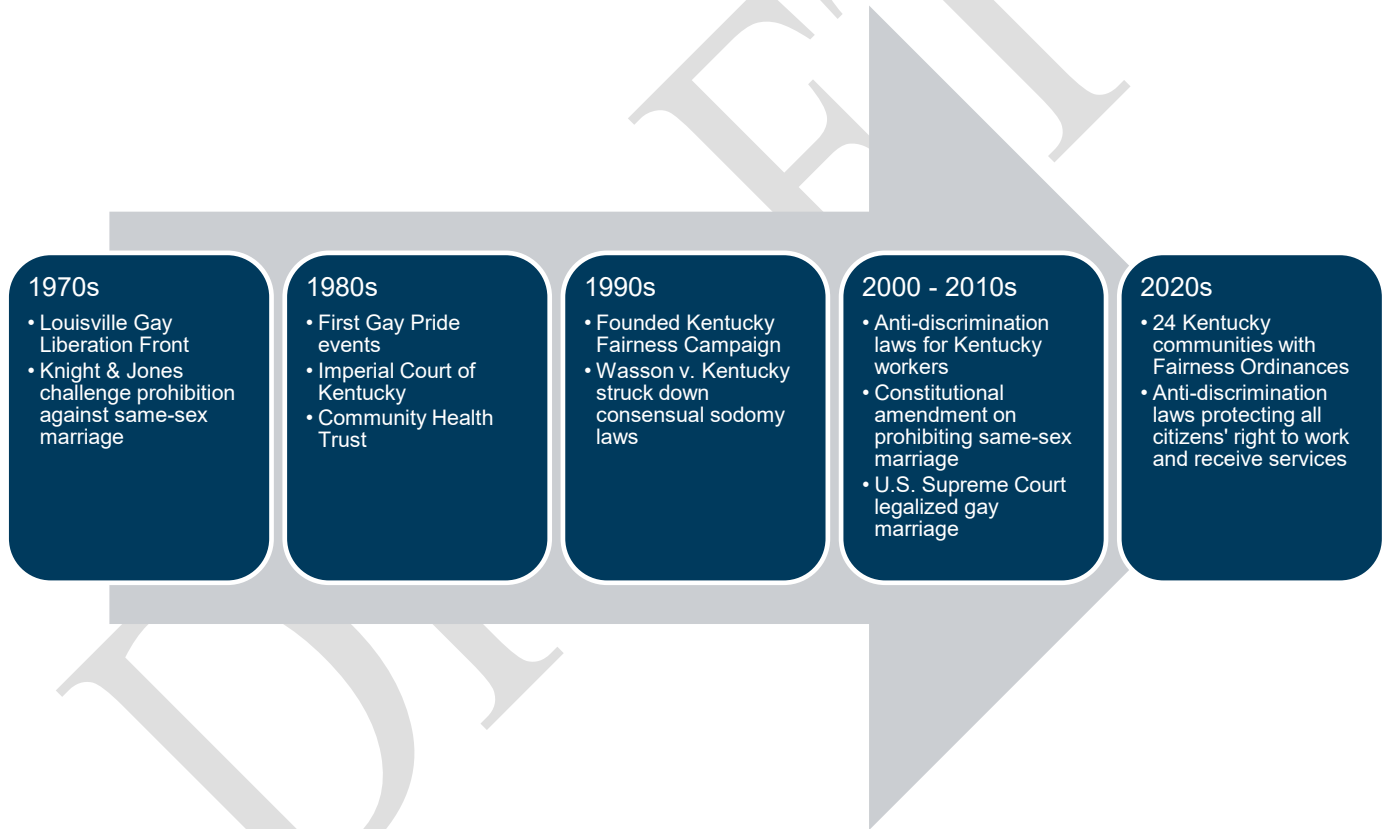
<sup>17</sup> Jones, Alden, Ryan Combs, Susan Buchino. 2016. *LGBTQ Health Equity & Access in Kentucky*. Louisville, KY: University of Louisville School of Public Health and Information Sciences. <https://louisville.edu/sphis/departments/cik/docs-and-pdfs-1/lgbtq-health-equity-and-access>

<sup>18</sup> Choi, Soon Kyu, M.V. Lee Badgett, Bianca Wilson. 2019. *State Profiles of LGBT Poverty in the United States*. Los Angeles, CA: The Williams Institute, University of California, Los Angeles.

<sup>19</sup> Commonwealth of Kentucky. 2020. “Executive Order 2020-554: Relating to Equal Employment Opportunities and Non-Discrimination in Employment, Services, and Contracting in Kentucky State Government.” *Governor.ky.gov*. [https://governor.ky.gov/attachments/20200629\\_Executive-Order\\_220-554\\_EqualEmployment.pdf](https://governor.ky.gov/attachments/20200629_Executive-Order_220-554_EqualEmployment.pdf)

equal rights to DAIL services and resources. The enactment of this order is supported by the Kentucky Fairness Campaign, a renowned Kentucky LGBTQ advocacy organization. The Kentucky Fairness Campaign actively seeks comprehensive civil rights legislation prohibiting discrimination at the local, state, and federal levels. Since 1991, Kentucky's Fairness Campaign has supported the implementation of LGBTQ Fairness Ordinances in 24 communities across the Commonwealth.<sup>20</sup> Figure 13 highlights example events from the Kentucky Fairness Campaign's LGBTQ Heritage Initiative which outlines accomplishments and setbacks throughout Kentucky's history as the state works to address the needs of the LGBTQIA+ community.<sup>21</sup>

**Figure 13: Kentucky's LGBTQIA+ Progress**



## RURAL REGIONS

The older population plays a vital role in shaping the fabric of Kentucky's rural communities while facing unique challenges. With many rural areas experiencing an aging demographic, older residents form the backbone of these communities, often deeply rooted in local traditions and heritage. This can be observed in Appalachian culture, which tends to be collectivist, emphasizing strong family ties and kinship. Churches often serve as centers for community service in rural areas and help address

<sup>20</sup> The Fairness Campaign. n.d. "The Fairness Campaign: About Us." *fairness.org*. <https://www.fairness.org/about-us/>

<sup>21</sup> Anne Braden Institute for Social Justice Research. 2016. *Kentucky LGBTQ Historic Context Narrative*. Louisville, KY: University of Louisville. <https://www.fairness.org/wp-content/uploads/2018/05/FINAL-KY-LGBTQ-Historic-Context-Narrative.pdf>

limited access to healthcare services, transportation difficulties, and social isolation due to geographic remoteness. Older adults in Kentucky's rural communities embody resilience, resourcefulness, and an intense sense of community spirit.

Rural-Urban Continuum Codes (RUCCs) are a system for classifying geographic areas in the United States based on their degree of rurality and urbanization.<sup>22</sup> RUCCs categorize counties based on population size and adjacency to metropolitan areas, broadly classifying urbanization, and rural status. RUCCs are valuable tools for researchers, policymakers, and planners to understand and address the unique needs and characteristics of different geographic areas, facilitating targeted interventions and resource allocation to support rural communities and promote equitable development across the nation. Figure 14 shows the county-level mapping for RUCC values 1 – 9, with 1 being the most urban areas with high population density and metropolitan areas and 9 being the most rural areas with low population density and limited access or regular commuting to metropolitan areas.

**Figure 14: Kentucky's Rural Communities**

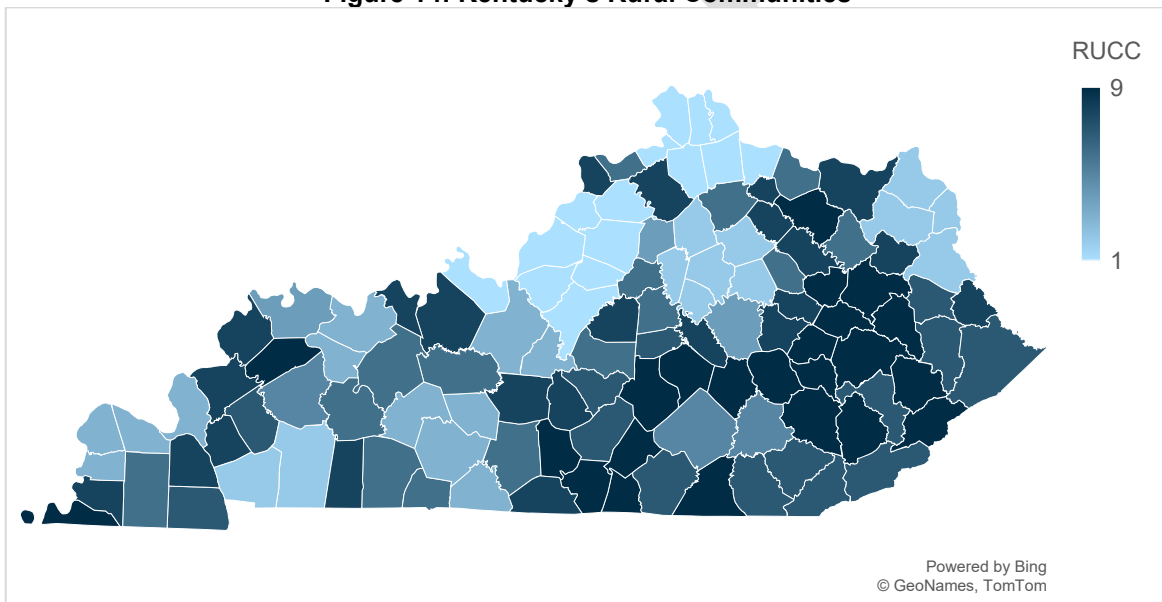
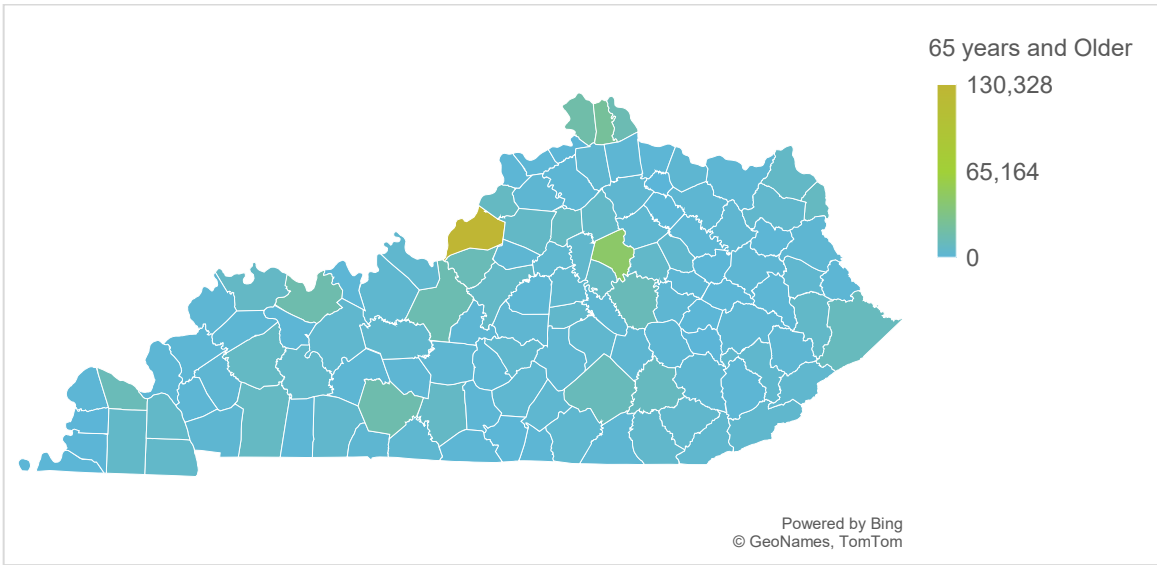


Figure 15 on the following page shows that Kentucky's aging population is well distributed across the state, with a few areas with high population density (e.g., Louisville). This distribution challenges DAIL programs and services, as the population is widely spread across the state, limiting the availability of resources and access to care for DAIL's population.

<sup>22</sup> Economic Research Service. 2024. "Rural-Urban Continuum Codes." *U.S. Department of Agriculture*. [ers.usda.gov. https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/#referencedate](https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/documentation/#referencedate)

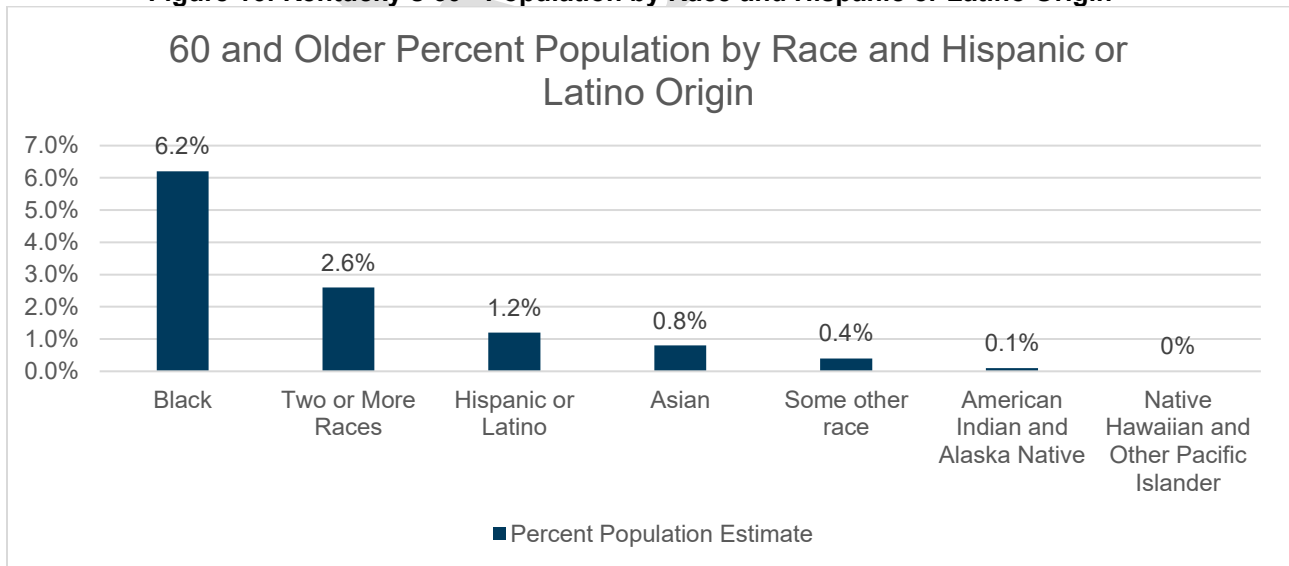
**Figure 15: Kentucky's Aging Population in Urban and Rural Communities**



## PEOPLE OF COLOR

Kentucky values diversity and firmly believes it is an asset to our state. We recognize the importance of utilizing intersectionality as a framework to supporting older adults and their lived experiences. It is vital to acknowledge the differences in access to services between various racial groups in Kentucky. Researchers show that a diverse community fuels economic growth, raising everyone's standard of living and resulting in improved job opportunities, infrastructure, education, health, and overall prosperity.<sup>23</sup> Figure 16 below highlights the diversity of Kentucky's older adult population.

**Figure 16: Kentucky's 60+ Population by Race and Hispanic or Latino Origin**



American Health Rankings defines structural racism as the interaction of institutions, social forces, and ideologies that may determine the availability of community resources

based on their racial and ethnic composition and contributes to racial inequities in health and premature death among seniors. According to the Centers for Disease Control and Prevention (CDC), inequities in the social determinants of health are driven mainly by the negative effects of interpersonal and structural racism, placing communities of color at risk for poor health outcomes. Additionally, chronic stress due to racial discrimination or interpersonal racism may result in psychological distress and increases in adverse health behaviors. Social determinants of health examples include:

- Education access and quality
- Health care and quality
- Neighborhood and built environment
- Social and community context
- Economic stability

The Department for Aging and Independent Living understands the importance of examining our own views and beliefs as they impact our abilities to make decisions. We have implemented a racial equity core team to educate staff on how their prior experiences impact their views today and how that relates to provided services. Additionally, the Department leverages equity tools to review regulations, policies, and procedures to ensure all families and communities can live long, healthy, joyful lives no matter their race, class, or zip code.

