



## Kansas Department on Aging

### **STATE PLAN ON AGING**

Federal Fiscal Years 2006-2008

Kathleen Sebelius  
Governor

Pamela Johnson-Betts  
Secretary

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## **VERIFICATION OF INTENT**

The state plan on aging for the period October 1, 2005 through September 30, 2008 is hereby submitted for the state of Kansas by the Kansas Department on Aging. The state agency named above has been given the authority to develop and administer the state plan on aging in accordance with all requirements of the Older Americans Act, as amended, and is primarily responsible for the coordination of all state activities related to the purpose of the Act. This includes, but is not limited to, the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in the state.

This plan is hereby approved by the Kansas Secretary of Aging, designee of the Governor, and constitutes authorization to proceed with activities under the amended plan upon approval of the U.S. Assistant Secretary for Aging.

The state plan hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

This plan is based upon projected receipts of federal, state and other funds and thus is subject to change depending upon actual receipts and/or changes in circumstances. Substantive changes to this plan will be incorporated into the annual amendments to the plan.

I hereby approve this state plan on aging and submit it to the U.S. Assistant Secretary for Aging.

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Date

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Pamela Johnson-Betts, Secretary  
Kansas Department on Aging

## INTRODUCTION

To help put this plan in perspective, it is important to understand future issues that Kansas and its senior citizens face. According to the AoA, the older population will continue to grow significantly in the future. This growth slowed somewhat during the 1990's because of the relatively small number of babies born during the Great Depression of the 1930's. But the older population will burgeon between the years 2010 and 2030 when the "baby boomer" generation, those born between 1946 and 1964, reaches age 65. By 2030, there will be about 70 million persons aged 65 or older, more than twice their 1999 number. Today people 65 or older represent almost 13% of the population but are expected to grow to be 20% of the population by 2030. That statistical trend has a parallel in Kansas with the year 2000 population of approximately 359,000 persons aged 65 or older and projections of approximately 605,000 persons 65 or older in the year 2030.

Forecasts of the exact number of elderly who will need long term care are uncertain because of differing conclusions about the effect of better health care and lifestyle practices of the boomer population. Predicting the magnitude and composition of the growth in the elderly needing long term care services is complicated by several factors. Some researchers argue that medical advances have increased life expectancy but have not changed the onset of illness. They predict that declining death rates may actually increase the need for long term care if more people live to develop age-related disabling conditions or live longer with existing disabilities. Others argue that disability is becoming increasingly compressed into a shorter portion of the life span, decreasing the number of years long term care is needed. Even if the rosier scenario prevails, we can predict the number of persons needing long term care will be considerably larger than it is today. We know that the most rapidly growing age group - individuals 85 and older that are most likely to require long term care - will more than double from about 3.9 million to about 8.5 million from 2000 to 2030. By 2050 it will more than double again to about 18 million individuals. Based on best and worst case scenarios, the number of baby boomers who will need long term care ranges from two to four times the current number of functionally impaired elderly.

How this will translate into the need for public spending on long term care services will depend on the private resources available to provide for these services. Based on an assumption that real wages will continue to grow and that Social Security, private pensions, and health expenditures will remain stable, the baby boomers, in general, are expected to be wealthier in retirement than their parents, with resources to purchase services when needed. Those who are single or less well educated, or who do not own homes, however, may not do as well.

At the same time that many baby boomers will have greater financial resources, they will have fewer social resources. Geographic dispersion of families and the large percentage of women who work outside the home may reduce the number of caregivers available to elderly baby boomers to provide unpaid care. Under those circumstances, it will be increasingly important to proactively develop labor force

availability as well as support those informal caregivers that are available. According to the AoA, the most recent National Long Term Care Survey identified over 7 million people as informal caregivers. These caregivers provide help to 5.2 million older people who live in the community and have at least one functional limitation in their activities of daily living. Among community based persons needing assistance with Activities of Daily Living (ADLs), 65 % depend solely on family and friends, another 30 % supplement family care with paid providers, and a little more than 5 % rely exclusively on paid services. If these caregivers had to be replaced by paid home care, the cost would be \$45-94 billion per year. With the increased demand for paid care giving at a time of reduced labor force availability, market place economics could severely stress the publicly funded service system competing for workers unless actions are taken today to affect the future.

While many aging boomers will have more financial resources in retirement than their parents, what might be more important is whether they have long term care insurance. Private long term care insurance is seen as a means of reducing the catastrophic financial risk for people needing long term care, and relieving some of the financial burden currently falling on public programs because private resources are quickly expended. There is, however, concern that people are not knowledgeable about the financial impact if they need long term care and the need for purchasing and maintaining a long term care insurance policy at an early age to obtain a reasonable rate. Further, people are not aware of the limitations of Medicare and Medicaid on long term care coverage, and this lack of knowledge decreases demand for long term care insurance. Lastly, there is little incentive for investing in long term care insurance at an early age.

Depending on a public agency's strategic actions today, the above variables could either drive up the future cost of publicly funded services or create an economy of scale that more efficiently uses available public resources. If the future aging system is to make most efficient use of public funds, our policy directions must be clear. We must create a system that is able to respond efficiently and effectively to changes in the demographics, needs, and interests of a not yet aged population when it is aged. We must transition from a system where targeting priorities is based on a rationing philosophy to a system where measurable results guide policy decisions. Program assessment must shift to outcomes with emphasis on results based data rather than compliance with technique. Programs will be measured against demonstrated improvement while management searches for the most effective solutions. Given budget limitations, those programs whose solutions make a difference must be implemented at the expense of existing, less effective activity.

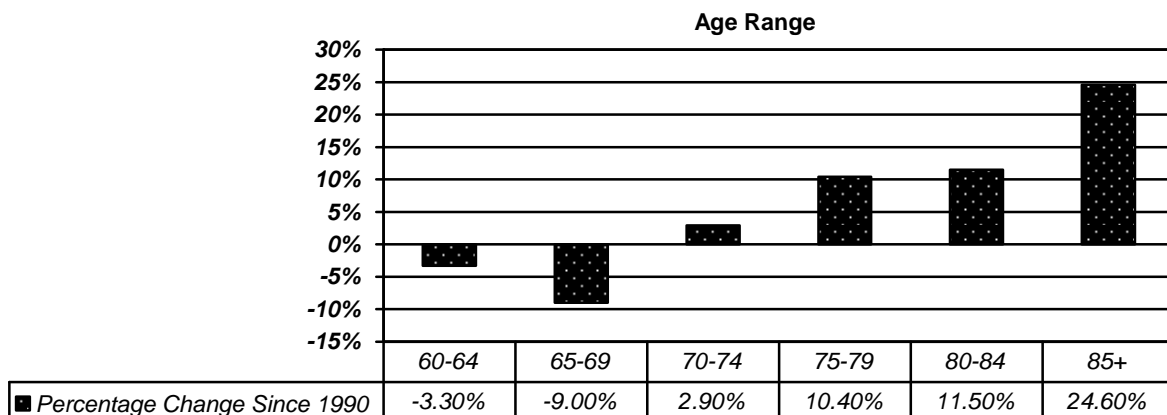
## STATE PROFILE

### Geographical and Demographic Characteristics

Kansas is a rural state. Only 9 of the state's 105 counties meet the U.S. Census Bureau definition of metropolitan. The rest of the counties are non-metropolitan and 30% of those can be classified as frontier, defined as a county population density of less than 6 persons per square mile. Kansas' non-metropolitan counties have both the largest number and highest proportion of senior residents. In 2000, there were nearly 188,000 senior residents age 65 and older in non-metropolitan counties, representing 52.8% of the state's senior population and 7% of the total population. Although non-metropolitan counties experienced a 1.4% decline in senior population between 1990 and 2000, seniors still accounted for 16.5% of these counties total population and constituted a majority - 54.1% - of the state senior population.