## LOW-INCOME INDIVIDUALS

Low-income individuals in Kentucky often face significant challenges when it comes to accessing healthcare services, leading to disparities in health outcomes. Economic barriers such as lack of insurance coverage, high out-of-pocket costs, and limited transportation options can prevent many low-income residents from seeking timely medical care or preventive services. Consequently, they may experience higher rates of chronic diseases, such as diabetes, heart disease, and obesity, as well as lower life expectancies compared to their more affluent counterparts. Additionally, factors such as inadequate housing, hunger, and limited access to healthy foods can exacerbate health disparities among low-income communities. Efforts to improve health outcomes among Kentucky's low-income population require comprehensive approaches that address not only healthcare access but also the social determinants of health, including poverty, education, and housing stability. Collaborative initiatives involving healthcare providers, community organizations, and policymakers are crucial in addressing these complex challenges and promoting health equity for all state residents.

According to the 2022 ACS report, Kentucky's poverty rate for the total population whose income is below 100% of the federal poverty level is 16.1%. Kentucky's poverty rate is higher than the national rate (12.5%) and neighboring states: Illinois (11.8%), Indiana (12.3%), Missouri (12.8%), Ohio (13.3%), Tennessee (14%), and Virginia (10%).

The impact of low income in Kentucky is seen throughout other health and wellness metrics, indicating that Kentuckians have fully realized the impact that low income has on a person’s health. According to The American Association of Retired Persons (AARP’s) Long-Term Services 2023 State Scorecard, state performance measures for affordability and access to care are categorized as Tiers 1 – 5, with Tier 1 being the best and most accessible and Tier 5 being the worst. Kentucky’s performance falls into Tier 4. In the last AARP scorecard, Kentucky was in Tier 5. Other measures highlighting the impact of low income on Kentuckians’ overall health and well-being include:

- 20% of adults aged 60+ years experienced food insecurity
- 5% of adults aged 65+ years avoided healthcare due to cost
- 57.9% of eligible Kentuckians are enrolled in Medicaid for Low-Income People with Disabilities

### RELIGIOUS MINORITIES

Religious freedom in the U.S. has given rise to religious pluralism, where all denominations throughout the communities are considered minorities (<50% of the U.S. population). In Kentucky, there are 109 represented religious groups that make up anywhere between 20.1% of Kentucky’s total population to less than .01%.<sup>23</sup>

To define Kentucky’s religious majority and minority, measures have been adjusted to consider community impact and saturation versus a simple majority. To do this, DAIL applied the Pareto Principle (or 80/20 Rule) to create a meaningful analysis that results in a manageable number of religious groups for Kentucky’s majority and minority definitions. The Pareto Principle allows DAIL to find which religious groups have the greatest representation and impact on the community’s policies, beliefs, and values. Applying the 80/20 Rule also helps narrow religious majority and minority priority populations from 109 denominations to six majority and 18 minority denominations. Table 8 on the following page provides additional details.

**Table 8: Religious Majority and Minority in Kentucky**

Religious Group	Number of Adherents	Percent of Total KY Population	Number of Counties with One or More Congregations
<b>Kentucky’s religious majorities are made up of 1,765,256 adherents, in total, from six denominations.</b>			
Southern Baptist Convention	904,352	20.1%	120
Catholic Church	354,064	7.86%	113
United Methodist Church	176,747	3.93%	117
Non-Denominational Christian Churches	149,762	3.33%	103
Christian Churches and Churches of Christ	128,612	2.86%	90

<sup>23</sup> Association of Statisticians of American Religious Bodies (ASARB). 2020. “U.S. Religion Census: Religious Congregations & Adherents Study.” Association of Religion Data Archives (ARDA). <https://thearda.com/>

Religious Group	Number of Adherents	Percent of Total KY Population	Number of Counties with One or More Congregations
Churches of Christ	51,719	1.15%	109
<b>Kentucky's religious minorities are made up of 369,322 adherents, in total, from 18 denominations.</b>			
National Missionary Baptist Convention, Inc.	38,306	0.85%	58
Church of Jesus Christ of Latter-Day Saints	35,460	0.80%	56
Church of God (Cleveland, Tennessee)	31,929	0.71%	77
Christian Church (Disciples of Christ)	29,511	0.66%	58
Progressive National Baptist Convention, Inc.	27,900	0.62%	7
Jehovah's Witnesses	25,982	0.58%	63
Assemblies of God	19,907	0.44%	82
Church of God (Anderson, Indiana)	19,078	0.42%	53
Presbyterian Church (U.S.A.)	18,917	0.42%	75
National Baptist Convention, USA, Inc.	18,572	0.41%	12
Church of the Nazarene	18,288	0.41%	60
Muslim Estimate	17,957	0.40%	18
Episcopal Church	13,827	0.31%	44
National Association of Free Will Baptists	13,631	0.30%	25
Amish Groups, Undifferentiated	13,013	0.29%	39
Cumberland Presbyterian	9,327	0.21%	35
Seventh-Day Adventist Church	8,974	0.20%	41
African Methodist Episcopal Church	8,743	0.19%	29

**INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY (LEP)**

LEP can hinder access to healthcare, education, employment, and civic engagement, posing significant challenges for individuals and families. People with LEP may face challenges accessing high-quality healthcare services, which can lead to medical errors, difficulty understanding and following provider directions, decreased patient satisfaction, adverse effects, reduced medication adherence, worse clinical outcomes, and lower quality of care. These disparities are rooted in communication barriers, cultural differences, clinician biases, and ineffective systems. Providing timely access to language assistance can help to address these challenges. According to the National Center for Education Statistics (NCES), about one in five adults (ages 15 and older) have low literacy skills.<sup>24</sup> The NCES developed the Program for the International Assessment of Adult Competencies (PIAAC). The PIAAC measures adult competency levels for literacy, numeracy, digital problem-solving, and reading components to assess a person's abilities necessary for functioning in society. PIAAC categorizes adult literacy across three levels:

<sup>24</sup> National Center for Education Statistics. n.d. "Program for the International Assessment of Adult Competencies (PIAAC)." Nces.ed.gov. <https://nces.ed.gov/surveys/piaac/state-county-estimates.asp>

**Level one or below** are considered at risk for difficulties with reading, writing, and comprehending simple texts. Adults at this level may only be able to use and understand basic vocabulary and may be functionally illiterate.

**Level two** adults are nearing proficiency but struggle to perform tasks with text-based information. They may be able to read, write, and comprehend simple text, but they may still experience challenges with drawing inferences for complex ideas and successfully comparing or contrasting information.

**Level three and above** are considered proficient. Adults at this level or above are adept at working with information and ideas in the text; they have higher literacy skills and can understand, interpret, and synthesize information across complex texts. Adults in the highest range of this level may be able to evaluate the reliability of information and sources and infer sophisticated or profound meanings from information.

According to the PIAAC assessment results, Kentucky’s literacy rates align with the national average with minimal or no differences at each level. 22% of Kentucky’s population and 22% of the U.S. population are categorized as level one or below; 37% of Kentucky’s population compared to 32% of the U.S. population are in level two; and 41% of Kentucky’s population, compared to 46% of the U.S. population are level three or above.

The primary language spoken in Kentucky is English, with 94.1% of households speaking English only. The other 5.9% of languages spoken can be attributed to Kentucky’s immigrant and refugee population nationalities and includes Spanish, Kinyarwanda, Swahili, Bembe, Pashto, Dari, Ukrainian, Haitian, Creole, Arabic, Chin, and others. According to 2022 ACS data, 2.4% of Kentucky’s population self-report that they speak English “very well”; 1.2% of Kentucky’s aging population report that they speak English “very well.”

### SERVICES AVAILABLE TO MEET THE NEEDS OF PRIORITY POPULATIONS

In partnership with Kentucky’s AAAILs, community mental health centers, CILs, and other community partners, DAIL provides leadership. It addresses issues and circumstances that stand in the way of elders and individuals with disabilities achieving the best possible quality of life.

During the 2024 Kentucky-wide needs assessment, participants were asked what services are currently used to support their daily needs and what services are planned for use. Table 9 highlights participant responses.

**Table 9: AAAIL 2022 Needs Assessment Service Use Counts**

Service	Currently Use This Service	Plan to Use This Service
In-Home Assistance Services (Meals, Cleaning, Bathing)	517	215

Service	Currently Use This Service	Plan to Use This Service
Adult Day Care Services	52	111
Assisted Living Services	45	159
Retirement Community Services	23	138
Subsidized Housing	116	120
Nursing or LTC	33	143

Comparing Table 9 and services counts to the FY 2021 service counts (provided in Table 10 below) may indicate improvements in raising awareness of services or highlight the differences between private and public service use.

Kentuckians served by Title III services are shown in Table 10 below. Title III services are federal grant-funded services for State and community programs on aging and are regulated by the OAA.

**Table 10: Kentucky Services Provided Under OAA Title III Funding**

Department for Aging and Independent living			
Kentuckians Served in FY 2021			
Public Guardian	Hart Supported Living	Aging and Disability Resource Center	Meals
4,544	283	73,515	3,007,823
Traumatic Brain Injury Trust Fund	Supportive Services	Family Caregivers	Personal Care Attendant Program
564	26,992	1,899	192

## ADVANCING ELDER JUSTICE AND EQUITY

The goals, objectives, and strategies of this State Plan must be tailored, culturally, and linguistically adapted to meet the needs of Kentucky’s priority populations. The State Plan advances elder justice and equity by:

- Identifying priority populations for each goal based on available data
- Setting universal long-term targets across priority populations to eliminate disparities and inequities by 2029
- Indicating the strategies that are likely to reduce disparities and inequities based on research

## ELDER ABUSE, NEGLECT, AND EXPLOITATION

The National Center for Elder Abuse (NCEA) shows that the aging population and people living in nursing homes, healthcare facilities, or personal care homes are particularly vulnerable to abuse, including physical abuse, sexual abuse, physical and emotional neglect, and financial abuse, with one in ten seniors experiencing some form of abuse in the U.S.<sup>25</sup> Seniors are often the target of fraud attempts because of their “nest egg” savings. Nationwide, seniors lose more than \$3 billion annually to financial scams. AARP Kentucky reported \$15.8 million in losses by seniors in 2020.<sup>26</sup>

During the COVID-19 pandemic, scams surged; extended periods of isolation and increased time online during this global health crisis have made older adults more vulnerable to fraud attempts. During this time, Kentucky’s seniors lost \$3 million to fraud and scams, including Social Security and identity theft scams, online romance scams (which accounted for more than \$867,000 in losses), gift card scams, grandparent scams, Medicaid fraud, and abuse, and Medicare discount prescription card scams. Table 13 outlines elder justice activities:

## COLLABORATING TO REDUCE ELDER ABUSE, NEGLECT, AND EXPLOITATION

Kentucky-wide needs assessment findings also highlighted the importance of a multi-disciplinary approach to help prevent and address elder abuse, neglect, and exploitation. Reducing elder maltreatment requires collaboration among various public and private partners at the State and local levels.

This includes engagement across State agencies and traditional aging network partners (such as AAAILs and ombudsman programs), along with partners within legal assistance programs, law enforcement, healthcare, financial institutions, and other essential organizations Kentucky-wide. Table 14 below describes the collaborative steps DAIL will consider for addressing elder abuse, neglect, and exploitation.

**Table 14: Collaborative Steps to Address Elder Abuse, Neglect, and Exploitation**

**As DAIL continues to monitor and engage in the activities below, it will also be important for DAIL and local partners in the public and private sectors to routinely collaborate and address elder abuse, neglect, and exploitation.**

**DAIL shall continue ongoing monitoring of regulations related to abuse, neglect, and exploitation.**

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<sup>25</sup> National Center of Elder Abuse (NCEA). 2023. “Defining Abuse.” *ncea.acl.gov*. <https://ncea.acl.gov/elder-abuse>

<sup>26</sup> American Association of Retired Persons (AARP). n.d. “2023 State Scorecard Report: Kentucky.” *states.aarp.org/Kentucky*. <https://ltsschoices.aarp.org/scorecard-report/2023/states/kentucky#toc-explore-data>

**As DAIL continues to monitor and engage in the activities below, it will also be important for DAIL and local partners in the public and private sectors to routinely collaborate and address elder abuse, neglect, and exploitation.**

**DAIL shall continue to actively reach out to ombudsmen who are focused on abuse, neglect, and exploitation, establish routine meetings, discuss, and share information, and explore joint initiatives.**

**DAIL shall continue to support compliance with Kentucky’s mandated reporting requirements.**

**DAIL shall seek to increase funding and resources focused on preventing and mitigating the impact of elder abuse, neglect, and exploitation.**

Additional collaboration activities will include aligning efforts with Kentucky’s Office of Senior Protection within the Office of the Attorney General. The Office of Senior Protection believes every senior should be able to age safely and with dignity and is committed to protecting senior citizens from scams, abuse, and exploitation.<sup>27</sup> Kentucky’s Office of Senior Protection promotes the Shielding Seniors Scam Alerts, which allow Kentuckians to receive an email alert once a new or trending scam is verified in Kentucky. The Office of Senior Protection works with more than 170 Scam Alerts partner organizations to reach seniors throughout the Commonwealth.

The Office of Senior Protection’s outreach efforts have reached 22,000 senior Kentuckians, agencies, and families through visiting more than 232 locations in 47 counties. Outreach visits included senior centers, nursing homes, the Kentucky State Fair, cooperative extension offices, and churches. The Office of Senior Protection hosts an annual Senior Summit and recognizes World Elder Abuse Awareness Day each year.

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<sup>27</sup> Commonwealth of Kentucky Office of Attorney General: Office of Senior Protection and Mediation. 2024. “Consumer Alerts.” *Ag.ky.gov*. <https://www.ag.ky.gov/Resources/Consumer-Resources/Consumers/Pages/Comsumer%20Alerts.aspx>

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KENTUCKY-WIDE NEEDS ASSESSMENT

CABINET FOR HEALTH  
AND FAMILY SERVICES

KENTUCKY'S  
AGING  
LANDSCAPE AND  
ENVIRONMENT

KENTUCKY-WIDE  
NEEDS ASSESSMENT

## SECTION 5.0 KENTUCKY-WIDE NEEDS ASSESSMENT

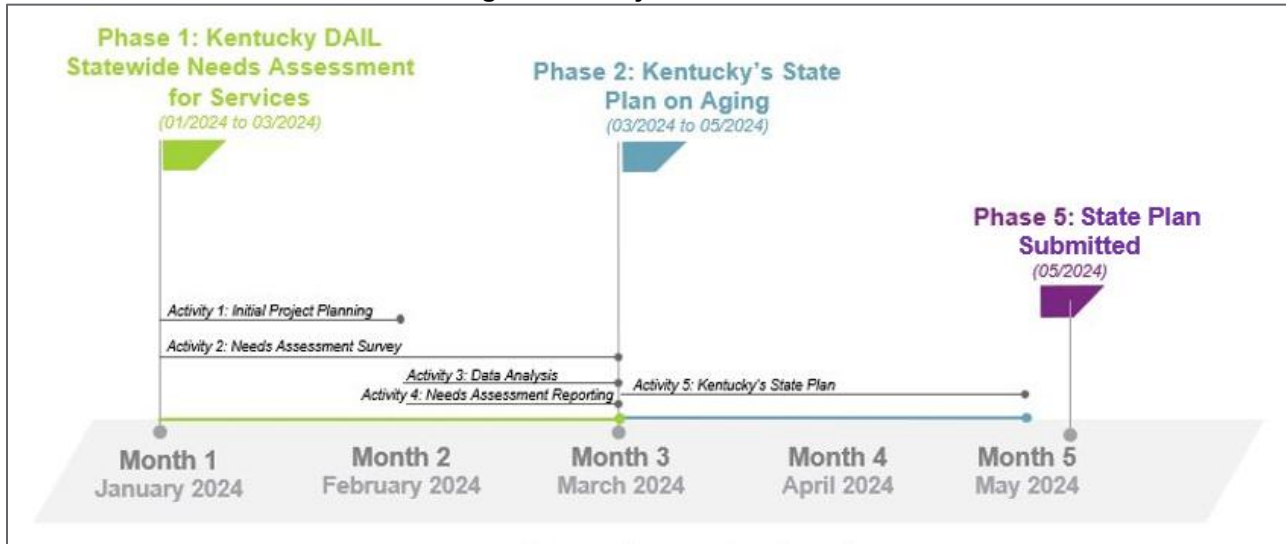
DAIL engaged BerryDunn, an independent consulting firm, to conduct a Kentucky-wide needs assessment. The Kentucky-wide needs assessment aimed to help DAIL identify strengths in the current environment and opportunities for change in the future. The results of the needs assessment informed the development of Kentucky's 2025 – 2028 State Plan by:

- Recognizing the existing needs and challenges of DAIL program participants
- Identifying organizational and procedural changes to support the implementation of federal recommendations
- Building upon the existing collaborative partnerships between various organizations that provide aging and independent living services
- Providing recommendations to support DAIL in addressing the needs and challenges of program participants identified in the needs assessment

The State Plan provides goals, objectives, and strategies for assisting older Kentuckians, their families, and caregivers. It is the blueprint for coordination and advocacy activities the Commonwealth will undertake to meet the needs of older adults and support DAIL's mission statement: To promote the welfare, dignity, and independence of older adults, individuals with physical disabilities, and adults in need of a guardian.

DAIL engaged with aging state leaders of Mississippi, Ohio, and Virginia regarding their state-wide needs assessment and state plans. These meetings allowed the Department to gain a better understanding of the existing services and best practices with peer states. These meetings contributed to the foundation of the needs assessment. To help ensure the Kentucky-wide needs assessment captured the needs of the growing aging population, DAIL, in collaboration with BerryDunn, engaged in the stakeholder engagement activities depicted in Figure 18 over three months in early 2024.

Figure 18: Project Timeline



## SURVEYS

DAIL developed surveys to collect confidential input from a broad group of stakeholders. DAIL distributed the surveys electronically using SurveyMonkey and in-person using paper, allowing participants to respond at their convenience and in a manner conducive to their needs.

The surveys and their target audiences are described below.

- **DAIL and other Commonwealth staff:** The purpose of this survey was to identify strengths and challenges within the DAIL staffing complement and to assess the availability of resources and training.
- **Program providers:** This survey aimed to identify strengths and challenges in meeting the needs of older adults or individuals with disabilities, promoting services, and partnering with other Commonwealth or local organizations.
- **Program participants and caregivers:** This survey aimed to identify awareness of available services, service needs, and challenges for participants receiving in-home and LTC services.
- **Community stakeholders:** This survey aimed to identify awareness of available services, preferred communication methods, and barriers to accessing services.

## COMMUNITY FEEDBACK

“Eastern Kentucky is very prideful, and we are not going to say that we need help.”

— Big Sandy Region  
Community Forum  
Participant

The survey responses were analyzed using visualization and other tools, such as bar graphs and pie charts, and the results have been incorporated throughout this State Plan. Detailed information regarding the data, analyses, and visualizations can be requested by contacting DAIL.

## LISTENING SESSIONS

BerryDunn conducted virtual listening sessions with DAIL and Commonwealth staff to discuss the current environment's needs, strengths, and opportunities for change and document their recommendations for improving services in the future. DAIL purposefully selected the participants for each listening session to include representatives from organizations and agencies directly involved in serving program participants. BerryDunn and DAIL scheduled nine listening sessions and invited department staff as well as members of the Cabinet.



## COMMUNITY FORUMS






BerryDunn conducted in-person community forums with critical stakeholders in Kentucky's 15 service regions throughout the Commonwealth to gather information on current needs, strengths, opportunities for change, and future needs for program participants. DAIL purposefully selected meeting locations where seniors and individuals with disabilities frequent or reside. The key stakeholders included seniors, individuals with disabilities, caregivers, public officials, program providers, facility directors, and staff. In addition, BerryDunn developed flyers promoting the various community forums Kentucky-wide, which were shared with AAAILs that assisted in communicating with other community members to help create awareness among program participants.

## NEEDS ASSESSMENT FINDINGS

The key findings in Table 18 emerged from the 2024 Kentucky-wide needs assessment activities described above. These key findings were recurring discussion topics among Kentuckians and were identified as significant barriers to receiving high-quality services and living a healthy life.

**Table 18: Key Findings Derived from Kentucky-Wide Needs Assessment**

Key Findings	
	<p><b>The lack of available and affordable transportation options places an extreme burden on older Kentuckians, especially those in rural areas, as many are unable to attend medical visits or acquire essential resources.</b></p>
	<p><b>The accessibility of readily available and nutritious meals has decreased due to the higher demand for meals following the COVID-19 pandemic, low availability of staff to deliver meals to homes, and poor transportation access for individuals to reach senior centers.</b></p>

Key Findings	
	<b>There is a lack of adequately trained personnel available to meet the needs of older Kentuckians requiring in-home care services.</b>
	<b>The lack of internet access, especially in rural regions, is a significant barrier for older Kentuckians and individuals with disabilities, as they are unable to access virtual services provided by senior centers and program providers.</b>
	<b>Older Kentuckians and individuals with disabilities often face challenges in securing affordable housing and keeping up with the cost of maintenance and home repairs.</b>
	<b>There has been a significant demand for a variety of services available for older Kentuckians and individuals with disabilities following the pandemic, which has resulted in extensive waitlists.</b>
	<b>There is a growing workforce shortage of senior center staff, medical providers, and care specialists that has affected the delivery and quality of services available for older Kentuckians and individuals with disabilities.</b>

Analysis of the information gathered during the 2024 Kentucky-wide needs assessment confirmed key themes, and the themes were used to inform data-driven goals, objectives, and strategies for Kentucky’s 2025 – 2028 State Plan. Primary sources of information for the 2024 Kentucky-wide needs assessment include the AAAIL 2022 Kentucky-wide needs assessment results, survey results, peer-state interviews, listening sessions, community forums, U.S. Census Bureau surveys, and the Centers for Disease Control and Prevention’s (CDC’s) Behavioral Risk Factor Surveillance System (BRFSS).

Combining information from multiple sources and cross-referencing siloed datasets poses challenges that many health agencies regularly face. Limitations and assumptions for the data used to inform this State Plan include:

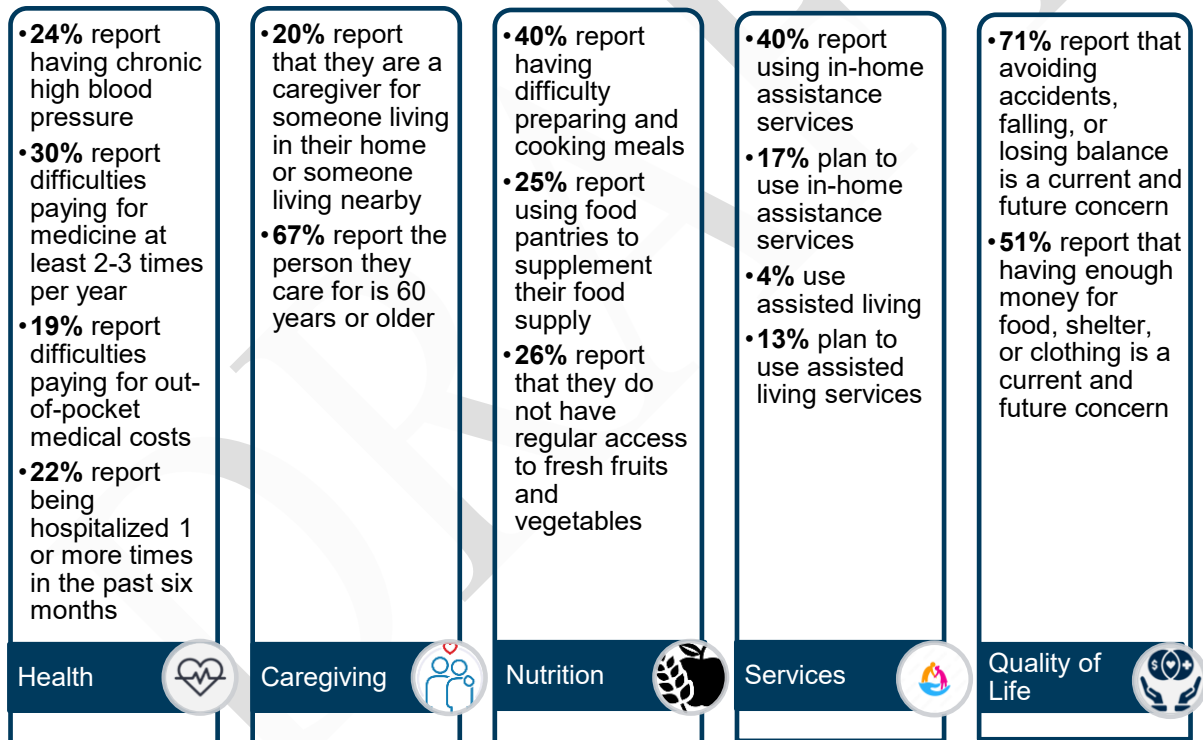
- Data available from each source may not cover the same reporting years. For example, the 2020 Census Demographic and Housing Characteristics Survey is collected every 10 years and was made available in 2023; the ACS collects data

monthly and reports annually. These differences in reporting years create inconsistencies in population counts and demographics.

- Various data sources collect and report the same information in separate ways. For example, data by age may be grouped into five—or 10-year age ranges, limiting the ability to compare data points.
- Area Development Districts (ADDs) shared 2022 Kentucky-wide needs assessment results in formats with images, word clouds, and data visualizations without data labels, limiting data analysis and Kentucky-wide data summaries.

Where appropriate, inconsistencies are noted between data sources used to inform this State Plan. Data used to inform this State Plan and additional insights can be requested through DAIL. Figure 19 summarizes the highest-reported needs and challenges across all ADDs.

**Figure 19: AAAIL 2022 Kentucky-Wide Needs Assessment Overview**





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STATE PLAN  
PRIORITIES

## SECTION 6.0 STATE PLAN PRIORITIES

The State Plan priorities are informed by and align with the ACL’s Administration on Aging and information gathered during the 2024 Kentucky-wide needs assessment and amended based on revised federal regulations in October of 2025. The goals, objectives, and strategies support older adults’ health and well-being.

Additionally, the State Plan priorities are informed by common findings collected during the 2024 Kentucky-wide needs assessment and have been revised based on Kentucky’s 15 Area Agencies on Aging and Independent Living 2026 Area Plans. Findings included the need for improved communication, education, and awareness of services and resources available to older Kentuckians, individuals with disabilities, and caregivers, as well as improved communication among providers, AAALS, and DAIL.

### ACHIEVING KENTUCKY’S STATE PLAN ON AGING MISSION AND VISION

In accordance with ACL requirements, Kentucky has developed a detailed path forward to enhance the overall health and well-being of its older population. Grounded in collaborative efforts between public and private entities, this plan helps to ensure alignment among all partners. Figure 20 describes DAIL’s guiding mission and vision for the Commonwealth and State Plan on Aging.

Figure 20: Mission and Vision



By prioritizing evidence-based strategies, DAIL’s State Plan on Aging will establish achievable and measurable goals and objectives.

The OAA consistently emphasizes these principles and mandates targeted funding for those with the most significant economic and social needs. DAIL’s State Plan underscores the importance of advancing elder justice and equity, which are fundamental guiding principles.

DAIL believes compassion, inclusivity, and empowerment are the three pillars of ensuring all Kentuckians' sense of belonging and equity (see Figure 21 on the next page). DAIL will demonstrate compassion, inclusivity, and empowerment both internally within the agency and externally across the Commonwealth.

Figure 21: The Three Pillars of Connection



**COMPASSION.** DAIL cares about its colleagues and the individuals served, including their well-being for life's big and small events. DAIL will meet Kentuckians where they are by demonstrating empathy, sympathy, and understanding for every individual's unique journey. DAIL will be a beacon for unity and support to all.

**INCLUSIVITY.** DAIL will demonstrate a sense of belonging by developing policies that increase access to opportunities while respecting every Kentuckian's differences. DAIL will expand its reach into communities by collaborating with community members and partners. Every person will be provided individualized resources to make informed decisions to ensure an inclusive community.

**EMPOWERMENT.** Through trust and confidence, DAIL will cultivate a culture of empathy to meet each colleague and individual served where they are. Each Kentuckian has the power and freedom to make individualized decisions and will be served with respect and support to thrive in their community. DAIL will foster policies and procedures that provide guidance to help ensure all colleagues and community partners provide individuals with autonomy.

## KENTUCKY’S 2026 – 2028 STATE PLAN ON AGING PRIORITIES

In developing Kentucky’s framework for the new State Plan, Kentucky acknowledged the significance of empowering individuals and promoting their dignity and independence through diverse channels. Concurrently, DAIL recognized that by strengthening Kentucky’s economic base, DAIL not only fosters growth prospects but also guarantees prudent and effective use of public funds. Prioritizing partnerships and improving the lives of both urban and rural communities, including addressing rural disparities and celebrating the richness of diverse cultural regions, became central to DAIL’s strategy. By concentrating on these core priorities, DAIL can consistently assess the plan’s impact, make essential adaptations, and explore innovative avenues to enhance its support to all Kentuckians.

Through the findings listed in the 2024 Kentucky-wide needs assessment, along with capacity building from previous State Plan goals, and the new initiative of moving forward together, the following goals are informed by and based on Kentucky’s 15 Area Plans. The six areas listed in Table 19 are key priorities of focus.

**Table 19: DAIL’s 2026 – 2028 State Plan on Aging Priorities**

	<b>Transportation</b>		<b>Well-Being</b>
	<b>Outreach Awareness</b>		<b>Caregiver Support</b>
	<b>Volunteer Development</b>		<b>Quality</b>

## FIVE PRINCIPAL ACTIVITIES TO ACHIEVE KENTUCKY'S VISION AND GOALS

The State Plan necessitates a collective response across various sectors. It depends on collaboration, utilizing community assets and strategic partnerships, and actively involving and enabling communities to realize the shared vision and goals. All residents of Kentucky, including both public and private sector partners at the state and local levels, can put the State Plan into action through one or more of the activities outlined in Figure 22 below.

**Figure 22: Activities to Achieve Goals and Objectives**

<b>COLLABORATE</b>	Collaborate and partner within and across sectors.
<b>EXECUTE</b>	Execute the defined State Plan goals and tasks efficiently and within timelines.
<b>EMPOWER</b>	Empower individuals and communities by providing them with the knowledge, resources, and support needed.
<b>INVEST</b>	Invest in legislative initiatives to foster awareness and establish strategic partnerships that drive funding.
<b>ASSESS</b>	Assess progress on the State Plan goals.

This plan includes goals and objectives for each priority area and are based on area plans. By setting these targets, this State Plan articulates a clear path for achieving goals and provides benchmarks for measuring progress.

The priorities encompass various critical areas that promote health, dignity, well-being, and equity. It is important to seek to bridge the gaps in social, health, and economic environments to allow Kentuckians to live healthy lives holistically across all life stages and abilities. Collaboration across diverse sectors and stakeholders is not only needed but essential for Kentuckians to achieve their full potential of health and well-being.

 **PRIORITY: TRANSPORTATION**

Investing in a robust transportation infrastructure is not only essential for economic growth but also crucial for enhancing resilience, sustainability, and equity. By collaborating with internal state agencies and external partners, Kentucky can modernize transportation networks to create a foundation that benefits communities, businesses, and individuals.

**GOAL AND OBJECTIVES | TRANSPORTATION**

Based on information gathered from key stakeholders, Table 20 below describes the goal and objectives regarding transportation.