In addition to its rural nature, Kansas also has a high percentage of older residents. According to the year 2000 census data, the proportion of the older adult population over age 65 in Kansas is approximately 13.3% compared to 12.4% nationally. The state tied for 15<sup>th</sup> on this indicator in comparison with other states. The oldest old, age 85 and older, make up approximately 1.9% of the population compared to 1.5% nationally. This data indicates that, although one of the older population states, Kansas is less aged when compared to 1990 census data when the state ranked 11<sup>th</sup> among the states in percent of senior population. In fact, the percentage of population aged 60 and older is expected to continue to decline in the immediate future before slowly increasing. The seniors aged 85 and older, those current data shows are high users of support services, will contribute the greatest numbers to the expected increase. It is important to note that the cohort of Kansas citizens currently labeled "baby boomers" will not reach 85 years of age until about the year 2030.

**Changing Senior Population in Kansas**



### Socioeconomic Status

Since 1990, Kansas' population increased 8.5% or approximately 210,844 residents. Based on 2000 census data, 8.1% of Kansas seniors aged 65 and older lived at or below the poverty level less than the national average for the 65 and older population at 9.9%. Of the low-income Kansas seniors, 3,635 or 13.5% of them are low-income minorities. Within the group of poor seniors, we can still expect to find most are over 75 years of age, many live in non-metropolitan rural communities, many live alone, and the vast majority are female.

### Health Status

Challenges of living in a rural state can also include limited access to health care. Over half the counties in Kansas have under served health care needs. Most of these under served counties are in the rural western area of the state with fewer than ten residents per square mile. This isolation translates into fewer health care as well as aging service providers in an area of the state that is home to a high percentage of the state's seniors. Lack of availability of services commonly used to support seniors in their homes may be one of the reasons about 25% of rural seniors entering long term care settings demonstrated no impairments in activities of daily living.

According to the National Advisory Academy on an Aging society, the most common chronic conditions of persons aged 75 and older are hearing impairments, arthritis, heart disease, hypertension, and cataracts. These conditions often restrict the ability to perform one or more activities. Need for assistance from another person in self-care or home management is a primary reason for contact with the aging services system. Census data from 2000 indicates approximately 41.5% of Kansas seniors aged 6% and older reported having a disability indicating a high risk for service support directly or to family caregivers.

There is increasing recognition that there is a large unmet need for mental health services for the elderly. Based on the Surgeon General's Report, an estimated 20% of older Kansans need mental health services. According to the Report, stressful life events such as declining health and/or loss of mates, family members, or friends often increase with age. Older people have the highest rates of suicide in the U.S. population. Among the elderly, Kansas has a higher rate of suicide (12%) than the national average (10.6%).

An estimated 64,000 Kansans aged 65 and over suffer from Alzheimer's disease. Persons with Alzheimer's generally live at home or in a community setting until the end stage of the disease, often placing a heavy burden on family caregivers. According to the Alzheimer's Association, 80% of Alzheimer's caregivers suffer from high levels of stress and nearly half suffer from depression.

### Older Persons as Caregivers

America's traditional family is undergoing change in the traditional role of caregiver. Over the past decade, fertility and mortality have declined. The proportion of the older population has expanded while the number of younger family members available to care for older people has decreased. The so called "sandwich generation" often find themselves caring for elderly parents while also caring for their children. While middle aged adults find themselves caring for elderly parents, older persons are also becoming primary care givers.

In addition to caring for elderly spouses, Kansas seniors may also be raising their grandchildren. Though grandparents raising grandchildren is not a new phenomenon, their serving as the primary kinship caregivers for children is a rapidly growing trend. Recent research indicates that 10.9% of all grandparents in the U.S. have been primary caregivers for one or more grandchildren for a period of at least six months during their lives. A 1997 Census Bureau report indicated that 20,245 (3.1%) of all children living in the Kansas were living with grandparents.

## **DETERMINING THE NEED**

This plan has been developed based on information collected from a variety of sources knowledgeable about issues of aging. Of significant importance was input from Kansas seniors, Area Agencies on Aging (AAAs), the Governor's Advisory Council on Aging, and other concerned agencies and organizations throughout the State of Kansas. In addition to AAAs acquiring public input at the local level to build the Area Plans, KDOA conducted an interactive public hearing teleconference with customers at ten sites statewide providing valuable comments, responses, and feedback to current programs and our stakeholders' views of future needs. The KDOA web site, which averages over 125,000 hits a month, is also a source of stakeholder feedback.

### Public Hearing Teleconference Concerns

The Kansas Department on Aging (KDOA) held an open meeting on July 13<sup>th</sup>, 2005. The purpose of the meeting was to gain input from the public and KDOA customers in the planning process of the agency's FY 2006 budget, as well as input on the needs of Kansas seniors.

Conferees participated via teleconference sites across the state in Chanute, Dodge City, Hays, Hiawatha, Kansas City, Manhattan, Olathe, Salina, Topeka, and Wichita. Participants included KDOA staff, Area Agency on Aging (AAA) staff, County Councils on Aging, nutrition site directors, seniors, customers, congressional staff, and other representatives from across the aging network.

Each of the teleconference sites was provided several opportunities to provide testimony or comments. Thirty-five people gave oral or written testimony. The comments were as follows:



## **System Issues**

- Increase collaboration between the agencies that deal with senior issues;
- Facilitate independence and freedom of choice for seniors choosing service providers;
- Guarantee the level of funding for senior services within the state, even if the aging population declines;
- Increase funding and reimbursement rates for all service providers;
- Increase funding for senior dental care services;
- Create innovative incentive programs to overcome the growing shortage of dental care providers in the state, especially rural areas;
- Increase funding to harness the power of technology that will help older people access affordable services to achieve a good quality of life;
- Increase access to long-term care insurance policies and financial planning resources for the entire lifespan;
- Provide funding for the state or federal government to purchase long-term care insurance for those who need it most as a method of reducing future healthcare costs;
- Create strategies for challenging attitudes toward older adults:
  - Expand senior participation in volunteerism,
  - Create pilot programs to increase opportunities for volunteerism and employment among seniors,
  - Collaborate with various associations to improve inter-generational involvement in long-term care, and
  - Publicize the positive contributions that older people make to society to combat ageism;
- Create grassroots committees to make recommendations on senior issues;
- Increase funding to hold forums with grassroots senior organizations;
- Increase funding for transportation assistance;
- Provide opportunities for seniors to learn new skills, new information, and share their knowledge as a way improve their quality of life and engage them in their communities;
- Allow faith-based communities to build better long-term care facilities.
- Formulate a unified "aging budget" to coordinate services and use funds more efficiently; and
- Modify the law to create a 5-year look-back for transferred assets when determining eligibility for senior housing.

## **Attendant Care Issues**

- Increase funding support for home health agencies to allow them to continue providing their services; and
- Increase the number of volunteer ombudsmen in the state so that each facility has its own advocate.