**Table 20: Transportation Goals and Objectives**

<b>Goal 1: Increase access to public transportation services for seniors aged 60+ and individuals with disabilities in rural communities by September 30, 2028.</b>	
<b>Objective 1.1</b>	By January 1, 2027, DAIL will establish and conduct quarterly partnership meetings with the Kentucky Transportation Cabinet Office of Transportation Delivery (KYTC OTD) to expand collaboration with the Human Services Transportation Delivery Program, ensuring the perspectives of rural seniors and individuals with disabilities are represented.
<b>Objective 1.2</b>	By August 1, 2027, each Area Agency on Aging and Independent Living (AAAIL) will develop and provide access to a county-specific transportation resource guide to ensure seniors and individuals with disabilities in every rural county have access to clear, accessible information about public service transportation providers.
<b>Objective 1.3</b>	By January 1, 2028, DAIL, AAAILs and community partners will collaborate with the Kentucky Transportation Cabinet to ensure their strategic plan includes rural transportation providers to increase bus/shuttle frequency and/or introduces alternative modes of transportation for the aging and disabled populations.
<b>Objective 1.4</b>	By June 30, 2028, each AAAIL will ensure that at least one 5310 and/or 5311 transportation grant application for each eligible rural areas is submitted to support expanded rural public transit options for seniors aged 60+ and individuals with disabilities to enhance essential services.

## STRATEGIES | TRANSPORTATION

DAIL will implement and invest in the strategies in Table 21 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

**Table 21: Transportation Objectives and Strategies**

<b>Objectives</b>	<b>Strategies</b>
<b>Partnership with Transportation Cabinet</b>	<ul style="list-style-type: none"> <li>• Strengthen interagency coordination through structured quarterly meetings.</li> <li>• Engage state-level stakeholders to improve transportation accessibility.</li> <li>• Ensure representation from seniors and individuals with disabilities in transportation planning discussions.</li> <li>• Develop a standard meeting agenda including updates, collaboration opportunities, and transportation barriers identified by rural populations.</li> <li>• Invite representatives from statewide organizations, disability advocacy groups, and rural transportation providers.</li> </ul>
<b>Transportation Resource Guide</b>	<ul style="list-style-type: none"> <li>• Create a standardized guide template (plain language, large print, and ADA-accessible digital format).</li> </ul>

Objectives	Strategies
	<ul style="list-style-type: none"> <li>• AAAILs collect county-specific details: provider names, service areas, eligibility rules, scheduling procedures, costs, and accessibility features which should include the caregiver can ride for free.</li> <li>• Use state transportation data to populate accurate, up-to-date provider listings.</li> <li>• Review the Kentucky 2022–2045 Long-Range Statewide Transportation Plan to identify active service providers in each county.</li> <li>• Collaborate with community partners to obtain local, county-level input.</li> <li>• Distribute guides to community partners that serve older adults and individuals with disabilities.</li> </ul>
<b>Rural Transportation Provider Expansion</b>	<ul style="list-style-type: none"> <li>• Identify rural transportation providers operating in the counties flagged in the 2022–2045 Long-Range Statewide Transportation Plan</li> <li>• Participate in planning sessions to map service gaps, bus/shuttle frequency issues, and potential alternative transportation models.</li> <li>• Include in the written strategic plan, pilot opportunities, cost estimates, resource needs, and target populations.</li> <li>• Coordinate with volunteer driver programs, nonprofits, and rideshare companies (where feasible) to explore alternative mobility options.</li> </ul>
<b>Transportation Grant Applications</b>	<ul style="list-style-type: none"> <li>• Utilize the established language of the long-range statewide transportation plan to ensure high-quality applications. Identify all counties or regions eligible for Section 5310/5311 funding.</li> </ul>

 **Priority: Outreach Awareness**

Outreach awareness is crucial in supporting DAIL’s efforts to ensure that the needs of older Kentuckians, individuals with disabilities, and caregivers are met. Community partners can achieve wider reach and greater impact in amplifying DAIL’s goals through their resources, networks, and expertise.

**GOAL AND OBJECTIVES | OUTREACH AWARENESS**

Based on information gathered from key stakeholders, Table 22 below describes the goals and objectives regarding outreach awareness.

**Table 22: Outreach Awareness Goal and Objectives**

<b>Goal 2: Launch statewide outreach awareness campaigns for older adults and caregivers to expand awareness of the aging program services and increase aging program calls and referrals by 5% each fiscal year within the area plan (state fiscal year 2027, 2028, &amp; 2029) totaling 15% by the end of June 30, 2029.</b>	
<b>Objective 2.1</b>	Create a unified statewide media packet for each district to use by December 31, 2026.
<b>Objective 2.2</b>	Develop and add a question to the ADRC intake referral process to capture how the public is hearing about the SUA Program by December 31, 2026.
<b>Objective 2.3</b>	The State Unit on Aging (SUA) will establish three new partnerships with statewide community organizations by June 30, 2027.

## STRATEGIES | OUTREACH AWARENESS

DAIL will implement and invest in the strategies in Table 23 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

**Table 23: Outreach Awareness Objectives and Strategies**

<b>Objectives</b>	<b>Strategies</b>
<b>Create Media Packet</b>	<ul style="list-style-type: none"> <li>Utilize advertising outlets that may include flyers, social media, and radio on Aging Program services per quarter each fiscal year.</li> </ul>
<b>Intake Referral Process</b>	<ul style="list-style-type: none"> <li>Customize a data report in the state database to track outreach awareness information by December 31, 2026.</li> </ul>
<b>Partnership Expansion</b>	<ul style="list-style-type: none"> <li>SUA staff will focus on increasing 5 % in attendance at activities for community events with current and new potential community partners each fiscal year.</li> </ul>



## PRIORITY: VOLUNTEER DEVELOPMENT

Volunteer development is an area that DAIL wants to prioritize by empowering AAAILs and providers with the right skills, knowledge, and opportunities to create a volunteer base that supports economic growth and social progress but also improves the coordination of care for older Kentuckians and individuals with disabilities.

## GOAL AND OBJECTIVES | VOLUNTEER DEVELOPMENT

Based on information gathered from key stakeholders, Table 24 below describes the goal and objectives regarding volunteer development.

**Table 24: Volunteer Development Goal and Objectives**

<b>Goal 3: Increase volunteer involvement and new volunteer enrollment statewide focusing on the ombudsman, state health insurance assistance program (SHIP), and senior centers programs by 10% each state fiscal year (SFY) within the area plan totaling 20% by the end of June 30, 2028.</b>	
<b>Objective 3.1</b>	Launch a unified strategy statewide to attract new volunteers for the Ombudsman, SHIP, and senior center programs through outreach and marketing efforts by December 31, 2026.
<b>Objective 3.2</b>	Utilize community business organizations (such as district senior centers, libraries, community centers, community meetings, health clinics, health departments, churches, doctor offices, and schools) per quarter each fiscal year starting in January 2027 to track volunteer hours worked and track new volunteer enrollment.
<b>Objective 3.3</b>	Support volunteer participation and appreciation activities through engagement and training strategies quarterly through June 30, 2028.

## STRATEGIES | VOLUNTEER DEVELOPMENT

DAIL will implement and invest in the strategies in Table 25 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

**Table 25: Volunteer Development Objectives and Strategies**

Objectives	Strategies
<b>Communication Outreach Strategies</b>	<ul style="list-style-type: none"> <li>Utilize statewide communication channels to recruit volunteers.</li> </ul>
<b>Volunteer Tracking</b>	<ul style="list-style-type: none"> <li>Develop tracking template for quarterly volunteer enrollment.</li> </ul>
<b>Volunteer Engagement</b>	<ul style="list-style-type: none"> <li>Feature a volunteer of each quarter in the DAIL newsletter to spotlight the programs, volunteer’s story, what they do, and why they are valued.</li> <li>Support annual SHIP training and volunteer Ombudsman’s appreciation events by participating annually.</li> <li>Recognize volunteers who complete the AgeWELL Community Institute.</li> </ul>



## PRIORITY: WELL-BEING

Well-being is not just the absence of illness but the positive state of living well. Just as health is a resource for daily life, well-being contributes to quality of life and one’s ability to find meaningful purpose. In Kentucky, 12.2% of adults ages 65+ have frequent mental distress, and 19.6% of deaths per 100,000 adults ages 65+ are by suicide,

making mental health awareness a top priority. The aging population in Kentucky has an exceedingly high risk of social isolation, with a risk score of 85 on a scale from 1 – 100 for adults ages 65+. Additionally, only 10.5% of the aging population exercises regularly. By prioritizing well-being, DAIL empowers individuals and communities alike to not just exist but to thrive.

## GOAL AND OBJECTIVES | WELL-BEING

Based on information gathered from key stakeholders, Table 26 below describes the goal and objectives regarding well-being.

**Table 26: Well-Being Goal and Objectives**

<b>Goal 4: Enhance the mental, physical, social, and emotional well-being of older Kentuckians and individuals with disabilities by providing information and assistance by September 30, 2028.</b>	
<b>Objective 4.1</b>	<b>Increase mental health awareness:</b> Implement a Kentucky-wide educational campaign to reduce mental health stigma among at least 30% of program participants through surveys.
<b>Objective 4.2</b>	<b>Increase access to nutritional foods:</b> 20% of senior nutrition program participants will decrease their nutritional risk score annually utilizing the DETERMINE nutritional risk screening tool and Malnutrition Screening Tool.
<b>Objective 4.3</b>	<b>Increase awareness and encourage seeking resources:</b> Integrate 95% of DAIL community business organizations into KYNECT Resources which contains information related to available programs and support services across the Commonwealth.
<b>Objective 4.4</b>	<b>Expand culturally relevant and equitable services:</b> Increase the cultural relevancy of services, improve their equitability, and provide support by meeting with at least two leaders of underserved communities every quarter.

## STRATEGIES | WELL-BEING

DAIL will implement and invest in the strategies in Table 27 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

**Table 27: Well-Being Objectives and Strategies**

<b>Objectives</b>	<b>Strategies</b>
<b>Increase mental health awareness</b>	<ul style="list-style-type: none"> <li>• Develop anti-stigma interventions to encourage participation in mental health services.<sup>28</sup></li> <li>• Identify people willing to engage in storytelling.</li> </ul>

<sup>28</sup> National Alliance on Mental Illness (NAMI). 2022. “Developing Effective Anti-Stigma Interventions.” NAMI.org. <https://www.nami.org/Blogs/NAMI-Blog/April-2022/Developing-Effective-Anti-Stigma-Interventions>

Objectives	Strategies
	<ul style="list-style-type: none"> <li>• Help organize presentations of people with lived experience to key targeted groups.</li> <li>• Encourage individuals to participate in a stigma-free pledge.<sup>29</sup></li> <li>• Develop guidance for AAAILs and providers on implementing effective interventions to reduce social isolation and loneliness.</li> <li>• Develop guidance for AAAILs and providers on how to implement effective suicide risk screenings and trauma-informed interventions to reduce suicide.</li> <li>• Share resources for mental health services using face-to-face communication.</li> </ul>
<p><b>Increase access to nutritional foods</b></p>	<ul style="list-style-type: none"> <li>• Provide nutritious meals through the OAA Senior Nutrition Program through congregate or home-delivered meal programs.</li> <li>• Provide nutritious meals through the HCBS Waiver Program for individuals with disabilities.</li> <li>• Strengthen outreach and advocacy regarding nutrition and malnutrition risks throughout the senior population in Kentucky.</li> <li>• Provide food/commodity boxes to eligible older adults.</li> <li>• Increase access to nutritious food by attracting new grocery stores and leveraging corner stores to carry fresh produce and healthier food options in underserved areas.</li> <li>• Conduct malnutrition screening at initial assessments and annual reassessment dates. Record scores and provide referrals to primary care providers, registered dietitians, local food banks, food pantries, etc., as needed. Follow up to ensure client is addressing malnutrition risk(s).</li> <li>• Provide nutrition education on several topics that older Kentuckians and individuals with disabilities could benefit from.</li> <li>• Increase awareness of malnutrition risk in Kentucky’s older adults.</li> <li>• Develop Kentucky-specific infographics regarding malnutrition risk and occurrence rates among Kentucky’s older adults to increase awareness.</li> <li>• Develop a referral process where local primary care providers, hospitals, health departments, faith-based organizations, and other local partners can refer individuals to the OAA program and/or other relevant programs in the community.</li> <li>• Provide technical assistance to referring organizations and Kentucky’s ADDs to help ensure a successful referral process for older individuals to gain access to programs and benefits.</li> <li>• Expand DAIL’s partnership with AAAILs, SNAP, food banks, and other community organizations.</li> </ul>

<sup>29</sup> National Alliance on Mental Illness (NAMI). n.d. “Pledge to be StigmaFree.” NAMI.org. <https://www.nami.org/Get-Involved/Pledge-to-Be-StigmaFree>

Objectives	Strategies
<p><b>Increase awareness and encourage seeking resources</b></p>	<ul style="list-style-type: none"> <li>• Develop a public relations campaign to introduce and increase awareness of the services and supports available through DAIL.               <ul style="list-style-type: none"> <li>○ Identify the targeted audience, preferred communication type, and communication tools.</li> <li>○ Include multi-language flyers to reach multicultural or immigrant communities and family caregivers with LEP.</li> </ul> </li> <li>• Reduce the stigma regarding individuals seeking government aid through storytelling (e.g., share the challenges faced and the success that ensued).</li> <li>• Reduce the stigma regarding grandparents raising grandchildren seeking supportive services.</li> <li>• Encourage initiative-taking care planning for both future program participants and caregivers.</li> </ul>
<p><b>Expand culturally relevant and equitable services</b></p>	<ul style="list-style-type: none"> <li>• Partner with leaders in unserved and underserved communities to understand the unique needs of unserved and underserved older Kentuckians, individuals with disabilities, and caregivers.</li> <li>• Collaborate with local and national advocacy organizations to develop culturally appropriate toolkits and resource guides for participants.</li> <li>• Collaborate with the Office of the Ombudsman to promote an elder abuse and fraud prevention program that provides education, outreach, and advocacy.</li> <li>• Promote services, supports, and resources for ethnically diverse communities.</li> <li>• Sponsor diversity, equity, and inclusion training for program providers to address gaps in knowledge and awareness.</li> </ul>

## **PRIORITY: CAREGIVER SUPPORT**

DAIL honors those who tirelessly give of themselves and care for others. Their resilience, empathy, and commitment form the cornerstone of our communities. We are committed to providing for those who are consistently providing for others.

Throughout events such as the annual caregiver conference demonstrated in Figure 23 below, DAIL made great strides in gathering information from stakeholders. DAIL leveraged input from community-based conferences and from individuals across the state to help inform this plan and be as comprehensive as possible in addressing the needs of aging Kentuckians.

**Figure 23: 2023 Kentucky Annual Caregiver Conference**



*The 2023 Kentucky Annual Caregiver Conference. This event spanned three days, from November 14 to 16, featuring 33 informative sessions along with an expo showcasing more than 100 goods and services relevant to the caregiving profession.*

## GOAL AND OBJECTIVES | CAREGIVER SUPPORT

Based on information gathered from key stakeholders, Table 28 below describes the goal and objectives regarding caregiver support.

**Table 28: Caregiver Support Goal and Objectives**

<b>Goal 5: Increase outreach and awareness to address the needs of caregivers by September 30, 2028.</b>	
<b>Objective 5.1</b>	<b>Engage with caregivers:</b> Develop a communication plan inclusive of at least three methods of communication for caregivers to routinely provide feedback by December 31, 2027.
<b>Objective 5.2</b>	<b>Improve caregiver policies:</b> Collaborate with at least two community partners to update caregiver policies to help address feedback.
<b>Objective 5.3</b>	<b>Promote free training:</b> Provide at least five free and accessible training opportunities for caregivers to enhance and learn new skills based on feedback collected.
<b>Objective 5.4</b>	<b>Identify a caregiver liaison:</b> Designate one primary point of contact for each Area Agency on Aging between caregivers and available resources to improve assistance to caregivers.
<b>Objective 5.5</b>	<b>Increase family engagement:</b> Increase the number of long-term care family councils by 20%.