### **Vulnerable Adults**

- Address issues of fragmentation in mental health services for older adults;
- Provide funding for a full-time position that would address the mental health needs of older adults;
- Provide funding for geriatric training for social workers;
- Increase awareness of aging issues among those with developmental disabilities;
- Review age requirements for senior services for those with developmental disabilities since the developmentally disabled experience age-related issues earlier;
- Implement a “friendly visitor” or “phone pal” phone line program, with special focus on seniors in rural areas who need a listening ear;
- Increase funding to allow rural aging pilot projects that will create a system for assessing the needs of seniors in rural areas;
- Provide more education to protect older adults from scams and cons; and
- Provide more services specific to homeless seniors and seniors with addiction problems.

### **Caregivers**

- Enhance education of caregivers; and
- Provide more support to grandparents that are raising their grandchildren;
- Collaborate with primary care physicians as they deal with aging issues among their patients.

### **Nutrition**

- Advocate for seniors who cannot afford food that enables them to maintain an adequate diet;
- Continue to provide funding for congregate and home-delivered meals;
- Increase funding for nutrition and wellness programs; and
- Create a partnership with rural area pilot programs addressing healthy living.

### **Prescription Drugs**

- Advocate for seniors who are not able to afford the prescriptions they need to maintain their health;
- Develop more comprehensive prescription drug assistance for seniors; and
- Enhance funding for the Senior Health Insurance Counseling for Kansans (SHICK) program so that it can reach its fullest potential, especially with regards to the demand for information about the Medicare Modernization Act.

## **THE KANSAS AGING SERVICE NETWORK**

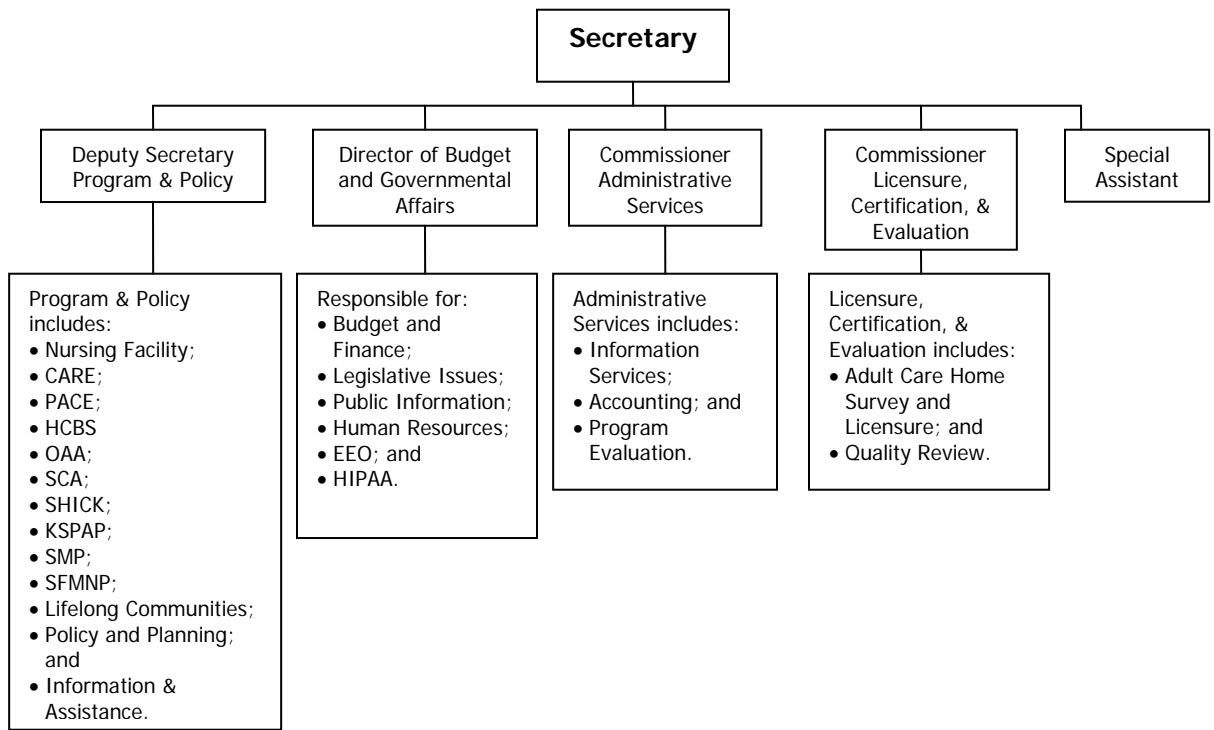
The community organizations, advocacy groups, and provider agencies that are concerned with the well being of older Kansans constitute the strength of the aging services network. These stakeholders look to leadership from three major components of the aging services network: the Kansas Department on Aging, the State Advisory Council on Aging, and eleven Area Agencies on Aging.

### The Kansas Department on Aging

The Kansas Department on Aging was established by Kansas statute in 1977. The Department is the single state agency for receiving and disbursing federal funds made available under the federal Older Americans Act, and it administers long term care programs for seniors funded through Medicaid and State General Funds. The powers and duties provided by law to the Department include the responsibility to evaluate all programs and services for the aged within the state, determine the extent to which these meet the needs of the aged, and develop a comprehensive plan to meet the needs of the state's older citizens. The Department is also the primary agency funded by the Legislature to provide services to Kansas seniors.

In 1997, the Medicaid Nursing Facility Program and the Home and Community Based Services for the Frail Elderly Waiver were transferred to KDOA from the Department of Social and Rehabilitation Services. More recently on July 1, 2003, the Adult Care Home Licensure and Certification Program was transferred from the Kansas Department of Health and Environment to KDOA. This transfer and the elimination of two commissions within the Department prompted a reorganization that was effective June 9, 2003 and is reflected in the organization chart on the next page.

Please see Appendix F for information on other programs administered by the Kansas Department on Aging which complement Older Americans Act programs and services. Detailed information about the Long-Term Care Ombudsman Program is contained in Appendix G.



The State Advisory Council on Aging

Established by Kansas statute in 1977, the Council, among other duties, serves as the advisory committee to the Governor and the Secretary on Aging, reviews and comments on plans prepared by the Department and consults with the Secretary on the operations of the Department and advocate for Kansas seniors.

ADVISORY COUNCIL MEMBERS

Trish Moore, Chair  
9803 W. 121<sup>st</sup>  
Overland Park, KS 66213  
H: (913) 897-8343  
W: (913) 477-8100  
[Trish.moore@jocogov.org](mailto:Trish.moore@jocogov.org)

Rep. Jerry Williams  
21225 Kowa Rd.  
Chanute, KS 66720  
W: (785) 296-7690  
H: (620) 431-0172

Amelia C. Jones  
3726 Weaver Dr.  
Kansas City, KS 66104  
H: (913) 342-5728  
[Oakmills@aol.com](mailto:Oakmills@aol.com)

Rep. Bob Bethell  
PO Box 186  
Alden, KS 67512  
(316) 534-3085  
[Bethell@ink.org](mailto:Bethell@ink.org)

Bill Moriarity  
116 W 38<sup>th</sup>  
Hays, KS 67601  
H: (785) 625-8120  
[Brmoriarity@eaglecom.net](mailto:Brmoriarity@eaglecom.net)

Senator Vicki Schmidt  
2619 SW Randolph Ct.  
Topeka, KS 66611  
H: (785) 267-4686  
W: (785) 296-7374  
[schmidtforsenate@cox.net](mailto:schmidtforsenate@cox.net)

John Lehman  
606 North 13<sup>th</sup>  
Sabetha, KS 66534  
H: (785) 284-3471  
W: (785) 284-3697  
[jelehman46@hotmail.com](mailto:jelehman46@hotmail.com)

Senator David Haley  
936 Cleveland Ave.  
Kansas City, KS 66101  
H: (913) 321-3210  
W: (913) 579-1490  
F: (913) 321-3110  
[senhaley@aol.com](mailto:senhaley@aol.com)

Luella "Lu" M. Janzen  
310 Willow Rd.  
Hillsboro, KS 67063-1906  
H: (316) 947-5730  
W: (316) 947-2301  
F: (316) 947-5608  
[luj@parksideks.org](mailto:luj@parksideks.org)

### The Area Agencies on Aging

The eleven Area Agencies on Aging are either units of county government or private, not for profit corporations. The Department and the Area Agencies on Aging work closely together; the Department contracts with Area Agencies for the provision of services at the local level. The Area Agencies on Aging, among other responsibilities:

- Serve as a community planning agency to improve services to seniors;
- Act as an advocate for seniors;
- Purchase services which help seniors remain in the community and avoid unnecessary or premature moves from their homes; and,
- Develop coalitions and networks of support for seniors and their care givers to avoid or reduce the need for publicly funded services.

Each Area Agency has the responsibility to coordinate services in its geographic area of responsibility and manage its service area effectively and efficiently. In carrying out their responsibilities, Area Agencies exercise leadership in working with community agencies, service providers, and organizations of seniors to expand and improve services at the local level.

Area Agencies use funds made available by the Department on Aging to provide, through subcontracts to local providers, a continuum of choices in services and supports for the elderly.

## Area Agencies on Aging (AAAs)

Wyandotte/Leavenworth AAA (01)  
 9400 State Avenue, Suite # 111  
 Kansas City, KS 66112-1540  
 (913) 573-8532  
 (888) 661-1444

Southeast KS AAA (05)  
 1 West Ash  
 Chanute, KS 66720-1010  
 (620) 431-2980  
 (800) 794-2440

Northeast KS AAA (09)  
 526 Oregon  
 Hiawatha, KS 66434-2222  
 (785) 742-7152  
 (800) 883-2549

Central Plains AAA (02)  
 510 North Main, Room 502  
 Wichita, KS 67203-3725  
 (316) 660-7298  
 (800) 367-7298

Southwest KS AAA (06)  
 240 San Jose Dr.  
 Dodge City, KS 67801-1636  
 (620) 225-8230  
 (800) 742-9531

South Central KS AAA (10)  
 P.O. Box 1122, 304 S. Summit  
 Arkansas City, KS 67005  
 (620) 442-0268  
 (800) 362-0264

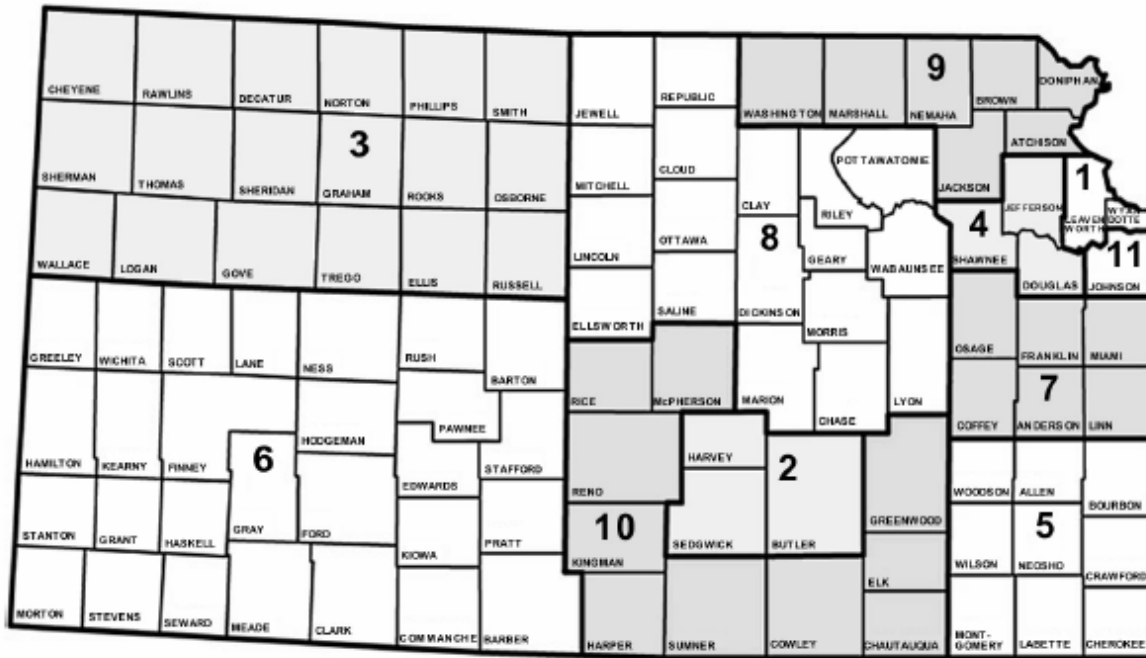
Northwest KS AAA (03)  
 301 West 13<sup>th</sup>  
 Hays, KS 67601-3703  
 (785) 628-8204  
 (800) 432-7422

East Central KS AAA (07)  
 132 South Main  
 Ottawa, KS 66067  
 (785) 242-7200  
 (800) 633-5621

Johnson Co. AAA (11)  
 11875 S. Sunset, Suite # 200  
 Olathe, KS 66061-2796  
 (913) 894-8811  
 (888) 214-4404

Jayhawk AAA (04)  
 1720 SW Topeka Blvd.  
 Topeka, KS 66612  
 (785) 235-1367  
 (800) 798-1366

North Central/Flint Hills AAA (08)  
 401 Houston  
 Manhattan, KS 66502  
 (785) 776-9294  
 (800) 432-2703



## STATE PLAN ASSURANCES

The Kansas Department on Aging makes the following assurances that must be verifiable, along with specific implementation plans where appropriate.

### Sec. 305, ORGANIZATION

**(1) The State agency shall, except as provided in subsection (b)(5), designate for each planning and service 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. ((a)(2)(A))**

A complete listing of the area agency on aging for each planning and service area is provided on page 14.

**(2) The State agency shall 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. ((a)(2)(B))**

The state plan is developed based on information collected from a variety of sources:

- Kansas seniors;
- Area Agencies on Aging (AAAs);
- The Governor's Advisory Council on Aging;
- Other concerned agencies and organizations throughout the state;
- Interactive public hearing teleconference; and
- The KDOA web site.

**(3) The State agency assures 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 minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan. ((a)(2)(E))**

The Department meets this assurance by reviewing the area plans to ensure area agencies give preference to these groups, and by conducting annual site visits of area agencies on aging to ensure that the area plans are implemented.

If a waiting list is necessary due to insufficient funds, service preferences are given to individuals with greatest economic need and greatest social need.

Documentation is reviewed during annual site visits to ensure this preference is being given.