## STRATEGIES | CAREGIVER SUPPORT

DAIL will implement and invest in the strategies in Table 29 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

**Table 29: Caregiver Support Objectives and Strategies**

Objectives	Strategies
<b>Engage with caregivers</b>	<ul style="list-style-type: none"> <li>• Develop a communication plan between caregivers and DAIL to collect feedback via different methods (e.g., surveys, meetings, town halls, etc.).</li> <li>• Ensure the communication plan includes various formats and languages to ensure language and communication access for diverse caregivers.</li> <li>• Routinely review data to identify trends, gaps, and areas for improvement.</li> <li>• Collaborate with district ombudsman and families of residents in long-term care facilities to provide support</li> </ul>
<b>Improve caregiver policies</b>	<ul style="list-style-type: none"> <li>• Identify ways to acknowledge family caregivers' importance across all patient populations and develop guidelines that acknowledge the role of caregivers.</li> </ul>
<b>Promote free training</b>	<ul style="list-style-type: none"> <li>• Collaborate with local organizations to help raise awareness for free trainings and supports available that target:               <ul style="list-style-type: none"> <li>○ Dementia care</li> <li>○ Traumatic brain injury (TBI)</li> <li>○ Preventing caregiver fatigue</li> </ul> </li> </ul>
<b>Identify a caregiver liaison</b>	<ul style="list-style-type: none"> <li>• Utilize the state-level caregiver liaison to continue engaging with caregivers and identify key needs to share with DAIL when developing policies, addressing issues, and identifying programs.</li> <li>• Develop and issue surveys to caregivers that provide key characteristics of caregiving situations to help inform future initiatives and policies.</li> </ul>
<b>Increase awareness</b>	<ul style="list-style-type: none"> <li>• Utilize the centralized directory to share information about the available services and support.</li> <li>• Establish efficient communication methods, such as mailing paper-based directories, to increase caregivers' use of directories.</li> <li>• Encourage health care providers to create an inventory of best practices and create policies that ensure caregiver needs are considered.</li> <li>• Utilize health care providers and other partnerships to help distribute the directory.</li> </ul>



**PRIORITY: QUALITY**

By holding ourselves and others accountable, DAIL steadfastly upholds its commitment to collaborative performance measures and helping to improve quality assurance.

**GOAL AND OBJECTIVES | QUALITY**

DAIL shall utilize the specified goal and outcomes to track quality and assess measures that benefit older residents and those with disabilities. Table 30 below describes Goal 6 and its objectives.

**Table 30: Quality Goal and Objectives**

<p><b>Goal 6: By September 30, 2028, the State Unit on Aging, in collaboration with community partners, will implement effective communication channels to gather feedback from new and existing stakeholders and partner agencies to drive alignment and quality outcomes, inform policy, and improve funding efficiency.</b></p>	
<p><b>Objective 6.1</b></p>	<p><b>Collaboration:</b> Foster partnerships with at least three state agencies, such as the Departments of Education, Transportation, Veterans Affairs and the Kentucky Housing Corporation, to help ensure alignment in legislative direction and funding strategies to effectively address the needs of older Kentuckians and individuals with disabilities.</p>
<p><b>Objective 6.2</b></p>	<p><b>Feedback opportunities:</b> Create and implement three new ways for program providers, participants, and community organizations to provide continuous feedback for quality improvement by September 1, 2027.</p>
<p><b>Objective 6.3</b></p>	<p><b>Improve communication channels:</b> Establish four new communication channels to connect DAIL and the AAAILs with program providers, participants, caregivers, and community organizations</p>
<p><b>Objective 6.4</b></p>	<p><b>Enhanced communication:</b> Provide communication in advance when establishing policies, initiatives, best practices, etc. so community partners are aware and have an opportunity to provide feedback.</p>

**STRATEGIES | QUALITY**

DAIL will implement and invest in the strategies in Table 31 to support the goal and objectives listed above. DAIL collaborated with AAAILs to develop practical strategies that achieve the desired objectives.

**Table 31: Quality Objectives and Strategies**

Objectives	Strategies
<p><b>Collaboration</b></p>	<ul style="list-style-type: none"> <li>Schedule routine/standing meetings to discuss top priorities (e.g., transportation and housing needs).</li> <li>Develop committees to research and develop legislation, seek funding, and make proposals related to transportation and housing.</li> </ul>
<p><b>Feedback opportunities</b></p>	<ul style="list-style-type: none"> <li>Establish dedicated email addresses geared specifically for feedback</li> <li>Implement suggestion boxes</li> <li>Coordinate focus group and town hall meetings</li> </ul>
<p><b>Improved Communication</b></p>	<ul style="list-style-type: none"> <li>Partner with community organizations, libraries, and healthcare centers to act as communication hubs.</li> <li>Create a stakeholder advisory panel representing each audience group to provide ongoing insights.</li> </ul>
<p><b>Enhanced communication</b></p>	<ul style="list-style-type: none"> <li>Send electronic and written notifications.</li> <li>Provide timelines that include opportunities for feedback.</li> <li>Provide training tools and resources.</li> </ul>



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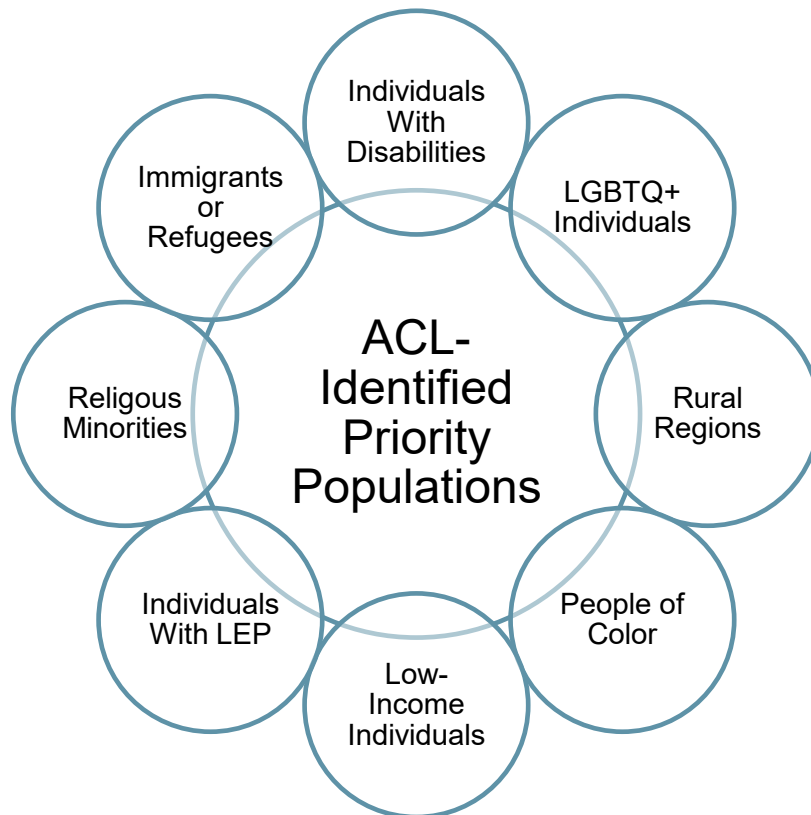
OTHER  
CONSIDERATIONS

## SECTION 7.0 OTHER CONSIDERATIONS

### STRATEGY IMPLEMENTATION CONSIDERATIONS FOR PRIORITY POPULATIONS

Priority populations—as identified by the Administration for Community Living (ACL)—are increasingly vulnerable to experiencing personal and environmental stressors, such as discrimination (e.g., racism, ableism, xenophobia, homophobia, transphobia, etc.), poverty, and exposure to trauma. The priority populations provided in Figure 24 may also be burdened by obstacles hindering their ability to access programs and services; examples of these burdens include limited public transit, lack of nearby service providers, and inadequate internet connectivity.

Figure 24: ACL-Identified Priority Populations



The equity considerations in Table 32 will inform the implementation of state-planned strategies to help ensure that policies, programs, and services effectively and equitably address the needs of these priority populations. These considerations are based on the most prominent challenges and service-related themes Kentuckians identified during the information-gathering activities DAIL and BerryDunn facilitated.

**Table 32: Equity Considerations to Inform the Implementation of State Plan Strategies**

Equity Considerations Informing the Implementation of State Plan Strategies
DAIL shall consider promoting and engaging in tailored outreach and messaging efforts to increase the use and accessibility of available services; these efforts should be inclusive of languages other than English that are spoken in Kentucky.
DAIL shall consider promoting and supporting the virtual delivery services, as allowable, to increase the accessibility and delivery of services provided by senior centers and/or providers.
DAIL shall consider collaborating with AAAILs to promote and incentivize the completion of cultural competency and implicit bias training, which would improve knowledge and increase awareness of best practices for serving priority populations.
DAIL shall consider increasing its collaboration and engagement with various organizations and local community groups to improve DAIL's understanding and awareness of the culturally and socially diverse needs of program participants.
DAIL shall consider collaborating with AAAILs to reduce burdens for older Kentuckians with disabilities or conditions that limit their mobility by providing accommodations (e.g., ramps, wheelchairs, handrails, etc.) to enable their participation in activities.
DAIL shall consider collaborating with AAAILs and transportation providers to determine the potential strategies that can be taken to address the lack of affordable and available transportation options, especially in rural regions.
DAIL shall consider collaborating with AAAILs to address the complex housing issues and rising cost-of-living expenses in the Commonwealth.
DAIL and AAAILs shall collaboratively consider bolstering existing training and education opportunities to help ensure staff are well equipped and informed to provide evidence-based services promoting sustainable care for all older Kentuckians.
DAIL shall consider engaging in advocacy efforts at a state level to allow AAAILs and programs flexibility related to the services that are reimbursable; this will allow AAAILs to allocate funding in a manner that meets the needs and preferences of diverse participants.

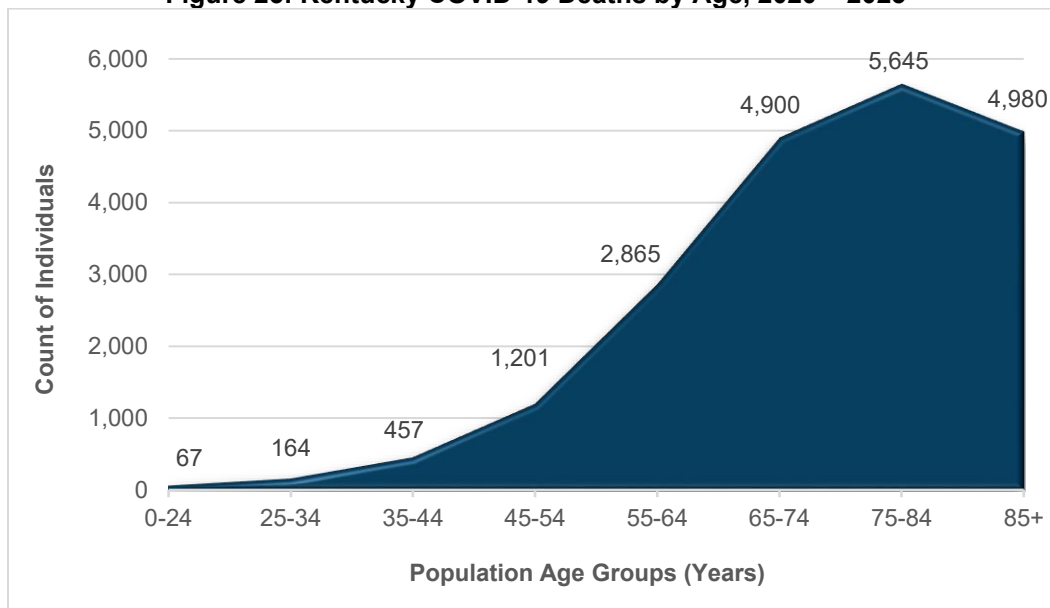
## PREPARING FOR FUTURE PUBLIC HEALTH EMERGENCIES

The global COVID-19 pandemic has underscored the unique needs and challenges faced by older Kentuckians and their caregivers. It has also revealed opportunities for improvement in existing systems and infrastructure while highlighting the resilience of communities and the aging network. DAIL remains committed to long-term preparedness planning for future public health emergencies. DAIL will incorporate lessons learned from the COVID-19 pandemic, including innovative practices that have emerged to extend service access to priority populations, as well as ensure quality, long-term emergency preparedness plans are established among Kentucky's AAAILs.

Older Kentuckians, both inside and outside of congregate settings, face an increased risk for severe COVID-19 illness. As of September 23, 2023, 15,525, or 76.5%, of Kentucky's COVID-19 deaths were among ages 65 and older, with 25% of total deaths

occurring among Kentuckians ages 85 and older.<sup>30</sup> Figure 25 highlights mortality trends for all ages of Kentuckians who died due to COVID-19.

**Figure 25: Kentucky COVID-19 Deaths by Age, 2020 – 2023**



One area of focus for DAIL's future preparedness practices is minimizing severe morbidity and mortality from COVID-19 and other vaccine-preventable diseases. Vaccination campaigns promote herd immunity among vulnerable populations and will help lessen the morbidity and mortality seen during the COVID-19 pandemic. According to the CDC's interactive LTC vaccination dashboard, as of April 21, 2024, data shows that 35% of Kentucky's LTC residents and only 5% of LTC staff are up to date with COVID-19 vaccinations.<sup>31</sup> For vaccine-preventable influenza and pneumonia, LTC residents' vaccination rates were 74% and 62.7%, respectively.<sup>32</sup> Table 33 below provides examples of what DAIL shall incorporate during public health emergencies.

<sup>30</sup> USA Facts. 2023. "U.S. COVID-19 Cases and Deaths by State." *USAFacts.org*. <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/>

<sup>31</sup> The Centers for Disease Control and Prevention (CDC), National Healthcare Safety Network (NHSN). 2024. "Nursing Home COVID-19 Vaccination Data Dashboard." *Centers for Disease Control and Prevention*. <https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>

<sup>32</sup> The Centers for Disease Control and Prevention (CDC). 2024. "About the National Immunization Surveys" *Centers for Disease Control and Prevention*. <https://www.cdc.gov/vaccines/imz-managers/nis/about.html#current-surveys>

**Table 33: Examples of Practices to Incorporate in Public Health Emergencies**

Practices to Incorporate in Public Health Emergencies
DAIL shall continue to ensure that the Kentucky Department of Public Health (DPH) <u>collaborative emergency preparedness document</u> , i.e., currently in place, will be available and updated regularly based on the conditions brought on by national emergencies (e.g., COVID-19).
DAIL shall continue to partner with the multi-agency workgroups within DPH that collaborate on varying priorities (e.g., substance use, vaccination coverage).
DAIL shall consider duplicating the efforts some senior centers have undertaken, such as distributing physical resource guides across the region to help ensure program participants have access to services and contact information in the event of an emergency.
DAIL shall consider having backup systems in senior centers, such as paper copies of program participants' information, in case they are unable to access their online database during an emergency.
DAIL shall collaborate with KY state government and local governments to advocate for funding and establish cross-county support. Given that some counties lack an established emergency department, private emergency response and preparedness entities remain the sole option during emergencies.
DAIL shall consider working with adult day programs and senior centers to set up routine nursing visits to provide education training and assist with the screening and administration of immunizations, blood pressure, and diabetes checks.

In the months and years ahead, DAIL will stay apprised of promising practices for disaster and emergency preparedness and response among aging and disability programs identified and shared at the Commonwealth and national levels, including by ACL and the National Information and Referral Support Center.

DAIL serves as Kentucky's federally designated State Unit on Aging to carry out OAA core programs found in Titles III, V, and VII. OAA programs serve as the foundation of the aging services network and include:

- Supportive services, nutrition, disease prevention/health promotion, and caregiver programs following Title III
- Economic self-sufficiency, community service, and work-based job training in accordance with Title V
- Elder rights programs, including the State LTC Ombudsman (SLTCO) Program, in accordance with Title VII

Authorized by Title V and administered through the U.S. Department of Labor, the SCSEP promotes opportunities in community service for unemployed, low-income older adults. SCSEP extends training and education to develop and enhance a person's skills to promote financial stability and encourage their success in the workforce.

OAA Titles III, V, and VII services will be strengthened in Kentucky's aging services network by leveraging the multi-sector partnerships and concerted efforts identified in this State Plan, including the partnerships illustrated previously in Tables I to III in Section 1.

Additionally, Kentucky has been fortunate to receive substantial supplemental funding in response to the COVID-19 pandemic. Kentucky will continue to leverage these supplemental relief funds strategically by concentrating resources and aligning service delivery with the priorities in this State Plan. Supplemental funds have afforded Kentucky the opportunity to invest in the aging network infrastructure. Kentucky's aging network will continue to expend ARPA funding and other supplemental funding available by exploring options for expanding service delivery, reducing waitlists, and developing greater capacity to foster ongoing development and implementation of a comprehensive and coordinated system.



*BRADD hosted a vaccine event in Fall 2023 to provide flu, shingles, and COVID-19 vaccines for individuals aged 55 or older. The twenty-four participants received a total of 28 vaccines.*

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# STATE PLAN QUALITY MANAGEMENT

## SECTION 8.0 STATE PLAN QUALITY MANAGEMENT

DAIL shall work to assure the quality of the strategies of this State Plan through comprehensive evaluation activities and quality management practices to guide system and service improvements where needed. These activities include:

- Tracking State Plan implementation
- Tracking progress on State Plan objectives
- Collecting information through the AAAIL Regional Area Plans and Annual Updates
- Additional data collection and remediation activities

### TRACKING PROGRESS ON STATE PLAN IMPLEMENTATION

DAIL will collect data and information from AAAILs and other aging network partners regarding State Plan alignment on:

- Issues and priority populations
- Strategy selection
- Strategy implementation

Local partners can collaborate to identify State Plan strategies that align with their community's needs and oversee their execution by various organizations. Consistent reporting on the number of organizations implementing these strategies, the reach of programs and services among older Kentuckians, outreach efforts to priority populations, and other process evaluation metrics can inform quality enhancements for both organizational and community-wide initiatives.

Lastly, DAIL does not directly provide supportive services, nutrition services, or in-home services under OAA. Instead, Kentucky's designated AAAILs manage service delivery within the aging and disability network established in their respective planning and service areas, and this information is captured in DAIL's data reporting system. DAIL develops, manages, and enforces policies and systems to ensure that quality and efficiency of service delivery occurs through the following:

- Monthly fiscal monitoring
- Monthly provider call to assist with technical issues
- Quarterly programmatic calls to assist with technical issues

### COMMUNITY FEEDBACK

“Lincoln Family Center is the best place to go to since my husband passed away.”

– Kentucky River Region Community Forum Participant

- Annual and as-needed reviews of agency policies
- Annual program monitoring
- Annual review of programmatic operations

## TRACKING PROGRESS ON STATE PLAN OUTCOMES

The State Plan provides a data reporting and evaluation framework for DAIL, AAAILs, and other public and private Commonwealth partners across the aging network. Specifically, this plan articulates six goals and 23 objectives for all State Plan priorities. To assess progress toward the State Plan priorities, goals, and objectives, DAIL will:

- Incorporate some State Plan objectives into AAAIL regional Area Plans and specify outcomes within contracts.
- Complete quarterly performance-level evaluations for all priorities, goals, and objectives, including data for priority populations.
- Make local-level data on indicators accessible to AAAILs and other local partners when available.
- Use SMART-level (Specific, Measurable, Achievable, Realistic, and Time-Bound) goals to develop specific data around goals and objectives.

In addition to the primary State Plan goals and objectives identified, DAIL and AAAILs will track other programmatic indicators and outcomes.

## AAAIL REGIONAL AREA PLANS

DAIL has standardized templates and guidelines for AAAILs to create and submit their 2025 – 2028 Regional Area Plans and Area Plan Annual Updates. Each Regional Area Plan serves as a strategic document, outlining services for older adults and caregivers within specific planning and service areas. This involves assessing service needs, evaluating resource utilization, and establishing agreements with service providers.

The Regional Area Plan templates encompass key elements, including OAA assurances, regional and Kentucky-wide needs assessments, and detailed goals, objectives, and strategies with measurable action steps. These templates facilitate the consolidation and summarization of Kentucky's 15 Regional Area Plans, informing quality management activities and progress reporting across the Commonwealth.

AAAILs have committed to implementing strategies across various categories to achieve the State Plan goals. During the 2025 – 2028 State Plan period, AAAILs will be responsible for executing and reporting on their selected strategies. DAIL will collaborate closely with AAAILs and other identified partners to help ensure successful progress and effective implementation of these strategies.

## **ADDITIONAL DATA COLLECTION AND REMEDIATION ACTIVITIES**

During this State Plan cycle, DAIL will collect, monitor, and report on program and service performance using both the OAA State Program Report and the newly implemented OAA Performance System. AAALs and contracted service providers contribute detailed information on OAA program participants, services, and expenditures through these reporting mechanisms, with annual reporting.

This data offers insights into service levels, frequency, and demographics. Specifically, they reveal the number and percentages of different demographic groups and organizations receiving services, as well as the percentage of people with the greatest economic and social need within each demographic group.

In addition to these activities, DAIL will maintain its ongoing quality management initiatives. These efforts include person-centered HCBS and compliance monitoring of AAALs, reinforcing assessment and oversight responsibilities.

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## APPENDIX A: ACRONYMS AND TERMS

Table i lists the acronyms and terms referenced throughout the plan.

**Table i: List of Acronyms and Terms**

Acronym/Term	Definition
AAAIL	Area Agency on Aging and Independent Living
AARP	The American Association of Retired Persons
ACL	Administration for Community Living
ACS	American Community Survey
ADA	Americans with Disabilities Act
ADD	Area Development District
ADPI	Alzheimer's Disease Program Initiative
APS	Adult Protective Services
ARC	Appalachian Regional Commission
ARPA	American Rescue Plan Act
BRFSS	Behavioral Risk Factor Surveillance System
BOLD	Building Our Largest Dementia Infrastructure for Alzheimer's Act (P.L. 115-406)
CAL	Center for Accessible Living
CDC	Centers for Disease Control and Prevention
CIE	Competitive Integrated Employment
CIL	Centers for Independent Living
CMS	Centers for Medicare & Medicaid Services
Commonwealth	The Commonwealth of Kentucky
CQI	Continuous Quality Improvement
DAIL	Department for Aging and Independent Living
DCBS	Department for Community Based Services
DPH	Department of Public Health
FIVCO	Five County
FY	Fiscal Year
HCBS	Home and Community-Based Services
HHS	Health and Human Services
HRSA	Health Resources and Services Administration
IFF	Interstate Funding Formula
KIPDA	Kentuckian Regional Planning & Development Agency
KY	Kentucky
LEP	Limited English Proficiency
LGBT	Lesbian, Gay, Bisexual, and Transgender
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning, and more
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and more

Acronym/Term	Definition
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
NCAPPS	National Center on Advancing Person-Centered Practices and Systems
NCES	National Center for Education Statistics
NFCSP	National Family Caregiver Support Program
OAA	Older Americans Act
ORR	Office of Refugee Resettlement
PACE	Programs for All-Inclusive Care for the Elderly
PIAAC	Program for the International Assessment of Adult Competencies
POWER	Partnerships for Opportunity and Workforce and Economic Revitalization Initiative
Program Participant	Individuals 60+ that may or may not be receiving support services from either DAIL or senior centers
PSA	Public service announcement
QuILTSS	Quality Improvement in Long Term Services and Supports
RUCC	Rural-Urban Continuum Code
SAGE	Services & Advocacy for LGBT Elders
SCSEP	Senior Community Service Employment Program
Senior	Individuals 60+ that may or may not be receiving support services from either DAIL or senior services
SLTCO	State Long-Term Care Ombudsman
SMART	Specific, Measurable, Achievable, Realistic, and Time-Bound
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
TBI	Traumatic Brain Injury
U.S.	United States
USDA	U.S. Department of Agriculture
WONDER	Wide-Ranging Online Data for Epidemiologic Research, a user-friendly menu-driven system that makes the CDC's information resources available to public health professionals and the public at large

## APPENDIX B: MEETINGS AND PARTICIPANTS

Tables ii and iii include the lists of meetings, participants, and community forums with which BerryDunn and DAIL engaged to gather information for the Kentucky-wide needs assessment report, which informed the State Plan.

**Table ii: Listening Session Participants**

Meeting	Date	State Participants
AAAIL Listening Session	01/31/2024	Nicole Davis, Caroline Ullery, Celeste Robinson, Amanda Stokes, Leslie Wilson, Carley Moore, Brooklyn Jolly, Kimberly McKinniss, Jasmine Jackson, Sarah Puttoff, Cissy Fox, Amanda Grooms, Anne Wildman, Amy Kennedy, Mandie Caudill, Jessica Elkin, Hollie Smith, Alecia Johnson, Cassie Lykins, Stacy Hall, Tricia Forbis, Leigh Powell, Angela, Rebekah, Brittney Shepherd
Provider Listening Session #1	01/31/2024	Jenny Sosh, Brenda Renfrow, Tiffany Hammond, Melissa Lawson, Cathy Milby, Melecia Wildharber, Sara Johnson, Jamie Simpson, Allyn Reinecke, Uppinder Mehan, Bill Rhodes, Joann Smith
Provider Listening Session #2	02/01/2024	Pam Thompson, Brad Newton, Casey Ellis, Frances Steurer, Megan, Kevin Seshier, Laurie Waller, Sara Scanlon, Melissa Polites, Bertha Brown
Provider Listening Session #3	02/01/2024	Amanda Hamilton, Tihisha Rawlins, Sophia Cropper, Tanya Brady, Tim Conroy, Stephanie Freeman, Mackenzie Wallace, Connie Baker, Angela Zeek, Elizabeth Rhodus, Sarah Teeters, Amanda Cowell, Jennifer Dale, Sameera Jackson, Anna Faul
Provider Listening Session #4	02/02/2024	Judy Craycraft, Kathy Fugate, Kimberly Embrey-Hill, Marlene W. Howard, Sarah Puttoff, Sheila Collins, Terea Plymesser, Jennifer Toribio Naas
Provider Listening Session #5	02/02/2024	Marchele Jenkins, Sean Wright, David Tucker, Lona Morton, Miranda Perkins, Becky Barnhart, Robin Florence
DAIL Staff and Sister Agencies Listening Session	02/05/2024	Sarah Puttoff, Amanda Caudill, Jennifer Craig, Laura Eirich, Andrea Flinchum, Melissa Hopkins, Lisa Lee, Christie McGlone, Brittany Young, Lala Williams, Heather Watson, Jennifer Toribio Naas, Amy Herrington, Veronica L Judy-Cecil, Laura Stephenson, Amanda Stoess, Sherry Culp, Edward Clark, Brittney Baines, David Lovely, Amber Collins, Keith Knapp, Amy Kostelic, Mike Handy

**Table iii: List of Community Forums**

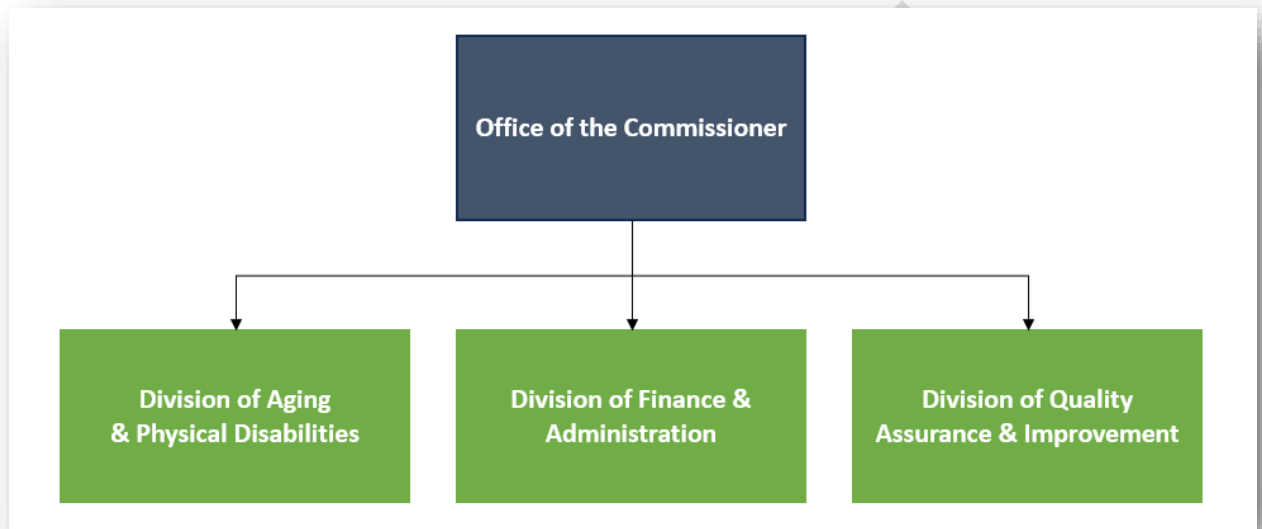
<b>Meeting</b>	<b>Date</b>	<b>AAA Participants</b>
Community Forum	February 19, 2024	Buffalo Trace
Community Forum	February 20, 2024	Big Sandy
Community Forum	February 20, 2024	Kentucky River
Community Forum	February 20, 2024	KIPDA
Community Forum	February 20, 2024	Northern Kentucky
Community Forum	February 20, 2024	Pennyrile
Community Forum	February 20, 2024	Purchase
Community Forum	February 21, 2024	Barren River
Community Forum	February 21, 2024	Gateway
Community Forum	February 21, 2024	Green River
Community Forum	February 21, 2024	Lake Cumberland
Community Forum	February 22, 2024	Blue Grass
Community Forum	February 22, 2024	FIVCO
Community Forum	February 22, 2024	Lincoln Trail
Community Forum	February 23, 2024	Cumberland Valley

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## APPENDIX C: ORGANIZATIONAL CHARTS OF KENTUCKY GOVERNMENT

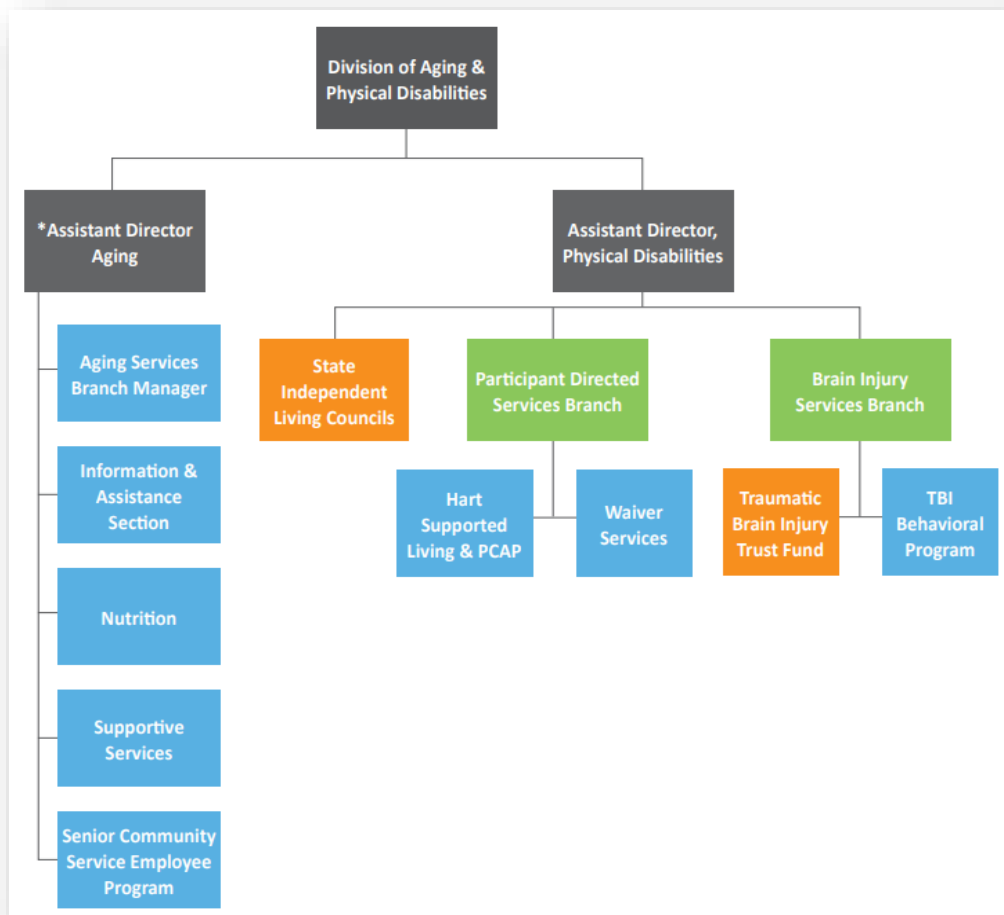
Figures i–v below include organizational charts for Kentucky’s DAIL and Cabinet for Health and Family Services.