**(4) The State agency will require use of outreach efforts described in section 307(a)(16). ((a)(2)(F))**

The Department meets this assurance by reviewing area plans to ensure that outreach components are included. Area agency on aging outreach efforts are reviewed for compliance during annual site visits.

**(5) The State agency shall undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas. ((a)(2)(G)(H))**

The Department meets this assurance by reviewing area plans to ensure that program development, advocacy and outreach efforts are focused on the needs of low-income minority individuals and rural residents. Documentation is reviewed during annual site visits to ensure that the planned activity is taking place.

## **Sec. 306, AREA PLANS**

**The State agency assures that each of the following assurances required under Section 306 shall be included in an approved area plan submitted by each area agency on aging and shall be verified as operational by the State agency.**

The Kansas Department on Aging has developed a uniform area plan format and an area plan approval process that ensures the requirements of section 306 are met. The area plan format can be found in Appendix A, along with approved area plans from one rural and one urban Area Agency on Aging. The Department bases its Older Americans Act State Plan on the goals set forth in the area plans of the area agencies on aging.

**(1) Each area agency on aging shall 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, outreach, information and assistance, and case management services);**



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

**(C) 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. ((a)(2))**

The Kansas Department on Aging requires the area agencies on aging to expend minimum portions of their funding in accordance with section 307(a)(2)(C) for the following categories of services:

- Access to services – 9%;
- In-home services – 15%;
- Legal assistance services – 5%; and
- Other (access, in-home services, and/or legal assistance) – 5%.

The Department’s grant monitors review monthly financial reports to ensure that the adequate proportions are maintained.

**(2) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. ((a)(4)(A)(i))**

The uniform area plan format includes objectives and methods for all services provided.

**(3) Each area agency on aging shall 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—**

**(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;**

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

**(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. ((a)(4)(ii))**

Each area agency on aging provides these assurances in its area plan by signing the Older Americans Act Assurances of Compliance.

**(4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall—**

**(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;**

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

**(C) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i). ((a)(4)(A)(iii))**

This data is either entered into the Kansas Aging Management Information System (KAMIS) or is manually reported to the Department on a semi-annual basis.

**(5) Each area agency on aging shall 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—**

**(A) older individuals residing in rural areas;**

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

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

**(D) older individuals with severe disabilities;**

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

**(F) older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance. ((a)(4)(B))**

Each area agency on aging provides these assurances in its area plan by signing the Older Americans Act Assurances of Compliance.

**(6) Each area agency on aging shall provide 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. ((a)(4)(C))**

Each area agency on aging provides these assurances in its area plan by signing the Older Americans Act Assurances of Compliance.

**(7) Each area agency on aging shall 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, with agencies that develop or provide services for individuals with disabilities. ((a)(5))**

Each area agency on aging provides these assurances in its area plan by signing the Older Americans Act Assurances of Compliance.

**(8) Each area agency on aging shall 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. ((a)(11))**

Area agencies on aging determine special needs of specific populations through public hearings that are held during the development of the area plan. The needs of older Native Americans as well as other cultural groups are identified through this forum.

**(9) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. ((a)(13)(A))**

Each area agency on aging provides these assurances in its area plan by signing the Older Americans Act Assurances of Compliance.

**(10) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency—**

**(A) 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**

**(B) the nature of such contract or such relationship. ((a)(13)(B))**

Each area agency on aging provides these assurances in its area plan by signing the Older Americans Act Assurances of Compliance. In addition, the Uniform Area Plan format includes a form that each area agency completes to identify all provider contracts and grants.

**(11) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. ((a)(13)(C))**

Each area agency on aging provides these assurances in its area plan by signing the Older Americans Act Assurances of Compliance.

**(12) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. ((a)(13)(D))**

Each area agency on aging provides these assurances in its area plan by signing the Older Americans Act Assurances of Compliance.

**(13) Each area agency on aging shall provide assurances that the area agency will, 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. ((a)(13)(E))**

Each area agency on aging provides these assurances in its area plan by signing the Older Americans Act Assurances of Compliance.

**(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(14))**

Each area agency on aging provides these assurances in its area plan by signing the Older Americans Act Assurances of Compliance.

The Department reviews all applications submitted by the area agencies on aging to ensure that funds awarded to grantees are only used for services applicable to this title.

**(15) Each area agency on aging shall 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. ((a)(15))**

Each area agency on aging provides these assurances in its area plan by signing the Older Americans Act Assurances of Compliance.

## **Sec. 307, STATE PLANS**

**The Kansas Department on Aging agrees to adhere to each of the following assurances and to address each of the following information requirements.**

**The Kansas Department on Aging:**

**(1) Assures 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. ((a)(7)(A))**

The Department's grant monitors maintain fiscal control and accounting procedures to meet this assurance.

**(2) Assures that—**

**(A) 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;**

**(B) 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**

**(C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. ((a)(7)(B))**

All Department employees with administrative authority over Older Americans Act programs are required to annually submit conflict of interest statements to the Kansas Secretary of State.

**(3) Assures that 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 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000. ((a)(9))**

The Kansas Department on Aging is a pass-through agency for funding for the Long-Term Care Ombudsman Program, which is administered by the Kansas

Department of Administration. The Department on Aging monitors monthly fiscal reports to ensure that the amount expended for the Long-Term Care Ombudsman program meets or exceeds fiscal year 2000 levels and that program expends funds within designated budget cycles. For details about the Long-Term Care Ombudsman program, please see Appendix G.

**(4) Assures 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. ((a)(10))**

The Department meets this assurance by reviewing area plans to ensure that the needs of rural seniors are met. Documentation is reviewed during annual site visits to ensure that the area plans are implemented.

In addition to the area agency on aging efforts described in the area plans, the Department maintains the following services to meet the needs of rural seniors:

- Elder Hotline;
- Distribution of Explore Your Options books to rural hospitals and service providers;
- KDOA Webpage; and
- Lifelong Community Initiative, which assists Kansas communities in becoming more senior-friendly and accessible.

The Kansas Department on Aging seeks out opportunities to expand services in rural areas. The Department received a grant from the National PACE Association to develop a rural PACE program in Kansas. The Department also participates in the Rural Development Task Force.

Funding for rural programs is assured through the Intrastate Funding Formula (see Appendix D). This funding formula includes a Base Allotment, which takes into consideration the special needs of the rural areas. This Base Allotment ensures that funding for rural areas is maintained at the FY 2000 level.

**(5) Assures that area agencies on aging will—**

**(A) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;**

**(B) include in any such contract provisions to assure that any recipient of funds under (A) 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**

**(C) 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. ((a)(11)(A))**

Each area agency on aging provides these assurances in its area plan by signing the Older Americans Act Assurances of Compliance. The Adequate Proportion Formula (see page 17) ensures that funding is available for legal assistance services.

**(6) Assures 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. ((a)(11)(B))**

All providers of legal assistance services are reviewed through the area plan process. Currently all providers are contracted with Kansas Legal Services, which is a Legal Services Corporation project grantee.

**(7) Assures that, to the extent practicable, 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; ((a)(11)(D))**

The provision of legal assistance services is reviewed through the area plan process. Kansas Legal Services acts as a legal "case manager", assessing the legal needs of clients and making referrals to other available legal services when appropriate.

**(8) Assures 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. ((a)(11)(E))**



As a Legal Services Corporation project grantee, the mission of Kansas Legal Services is to give priority to these issues.