Figure i: DAIL Organizational Chart

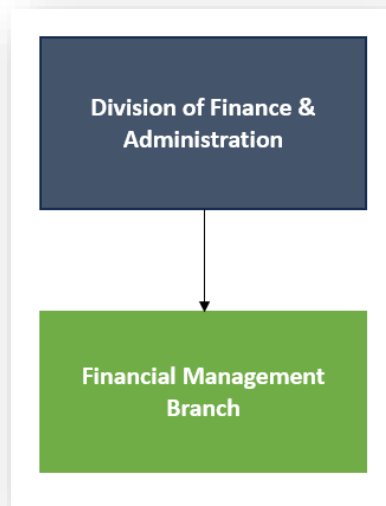


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**Figure ii: DAIL's Division of Aging and Physical Disabilities Organizational Chart**



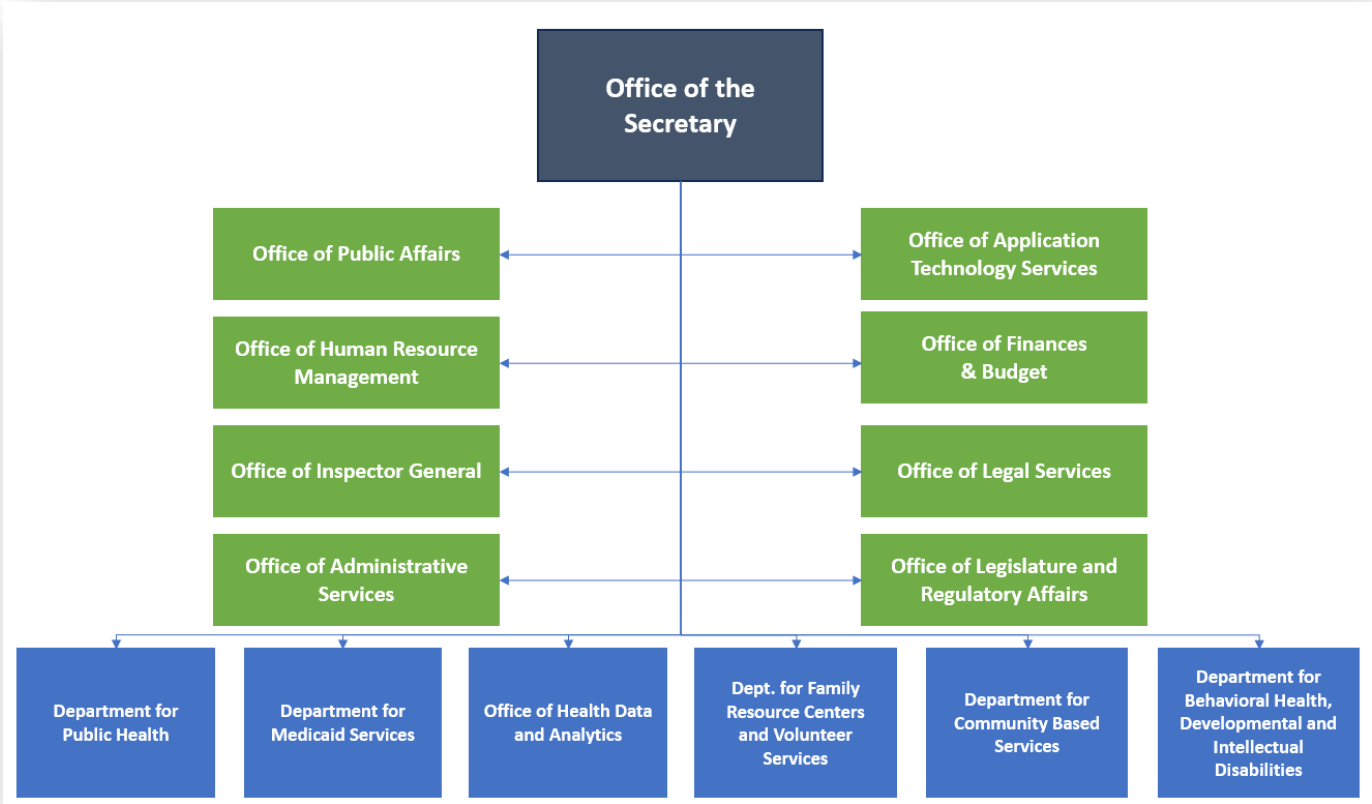
**Figure iii: DAIL's Division of Finance and Administration Organizational Chart**



**Figure iv: DAIL's Division of Quality Improvement Organizational Chart**



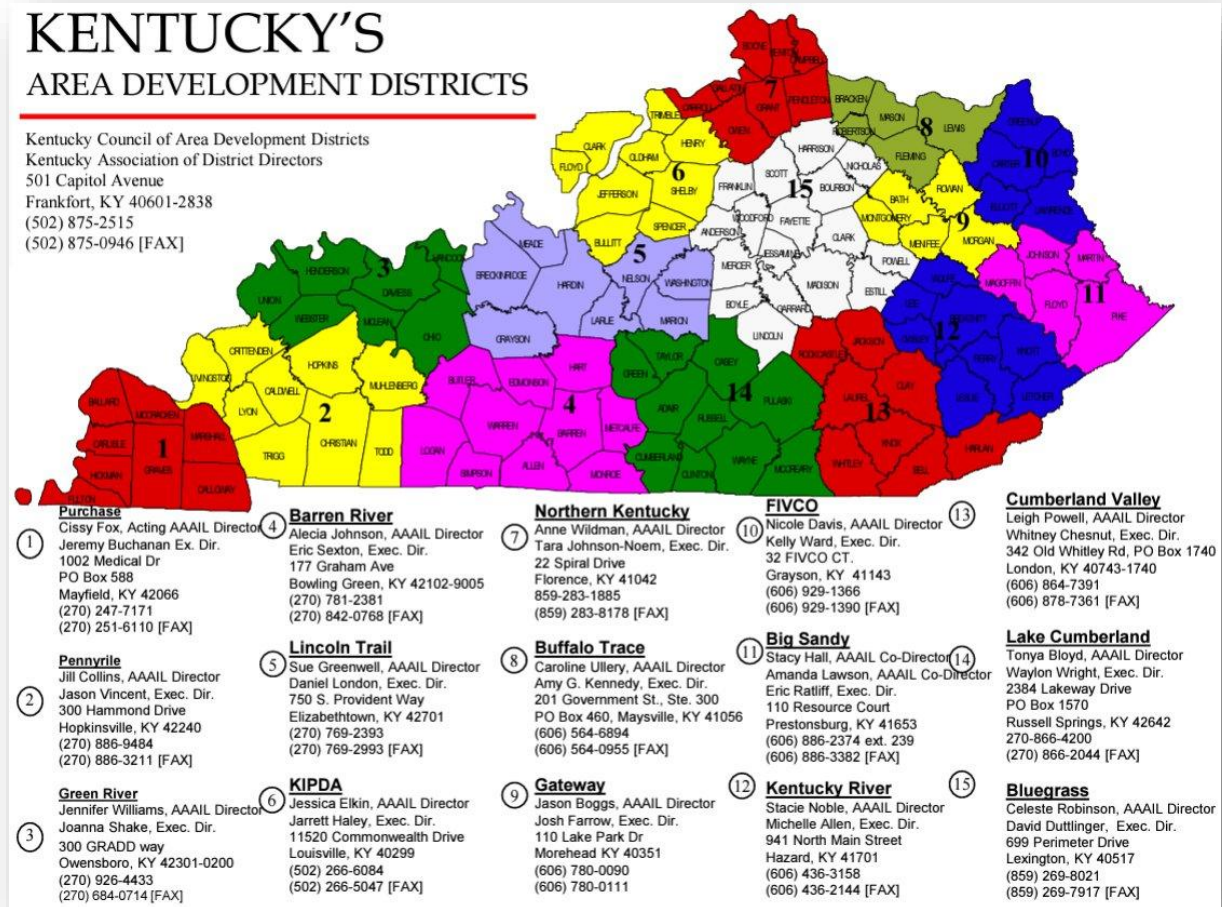
Figure v: Kentucky's Cabinet for Health and Family Services Organizational Chart



# APPENDIX D: AREA DEVELOPMENT DISTRICT MAP

Figure vii below displays Kentucky's ADDs across the Commonwealth.

Figure vii: Kentucky's ADD Map



## APPENDIX E: ASSURANCE FORMS

The following pages include copies of the Commonwealth's Assurances forms for AAILs.

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# Attachment A

## STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

### Older Americans Act, As Amended in 2020

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.*

#### Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (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), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)

(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(b) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

*Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.*

## Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need

(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) residing in such area, the number of older individuals who have greatest social need (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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances 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—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), 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 publicly supported programs for which the consumer may be eligible) and case management services);

(C) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(D) legal assistance;

and assurances that the area agency on aging 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;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)

(i)

(l) provide assurances that the area agency on aging will—

(aa) 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;

(bb) 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; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure 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.

(5) provide assurances that the area agency on aging 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;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if 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;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) 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;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) 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

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to 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;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) 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 will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging 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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) 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 contract or such relationship;

(D) 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 contract or such relationship; and

(E) on the 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;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging 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;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, 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 area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the

purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph

(A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

## Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the

provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging 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.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (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);

(iii) older individuals with greatest social need (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);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services

provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
  - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—
    - (i) public education to identify and prevent elder abuse;
    - (ii) receipt of reports of elder abuse;
    - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...

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*Signature and Title of Authorized Official*

*Date*

## **Attachment B**

## State Plan Guidance

### INFORMATION REQUIREMENTS

***Except as indicated where optional or only applicable to States with multiple planning and service areas, the State Plan must state how the following provision(s) will be met:***

#### ***1. Greatest Economic and Greatest Social Need***

***45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:***

***How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and the methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.***

***“Greatest economic need” means “the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses” (45 CFR § 1321.3).***

***“Greatest social need” means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.***

***A State agency’s response must establish how the State agency will:***

- identify and consider populations in greatest economic need and greatest social need;***
- describe how they target the identified the populations for service provision;***
- establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;***
- establish methods for serving the prioritized populations; and***
- use data to evaluate whether and how the prioritized populations are being served.***

**RESPONSE:**

Greatest economic need is defined as those who are at or below the Federal Poverty Level 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.

Greatest social need is defined as older individuals with noneconomic needs with particular attention to older individuals with limited English proficiency, and older individuals residing in rural areas. The

interstate funding formula that Kentucky will be using considers the priority areas listed in the paragraph above. Consensus was sought from the directors of the designated planning and service areas to provide a weight to each of the categories. Using the most current information available from the University of Louisville's Kentucky State Data Center, funds will be allocated based on the weights and populations distribution.

In turn, the designated planning and service areas will be required to utilize the same factors to distribute funds in each community and develop specific objectives to serve the populations. DAIL will monitor the allocations and expenditures throughout the fiscal year. Additionally, each designated planning and service area submits area plans every three years, with required revisions each year on they will provide services in the priority areas communicated by DAIL.

## **2. Native Americans: Greatest Economic and Greatest Social Need**

**45 CFR § 1321.27 (g):**

***Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency***

***and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.***

RESPONSE:

Kentucky has very few Native Americans, with less than .3% reporting American Indian and Alaska Native race and origin alone. Native American identity is included in the definition of greatest social need under the category of low-income minority. Native American older adults in Kentucky who are living at or below 185% of the poverty level are included in the definition of greatest economic need. Kentucky does not operate an Older Americans Act Title VI grant. However, all planning and service areas provide services to eligible Native Americans and work with the local Native American Organizations wherever possible.

## **3. Activities to Increase Access and Coordination for Native American Older Adults**

**OAA Section 307(a)(21): The plan shall —**

***provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the***

**agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.**

**45 CFR § 1321.53:**

**For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the**

**Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.**

**The policies and procedures set forth in (a) of this provision must at a minimum address:**

- **How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;**
- **The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;**
- **The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;**
- **How Title VI programs may refer individuals who are eligible for Title III and/or VII services;**
- **How services will be provided in a culturally appropriate and trauma-informed manner; and**
- **Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.**

RESPONSE:

Kentucky has very few Native Americans, with less than .3% reporting American Indian and Alaska Native race and origin alone. The designated planning and service areas sign assurances that they shall provide information concerning services to older individuals who are older Native Americans. They will pursue activities, including outreach, to increase access to programs and benefits provided under the Older Americans Act.

#### **4. Low Income Minority Older Adults**

**OAA Section 307(a)(14):**

***(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low- income minority older individuals with limited English proficiency.***

**RESPONSE:**

Kentucky utilizes the State Data Center to determine the number of low-income minority older adults and low-income minority older adults with limited English proficiency. Kentucky's 60+ minority population makes up 7.9% of the total 60+ population. Of that, 19.9% are low-income minority. Less than 1% of the state's 60+ population has limited English proficiency. To that extent, Kentucky adds additional weight to prioritize the low-income minority population at 1.05 of the interstate funding formula.

The entire interstate funding formula is as follows: The 60 plus population + Rural 60 plus population (x 1.05) + Low Income 60 plus population + Low Income Minority 60 plus population (x 1.05) = Total with weight / Grant Total with Weights = Percentage of Funding allocated to the AAA.

**5. Rural Areas – Hold Harmless**

**OAA Section 307(a)(3): The plan shall—**

***with respect to services for older individuals residing in rural areas—***

***provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;***

***identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and***

***describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.***

**RESPONSE:**

Kentucky will not allocate less than the amount allocated in FY2000 for services for older individuals residing in rural areas. The funding formula adds more importance to those living in rural areas. DAIL staff review monthly invoices to monitor that the designated planning and service areas is expending all allocated funds and failure to do so for two consecutive years may result in a decrease in allocation to that designated planning and service areas and reallocation to another designated planning and service areas.

Kentucky is predominantly a rural state. The funding formula adds more importance to those living in rural areas. As it stands now, each of the planning and service areas serve rural areas with only pockets of urban areas.

Using the latest census information from the University of Louisville's State Data Center, the rural population of 60 and over is identified and used as a basis for the funding formula. More importance is placed on this factor in the interstate funding formula. The designated planning and service areas regional plans must include explanations of how they provide equitable allocations of funds for programs and services.

#### **6. Rural Areas – Needs and Fund Allocations**

**OAA Section 307(a)(10):**

***The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.***

RESPONSE:

Kentucky's interstate funding formula weights individuals living in a rural area who are 60 and older at 1.05. The designated planning and service areas regional plans must include explanations of how they provide equitable allocations of funds for programs and services.

#### **7. Assistive Technology**

**OAA Section 306(a)(6)(I):**

***Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the area agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.***

RESPONSE:

DAIL meets this requirement by stipulating this assurance through contractual language with the planning and service areas. The planning and service areas must submit a three-year plan which will specify that each agency will, to the extent feasible, coordinate with DAIL to disseminate information about the assistive technology entity and access to assistive technology options for serving older individuals.

The planning and service areas will provide, as part of the area plan, a narrative description of local and regional efforts supporting this priority. DAIL annually monitors area plans and various portions of related assurances by providing planning and service areas with tools to detail how each assurance is achieved.

#### **8. Minimum Proportion of Funds**

**OAA Section 307(a)(2):**

***The plan shall provide that the State agency will —...***

***specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306***

***or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)***

RESPONSE:

The designated planning and service areas signs assurances that in accordance with the OAA, a minimum and adequate proportion of part B funds are expended in access services, transportation, health services, outreach, information and assistance, case management services, in-home services and legal assistance. Currently each planning and service area expends a minimum of 65 percent of their allocated part B services funds on access, in-home, and legal assistance. The process Kentucky utilizes to determine the percentage of allocated funds for access services was developed in conjunction with the interstate funding formula. The SUA tracks the amount of funding the PSA budgets for access services and reviews those expenditures each month with invoice submission.

#### **9. Assessment of Statewide Service Delivery Model**

**OAA Section 307(a)(27):**

**The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.**

**Such assessment may include—**

- **the projected change in the number of older individuals in the State;**
- **an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;**
- **an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and**
- **an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services**

**RESPONSE:**

At the election of the State, Kentucky will utilize the latest census information from the University of Louisville’s State Data Center to determine how prepared the State is for anticipated change in the number of older individuals during the 10 year-period following the fiscal year for which the plan is submitted.

**10. Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding (Optional, only for States that elect to pursue this activity)**

**45 CFR § 1321.87(a)(1)(ii):**

**Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:**

- **Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;**

- ***Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;***
- ***Such meals are to be provided to complement the congregate meal program:***
- ***During disaster or emergency situations affecting the provision of nutrition services;***
- ***To older individuals who have an occasional need for such meal; and/or***
- ***To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and 45 CFR § 1321.27 (j):***

***If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:***

- ***Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;***
- ***Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;***
- ***Description of the eligibility criteria for service provision;***
- ***Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and***
- ***Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.***

RESPONSE:

Kentucky will allow an area agency on aging to elect to utilize Title III C-1 funds for drive-through activities, they are subject to certain terms and conditions as follows:

- 1) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;
- 2) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1

funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

- 3) The meal units shall be counted as Drive-Thru – Congregate.
  - A. Such meals are to be provided to *complement* the congregate meal program. The AAA shall provide to the state how the Drive-Through-Congregate program shall be provided. Including,
    - i. Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor impact on congregate meals program participation;
    - ii. Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;
    - iii. Description of the eligibility criteria for service provision;
    - iv. Evidence of consultation with nutrition and other direct services providers, other interested parties, and the public regarding the need for and provision of such meals;
    - v. Description of how provision of such meals will be coordinated with nutrition and other direct services providers and other interested parties;
    - vi. How the drive-through meals will complement the congregate program;
    - vii. Drive-through meals may be offered to qualifying congregate meal participants who may have an occasional need for such a meal;
    - viii. How the funding shall be tracked to ensure that no more than 25% of the Title III C-A funding is used for the Drive-Through – Congregate program
    - ix. During disaster or emergency situations, which include weather-related and/or unforeseen senior center closures, affecting the provision of nutrition services; To older individuals who have an occasional need for such meal; and;
    - x. The locations where the drive-through – congregate program shall be available
- 4) Each AAA shall request a waiver explaining how offering drive-through – congregate meals program best serves eligible older adults with greatest economic and social need through the area plan. The waiver shall include the following:
  - A. Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;
  - B. Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;
  - C. Description of the eligibility criteria for service provision;
  - D. Evidence of how the area agencies on aging consulted with nutrition and other direct services providers, other stakeholders, and the public regarding the provision of such meals; and
  - E. Description of how provision of such meals will be coordinated within in the region.

**11. Funding Allocation – Ombudsman Program**

**45 CFR Part 1324, Subpart A:**

***How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.***

RESPONSE:

Kentucky will provide notification to the Ombudsman program for all sources received that are allocated or appropriated to the Ombudsman program and will provide information on any requirements of the funds while supporting the Ombudsman in their determination on the use of the funds. The State Long-Term Care Ombudsman will provide the Department for Aging and Independent Living with the data and supporting documentation necessary to demonstrate the equitable allocation of federal and state funds to District Ombudsman entities prior to any distribution of the funds. The funding allocation is subject to applicable federal and state laws and policies.

**12. Funding Allocation – Elder Abuse, Neglect, and Exploitation**

**45 CFR § 1321.27 (k):**

***How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.***

RESPONSE:

Kentucky allocates funding for the prevention, detection, assessment, treatment, intervention, and investigation of, in response to abuse, neglect and exploitation utilizing the ACL approved intrastate funding formula. Each planning and service areas collaborates with local coordinating councils on elder abuse to provide these services.

**13. Monitoring of Assurances**

**45 CFR § 1321.27 (m):**

***Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.***

RESPONSE:

Starting on January 1, 2026, each year, by June 30th, the Department for Aging and Independent Living shall complete a document that demonstrates compliance with all State Plan on Aging assurances. If any assurances are not in compliance at the time of monitoring, the document shall have an explanation of how Kentucky shall come into compliance.

**14. State Plans Informed By and Based on Area Plans**

**45 CFR § 1321.27 (c):**

***Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.***

RESPONSE:

Currently, Kentucky uses the State Plan to guide the development of the regional plans. Kentucky respectfully requests an extension until October 1, 2026, to have a fully approved plan that is informed by and based on area plans.

**15. Public Input and Review**

**45 CFR § 1321.29:**

***Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.***

RESPONSE:

Community forums, needs assessment, and public hearings are used to receive stakeholder input. Stakeholders are provided 30 days for input/comment. The Department for Aging and Independent Living shall utilize public hearings as one method of obtaining the views of older individuals, family caregivers, service providers and the public in developing the State Plan. Kentucky will afford an opportunity for a hearing on the state plan available for a thirty-day review period prior to holding a public hearing. The plan will be posted on websites and made for review at the 15 AAA and senior centers. Kentucky will also electronically publish the plan and share directly with service providers and advocacy groups prior to the public hearing. Kentucky law requires public hearings to be hosted in a centralized location with the ability to participate virtually as well. Individuals may submit comments before the public hearing, at the time of the public hearing, or up to three business days following the hearing. Kentucky will review the comments and incorporate the input and comments as appropriate.

**16. Program Development and Coordination Activities (Optional, only for States that elect to pursue this activity)**

**45 CFR § 1321.27 (h):**

***Certification that any program development and coordination activities shall meet the following requirements:***

***The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;***

***Program development and coordination activities must only be expended as a cost of State Plan administration, area plan administration, and/or Title III, part B supportive services;***

***State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and***

***Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older persons and family caregivers in the planning and service area.***

RESPONSE

Kentucky will not be pursuing this activity.

**17. Legal Assistance Developer**

**45 CFR § 1321.27 (l):**

***How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.***

RESPONSE:

Kentucky respectfully requests an extension until October 1, 2026, to meet the responsibilities for the legal assistance developer. Additional staff are needed to perform the responsibilities of a legal assistance developer. Currently, the Kentucky budget does not have the funding to support a qualified individual to devote their time to these responsibilities. DAIL will need to be submit a budget request to the legislature. Kentucky has a biennium budget period, and new requests will not be considered until January of 2026.

***18. Emergency Preparedness Plans – Coordination and Development***

***OAA Section 307(a)(28):***

***The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.***

RESPONSE:

This disaster coordinator with DAIL is the point of contact for disaster plan implementation, assures all protocols include all programs, documents, equipment, supplies and communications necessary to serve older adults and individuals with disabilities. The coordinator also provides direction to begin implementation of contact and information dissemination to regional and local agencies. DAIL will coordinate its disaster preparedness efforts to secure the connection between officials responding to disasters and emergencies with providers of services for the elderly in regional and local communities.

Each designated planning and service areas completes regional disaster plans every three years with a revision each year. In the plan they must address how they will continue services during a disaster and how they will assess the needs of those receiving services such as senior center services and in home services. The plan also includes a process for the storage of records and computerized documents and transfer to an alternate workspace for department staff at a separate location in the event a disaster destroys its facility and contents of the facility. The coordinator also assures the protocol provides for

resuming operations within 24 hours of a disaster. Designated planning and service area employees work as a Functional Assessment Service Teams members to conduct assessments to evaluate resources necessary to support people with functional and access needs within general population shelters following a disaster.

**19. Emergency Preparedness Plans – Involvement of the head of the State agency**

**OAA Section 307(a)(29):**

***The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.***

RESPONSE:

The staff assistant to the Commissioner of the Department is responsible for reviewing all emergency preparedness plans, policies and procedures. Recommendations are made to the Commissioner who has final approval of the plans. Implementation is conducted by staff who monitor designated planning and service areas for compliance.

## ATTACHMENT C

### KENTUCKY INTRASTATE FUNDING FORMULA

The following is a description of the intrastate funding formula used to allocate the federal funds in accordance with section 305(a)(2)(c) of the Older Americans Act and 1321.37 of the regulations published August 31, 1988, in the Federal Register.

The existing formula was reviewed by a task force composed of representatives selected by the, Kentucky Association of District Directors, Kentucky Association of Area Agencies on Aging and Independent Living, and the State Unit on Aging. Input was sought from the community through electronic survey sent to partners, providers and other vested parties. All components of the formula are using data from the 2018-2022 American Community Survey PUMS Estimates (Appendix G).

#### DESCRIPTION STATEMENT

Available funding to the AAA network is determined after first subtracting (A) up to the maximum amount allowable for State Plan administration and (B) IIB funding for the Long-Term Care Ombudsman Program (LTCOP) (established in coordination with the Long-Term Care Ombudsman) as determined by LTCOP program needs each year. The LTCOP set aside will in no case be less than the minimum amount required under the OAA. NSIP funds are distributed based on the prior federal fiscal year performance of each AAA. All remaining funds are allotted to the Area Agencies on a formula which is composed of the following demographic factors all from the U.S. Census Bureau:

- Population Distribution, based on 60+
- Low Income, based on 60+ poverty
- Greatest Economic Need, based on 60+ minority poverty
  
- Greatest Social Need, based 60+ rural

The formula reflects both the historical growth of aging programs in Kentucky and past allocation practices. It also contains demographic information in its calculations with a special emphasis on those in greatest social and economic need with particular attention to rural and low-income minority individuals. The intrastate formula reflects the following factors:

The formula is applied as follows: the 60 plus population + (Rural 60 plus population x 1.05) + Low Income 60 plus population + (Low Income Minority 60 plus population x 1.05) = Total with weight / Grant Total with Weights = Percentage of Funding allocated to the AAA.

## **ATTACHMENT D: PSA GEOGRAPHIC BOUNDARIES**

Figure vii below displays Kentucky's ADDs across the Commonwealth.



## **Attachment E - Evidence of Providing the Minimum Public Comment Period**

*The State Plan must include information that demonstrates the SUA's compliance with the minimum time period (i.e., at least thirty (30) calendar days, absent a waiver from the ASA) for public review and comment on the new State Plan, pursuant to 45 CFR § 1321.29(c).*

### **Response:**

The Kentucky Department of Aging and Independent Living (DAIL) State Plan on Aging (SPoA) is effective 2025-2028. Federal updates to the Older Americans Act guidance that was released in February 2024 has prompted an amendment to the 2025-2028 DAIL SPoA.

### **Publication:**

The public comment period for Kentucky DAILs SPoA Amendment was May 1, 2025 to June 3, 2025. DAIL posted the accessible SPoA Amendment to the Kentucky Cabinet for Health and Family Services, Department of Aging and Independent Living website ([DRAFT KY DAIL 2025-2028 State Plan.pdf](#)) for 30 calendar days (May 1- June1).

The webpage contained a link to the SPoA Amendment and directions on providing comments including an email link the public could use for providing feedback and comments.

On June 3, 2025, DAIL hosted a virtual public hearing session to present the Amendment items and gather public comment. The website provided a link for the public to access the virtual public hearing.

Notice of the public hearing was shared via a press release sent on May 6, 2025, that contained a link to the Amendment and instructions for accessing the virtual public hearing and providing comment.

### **Public Comments Received:**

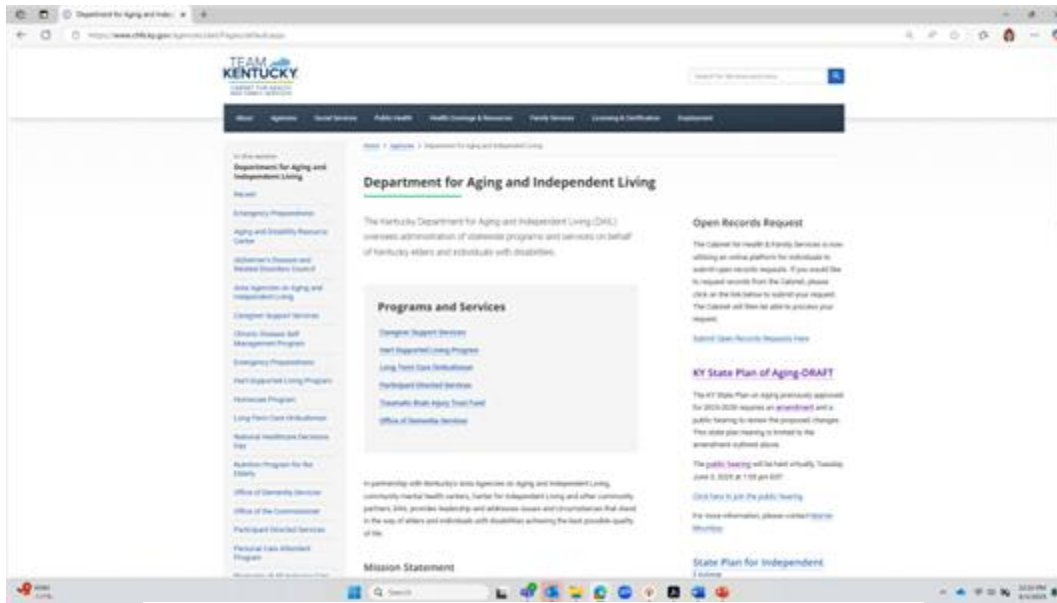
Kentucky DAIL received one comment via email from a former, 15 year, Kentucky Licensed Special Education Teacher. The commentor shared they have multiple disabilities and medical challenges, are currently experiencing homelessness, and they are temporarily living with family due to needing assistance care with taking care of basic living needs. They shared that they have a growing concern about eroding and ignored services and assistance programs for people with medical and mental health disabilities in Kentucky and around the country. The commentor requested access to the June 3, 2025, virtual meeting.

### **Kentucky DAIL Response:**

Kentucky DAIL responded to the commentor with a direct link to the June 3<sup>rd</sup> meeting and asked for the county where the commentor is currently residing. Kentucky DAIL then sent a follow up email with resources that may be beneficial for the commentor.

Kentucky DAIL thanks the organizations and individuals who took the time to review and submit comments during the public input process.

Evidence:



  
**ANDY BESHEAR**  
GOVERNOR

**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department For Aging and Independent Living**  
**Office Of the Commissioner**  
275 East Main Street, 3E-E  
Frankfort, Kentucky 40621  
Phone: (502) 564-6930  
Fax: (502) 564-4595

**ERIC FRIEDLANDER**  
SECRETARY  
**VICTORIA L. ELDRIDGE**  
COMMISSIONER

**Public Hearing Set for the Kentucky State Plan on Aging**

Pursuant to the federal regulations issued in 2024, the Department for Aging and Independent Living (DAIL) must submit an amendment to the previously approved 2025-2028 Kentucky State Plan on Aging. DAIL will host a public hearing to review the proposed changes to the previously approved State Plan on Aging prior to submission to the Administration for Community Living. The plan is required by the Older Americans Act and will be effective October 1, 2025, through September 30, 2028. The public hearing will be held virtually at 1 p.m., EST on Tuesday June 3, 2025, on Zoom and is accessible through the following link: <https://us06web.zoom.us/j/89895778692> The draft version of the revisions to the state plan that can be viewed on the DAIL website: [DRAFT KY DAIL 2025-2028 State Plan.pdf](#)

The hearing is a public forum open to the public or anyone interested in the delivery of services and establishment of programs for older Kentuckians. The State Plan includes all assurances and plans to be conducted by the Department for Aging and Independent Living under the provisions of the Older Americans Act, as amended, during the period identified above. DAIL is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated service systems and nutrition services, and to serve as the effective and visible advocate for older Kentuckians.

We look forward to your participation in the meeting and welcome your comments and suggestions. For more information, contact Marnie Mountjoy at (502) 229-5229 or [marnie.mountjoy@ky.gov](mailto:marnie.mountjoy@ky.gov).