**(9) Assures that, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, 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—**

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

**(B) receipt of reports of abuse of older individuals;**

**(C) 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**

**(D) referral of complaints to law enforcement or public protective service agencies where appropriate. ((a)(12))**

The prevention of exploitation, abuse and neglect of seniors is part of the Kansas Department on Aging's ongoing mission. The Department and the area agencies on aging engage in continuing coordination efforts with Adult Protective Services through the Kansas Department of Social and Rehabilitation Services. In addition, the Department provides educational opportunities to professionals and the public through the Prevention of Elder Abuse, Neglect and Exploitation (PEANE) grant program, which provides several workshops each year throughout the state.

**(10) Assures that the 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. ((a)(13))**

The Department maintains a full-time equivalent position of Legal Assistance Developer who coordinates services with the area agencies on aging and Kansas Legal Services. This position also administers the PEANE grant activity.

**(11) Assures 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.**

**((a)(14))**

Currently, no planning and service areas in Kansas have a substantial number of older individuals with limited English-speaking ability, and all area agencies on aging are able to adequately address the needs of this population through the use of interpreters, translated educational materials, etc. The demographics of the aging population in Kansas are changing, and the use of bilingual staff and targeted programs to address the needs of this population will be a focus for the Department and the area agencies on aging in the future.

**(12) Assures that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on—**

**(A) older individuals residing in rural areas;**

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

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

**(D) older individuals with severe disabilities;**

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

**(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance. ((a)(16))**

The Department gathers data on the needs of older Kansans. This information is maintained in the Kansas Aging Management Information System (KAMIS). Data from KAMIS is evaluated and reports are prepared for the Department managers, the Legislature, the State Advisory Council, and the area agencies on aging for their consideration when developing area plans.

All eleven area agencies on aging in Kansas provide information and assistance services and outreach services, and the Department will continue to monitor and approve the provision of these services. The Department has also established policies that address direct service requests from area agencies on aging. These policies are located in Appendix C.

The following methods are used to identify the needs of minority older adults in Kansas:

- Gather standard intake information;
- Complete assessments to determine need and resources;
- Provide community outreach;
- Conduct public hearings;
- Monitor AAA area plans; and
- Gather data and report on the program service needs of this population.

In addition to the services listed in 102(19)(G), the Department recognizes Alzheimer's support services and caretakers as in-home services. Caretakers are defined as meal providers to a non-spousal family member or other individual who is 60 or older, and is a person who provides services free of charge to a home delivered meal customer.

**(13) Assures that, with respect to the needs of older individuals with severe disabilities, 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. ((a)(17))**

The Department collaborates with the Kansas Department of Social and Rehabilitation Services, the state agency responsible for providing services to individuals with disabilities. In each planning and service area, area agencies on aging work with centers for independent living, community developmental disability organizations, and community mental health centers to coordinate the provision of services.

**(14) Assures 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.**

**((a)(18))**

Each area agency on aging is designated as a "single point of entry" for services in the planning and service area. Area agency on aging case managers and CARE coordinators are responsible for assessing customer needs and coordinating appropriate services for all older individuals choosing to receive community-based services.

**(15) Assures that special efforts will be made to provide technical assistance to minority providers of services. ((a)(20))**

The Department maintains a full-time equivalent position that's responsible for providing information and assistance to current and potential minority providers.

**(16) Assures that the State agency will:**

**(A) coordinate programs under this title and programs under title VI, if applicable; and**

**(B) 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. ((a)(21))**

The Department will continue to meet with the three Native American Tribes in Kansas to coordinate service delivery and collaborate on programs and benefits available to older Native Americans. The Department will share initiatives of other state agencies and partners that may benefit older Native Americans.

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

The Department uses the uniform procedures described in section 202(a)(26) to evaluate supportive services. All eleven area agencies on aging provide assessment and case management services to Kansas Seniors. The Department will continue to monitor and approve the case management services provided by the AAAs. As the primary contacts with older individuals, the area agencies are responsible for gathering unmet needs data and reporting it to the Department. These procedures allow the Department to submit the State Program Reports and to produce an annual report.

**(18) Assures 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. ((a)(23))**

As the “single point of entry” for services to seniors, the area agencies on aging are responsible for coordinating services and benefits under all available programs, such as food stamps, HUD housing, and Medicaid and Medicare programs. The Department will continue to provide funding as available for demonstration projects focused on multi-generational activities. Area agencies that access these funds provide project details in their area plans.

**(19) Assures 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. ((a)(24))**

The Department maintains two full-time equivalent positions that collaborate with the Kansas Department of Transportation and coordinated transit districts to ensure that seniors continue to be a priority in planning routes and allocating resources.

**(20) Assures that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title. ((a)(25))**

On an annual basis, a valid sample of customers is interviewed. This sample is drawn from all OAA customers without regard to income or race. It is stratified by AAAs to address a proportionate number of persons from each AAA. One of the interview questions deals with stratification of services, and customers are asked whether this has allowed them to remain in their homes with quality services. This information is used to determine whether the AAAs are meeting the area plan assurances and other policy requirements. If an AAA is not meeting an assurance, it is required to develop a corrective action plan and resolve the issue.

**(21) Assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(26))**

The Department reviews each application submitted by AAAs to ensure that the grantee does not fund services not applicable to this title.

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

**(1) Assures 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. ((b)(3)(E))**

The Department's Special Evaluation Process ensures that employees are not terminated or laid off without just cause. The Department's hiring procedures require the justification of position, duties and funding before any position can be filled. Both procedures require approval of several levels of management.

**Sec. 705. ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

**(1) Assures 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.**

The Department's grant monitors maintain fiscal control and accounting procedures to meet this assurance.

**(2) Assures 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.**

The Department conducts public hearings on an annual basis. The department also has the capability to hold public hearings upon request. The most current public hearing was held on July 13<sup>th</sup>, 2005. Customers, advocates, and service providers were given the opportunity to comment on all of the Department's services, including those funded by OAA Titles III and VII (see page 9 for the comments gathered during the public hearing that are related to the Older Americans Act). The State Advisory Council was also provided an opportunity to comment on the State Plan.

**(3) Assures 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.**

In addition to the public hearings noted above, area agencies on aging are asked to provide their comments on activities that provide access and assistance in securing and maintaining benefits and rights.

**(4) Assures 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.**

The Department's grant monitors maintain fiscal control and accounting procedures to meet this assurance.

**(5) Assures 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).**

In addition to the State Long-Term Care Ombudsman who is appointed by the Governor, Kansas has five regional ombudsmen who are state employees. These paid staff provide support and guidance to volunteer ombudsmen who are assigned to facilities in their communities. There are no restrictions placed on the designation of local Ombudsman entities other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(c). The Interagency Agreement between the Kansas Department on Aging and the Kansas Department of Administration includes a provision that the Department of Administration must have the Department on Aging's approval of all changes to policy and structure.

**(6) Assures 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;**

The Department has an agreement with the Department of Social and Rehabilitation Services to provide coordinated adult protective services



and community based services programs. The AAA case managers are trained by Department staff on the adult abuse, neglect, and exploitation statute and their reporting obligation.

The Prevention of Elder Abuse, Neglect and Exploitation (PEANE) Project awards grants to organizations that provide education and training; conduct research for the prevention of elder abuse, neglect, and exploitation; or study the nature or extent of financial exploitation of older individuals. The Department's PEANE grants establish public education as a priority. The Department uses input gathered during the annual public hearing to determine which area will be the focus of the PEANE project for the year.

The Department has also issued policies regarding grievance procedures that the area agencies must follow. The procedures can be found in Appendix B.

**(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**

The Department's application process ensures that customers are voluntarily participating in the program of services. An area agency on aging staff member performs an intake and assessment of each customer who requests services. The customer signs the resulting plan of care to indicate his/her agreement with planned services. Case managers monitor the customer's care to ensure that services are provided as agreed.

**(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.**

All Department employees who work with Older Americans Act programs have received training in HIPAA compliance and are certified.

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Pamela Johnson-Betts  
Secretary of Aging

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Date

INSTRUCTIONS FOR  
AREA PLAN APPLICATION  
FOR  
FISCAL YEAR 2006 THROUGH 2008

Revised April 1, 2005

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## DEFINITIONS

**Annual Update** - The second year budget and amendment to the approved three-year plan.

**Application Agency** - The official name of the Area Agency.

**Community** - (as defined for focal points) An area specified by an Area Agency on Aging and approved by the Kansas Department on Aging. Community is an area established to encourage the maximum collocation and coordination of services for older individuals. The community will be either based at, linked to, or coordinated with the focal points designated.

**Consumer Price Index** – A measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services.

**Contract** - A procurement agreement under a grant or in place of a grant.

**Coordination** - Activities which establish linkages with public and private agencies and other groups concerned with the issues, needs or welfare of older persons for the purpose of promoting a comprehensive and coordinated service system or otherwise responding to older persons. The development and implementation of joint programs and agreements with other agencies, which identify potential resources for the expansion or improvement of services included.

**Delivery Cost** – Expense for equipment and consumable supplies directly related to the packaging and service of home delivered meals such as styrofoam containers, transporting equipment, and other costs incurred for transportation of home delivered meals to the home. (C2 only)

**Effective Date of The Plan** - The three-year period beginning October 1, 2005 through September 30, 2008.

**Focal Points** - A facility established to encourage the maximum co-location and coordination of services for individuals 60 years of age or over.

**Goals** - The overall purpose of a service or program to which the area agency's efforts are directed. They are usually contained in the enabling legislation for that service or program and closely tied to the intent of the act and the expected results of efforts to meet the needs addressed in the program or service.

**Grant** - An award of financial assistance in the form of money or property in lieu of money by the area agency.

**Grant Period** - The fiscal year supported by the budget.

**Grantee** - The official name as it appears in the Articles of Incorporation filed in the Secretary of State's Office or as designated by elected officials of a unit of government.

**Legally Authorized Persons** - Individuals having authority to sign documents and make commitments for the Area Agency.

**Minority Provider (As defined by the Administration on Aging Title III and Title VII State Program Reports Definitions)** - A not for profit organization whose controlling board is comprised of at least 51% minority individuals or a business concern that is at least 51 percent owned by one or more individuals who are either an African American, Hispanic origin, American Indian/Native Alaskan/Native Hawaiian, Asian American/Pacific Islander minority or a publicly owned business having at least 51

percent of its stock owned by one or more minority individuals and having its management and daily business controlled by one or more minority individuals.

**Original** - The first proposal of the three-year area plan application submitted to KDOA for approval.

**Other Costs** - All costs directly related to the preparation and delivery of food and not charged under food, personnel, or consumable supplies, including: (a) bulk food transportation, (b) food storage, (c) health license, (d) other equipment, (e) cost of rent and utilities, and (f) cost incurred for maintenance and repair of equipment and kitchen.

**Outcome** - The impact a program has (negative or positive) on the customer.

**Outputs** - The units, dollars, numbers, or customers measured.

**Primary and Associated Costs** – Personnel (gross wages paid to persons who prepare and serve food. This includes cooks, serving personnel, dishwashers, custodians, and persons who transport food to meal centers.) Capital Outlay (capital purchases of food service equipment and food delivery vans and renovation.) Food (purchased food, raw or prepared, including catered meals.) Training Cost, Contractual, Consumable Supplies (paper goods, cleaning supplies, disposables and supplies used in preparation and delivery of food.) Other Cost (all costs directly related to the preparation and delivery of food and not charged under food, personnel, or consumable supplies including bulk food transportation, food storage, health license, other equipment, rent and utilities, maintenance and repair of equipment and kitchen).

**Program Development** - Activities directly related to either the establishment of new services or the improvement, expansion or integration of existing services which achieve a specific service goal and occur during the specifically defined and limited period of time.

**Program Income** – Gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed, the use of rental or real or personal property acquired under federally-funded projects, the sale of commodities or items fabricated under an award, license fees and royalties or patents and copyrights, and interest on loans made with award funds. (For more details refer to the Code of Federal Regulations Title 45, Volume 1)

**Program Management** – Personnel (gross wages of persons not preparing, serving, or delivering food or engaged in nutrition education, nutrition outreach, transportation or shopping assistance). Capital Office Equipment (cost of an article of tangible personal property), Travel, Audits, Consultants, Office Exterminators, Bonding, Insurance, Office Rental and Utilities, Office Equipment and Supplies.

**Revision** - An amendment or change to an approved area plan. Refer to KDOA FSM 7.1.4 when revisions to the area plan are required.

**Third Party In-Kind** - Support given by a party other than grantee and/or subgrantee to be used as non-federal share (match). Refer to KDOA IM 93-2 for explanation.

**Site Operations** – as related to dining area. Site Manager Salaries, Training, Supplies for service of congregate meals such as trays and table ware, used to serve the food at the site. Site and Office Exterminators, Insurance, Site rent, Site utilities, Maintenance and repair of site equipment, Supplies needed for operation of site, Site Communication costs and Stipends paid to site volunteers.

**INSTRUCTIONS FOR KANSAS AREA PLAN  
FISCAL YEAR 2006 THROUGH 2008  
INTRODUCTION TO THE PLAN**

Each Area Agency on Aging (AAA) designated by the Kansas Department on Aging (KDOA) must prepare and submit a plan for their respective planning and service area. The purpose of the plan is to communicate from the AAA to KDOA the initiatives and management steps that will be implemented. The plan must show how the Area Agency targets to low-income elderly, minorities, Native Americans, and elderly individuals in rural parts of the Area. The plan must set goals to be attained in each OAA service the AAA funds and must consider the efforts of voluntary organizations in attaining the goals. The AAA must enter into written agreements to fund a comprehensive and coordinated system for supportive and nutrition services to achieve the goals planned.

**Area Plan Timeframe**

This area plan cycle covers three fiscal years and is for FY 2006, 2007 and 2008, which runs from October 1, 2005 through September 30, 2008. The FFY 2006 area plan is due to KDOA, no later than August 1, 2005. The final revision for FFY 2006 must be submitted by July 1, 2007. Other adjustments in the area plan may be made as needed during the fiscal year except no changes may be made during the final 90 days of a fiscal year unless requested by KDOA. Each Area Agency must use the area plan format issued by the Department.

**Outline of the Area Plan**

The plan must be typed. Pages must be numbered in consecutive order at the bottom of each page. The plan must contain a table of contents. The submittal date and PSA number must be entered in the upper right-hand corner of each page. The blank area plan format is available from KDOA on computer disk.

**Submissions**

**The original area plan, area plan supplemental documents, annual update, and any revision must be submitted in hard copy, one original and one copy, to the Area Plan Coordinator (Cindy Lane for FFY 2006).** Any revisions made to the plan during the year must be submitted to the Area Plan Coordinator, one original and one copy, with only the original needing to have original signatures. When submitting the annual update or any revision, the area agency is required to submit those area plan pages where changes are necessary along with the grant application, verification of application, public hearing pages, as well as a transmittal letter.

All submissions must be accompanied by a transmittal letter that at a minimum shall include (1) Why the revision is required; (2) What changes are made; (3) If cost and service level changes are not proportional, why not; (4) Why funding changes are made, and 5) Date of board approval. For non-budget pages, type the revision date on the bottom of the revised page. For budget pages, a revision box to be checked is included at the top of the page. **Pages that appear to be for a revision but are not accompanied by a transmittal letter meeting all five requirements will be for FYI purposes only and will not be accepted as an official revision.**

### **Application for Grant Award**

Enter the date and the name of the applicant agency.

Section 5 - (Type of Application). Check the appropriate description for the type of application being submitted. An original is the first year of a three-year cycle. An annual update is the second year of a three-year cycle.

### **Direct Service Waivers**

The AAA may not provide services directly without an approved Direct Service Waiver. See FSM 7.1.3 for instructions on requirements if an AAA wants to provide a service directly. Direct Service Waiver requests may be submitted prior to the Area Plan submission to receive approval for the following year, however when waiver requests are submitted with the original Area Plan they must be located within the Area Plan, after the Application and before the Verification of Application.

### **Verification of Application**

This page must be completed, signed and dated by the Area Agency Director, the AAA Governing Board or the Chairperson of the AAA Advisory Council, and the legally Authorized Official of the AAA Board of Directors. The area plan, annual update or revision will not be approved unless the application has an original signature by the authorized official and dated. **“Authority to Sign” documents should be reviewed to ensure KDOA has a current document. “Authority to Sign” documents should be sent to Sharon Boyd, KDOA.**

### **Certification Regarding Lobbying.**

This page must be signed and dated by the legally authorized official of the grantee.

### **Older Americans Act Assurances of Compliance**

These pages must be signed and dated by the legally authorized official of the grantee.

### **Assurances of Compliance Title VI of the Civil Rights Act of 1964**

This page must be signed and dated by the legally authorized official of the grantee.

Note: Certification Regarding Lobbying, Older Americans Act Assurances of Compliance and Assurances of Compliance with Title VI of the Civil Rights Act of 1964 must be submitted with the original three year area plan and any time during the three year period in which there are changes to these assurances. The assurances must be completed, dated and signed by the authorized official of the grantee organization. Enter the area agency name at the top of the first page of the assurances. Submitting assurances means the grantee agency agrees to follow and comply with their contents as a condition for receiving grant funds. It is not necessary to resubmit signed assurances with the annual update and each revision during the fiscal year if there are no changes to the assurances.

### **Determination of Needs**

Describe how the needs of the seniors were determined and how older persons had input into the proposed services. Tell (1) how the area agency established its priorities, (2) why the agency selected these services, (3) the relationship between the needs identified and the services funded with particular attention to the low-income minority individuals and older Native Americans, and (4) how the area agency took into consideration the number of older individuals with the greatest



social and economic need with particular attention to low-income minority individuals and the number of Native Americans by determining need. Include comments received on Title III Parts B, C, D and E.

### **Agency's Priorities**

This may be a service, community activity, or administrative function the AAA will be focusing on during this Area Plan. More than one agency priority may be listed. The priorities may or may not be funded through OAA or any other funding through KDOA. List (1) what the agency's priority is, (2) how the agency determined this to be a priority (such as board directive, public hearing, etc), and (3) some of the major activities, if not self explanatory, associated with the priority.

### **Description of the AAA and Its Activities**

This description must include **all** activities of the AAA whether funded by public or private funds. Included in the description must be (1) A listing of the program and services it provides; (2) The role of the AAA; and (3) How/where the service is provided. Include in this section activities the AAA participate in that meet the requirements of OAA Section 306 6.C.i and ii. Feel free to submit any other type of information that might explain the activities of the area agency. If Nutrition Education is not listed in the goals then it must be included in this section.

### **Determination of Unmet Needs/Planning**

Annually, it is necessary for KDOA to forecast the expected financial expenditures for each of the funding sources in the budget. In order to assist KDOA in preparing for the upcoming budget, describe the unmet needs for your PSA. Base your projections on completed needs studies, current federal and state funding allocations, and projected unit costs. Be as specific as possible with the description and **include at a minimum** (1) number of customers, (2) projected unit costs, and (3) projected amount of dollars required to meet the unmet need.

### **Public Hearings on the Area Plan and Update**

Describe the public hearing(s) held on the proposed area plan or annual update. Include: (1) A description of the manner in which the hearings were conducted, including how the hearings were publicized, dates and location of the hearings; (2) the general attendance at the hearings (i.e., number of persons and the agency they represent (if any)); (3) a summary of public comments received on the proposed plan; and (4) a summary of changes made in the proposed plan as a result of the public's comments. Note: See KDOA FSM 7.1.1 for instructions on public hearings.

### **Community Focal Points**

The Area Agency must specify the communities designated as focal points for comprehensive service delivery and identify the location for each. Select the numbers in the key at the bottom of the page, which best describes the location of each facility. The AAA must specify in grants, contracts, and agreements the identity of the focal point in the community of each provider funded through OAA.

### **Program Service Goals**

Each Area Agency on Aging must submit goals on pages 14a, 14b, etc. of the Area Plan. Goals, Steps of Achievement, and Evaluation must be completed for each service funded through OAA. The Steps of Achievement will outline how the AAA plans to utilize the service to meet the goal.

The Evaluation will state how the AAA will evaluate each of the identified services to determine the extent of achievement. Emphasis of goals and steps of achievement should be placed on providing services to older individuals with greatest economic need, social need, and older individuals residing in rural areas. You may choose to develop more than one goal, steps of achievement, and/or evaluation for each service. A narrative or any other format suitable to the AAA may be used for this section.

These goals, steps of achievement, and evaluation will be KDOA's primary measure of quality assurance for Kansas Seniors.

### **Multipurpose Senior Center Inventory Form - KDOA 560**

KDOA is required by the Administration on Aging to maintain an inventory of area agency grant and contract awards made for the acquisition and construction of multi-purpose senior centers. Please complete KDOA Form #560 for grant awards using Title III-B funds for senior centers **acquired within the past ten years or constructed within the past 20 years. This form should be completed regardless of when the funds were appropriated in the past years.** If you have no senior centers affected by the reversionary requirements, please write "None" on the form and include with the area plan packet.

### **Final Revision Report**

*Now is the time to brag about what you do well! The best items may be shared on the annual report to the Administration on Aging.* A final revision report is required, in a short narrative form, to document the impact three top accomplishments had on the PSA. At a minimum the report should include: 1) Service title (such as program coordination, homemaker, newsletter, etc.), 2) Listing of the activities funded. If provided through a contract, then information should also include how the contractor and AAA coordinated the service, 3) result of the evaluation conducted by the AAA, and 4) how the AAA intends to implement their findings into the program (such as policy change, specific training, discontinuing the service, etc.).

The report is due with final revisions, July 1, 2006 for FFY 2006.

## **Program Characteristics (Meal Outputs) - Nutrition**

Complete a separate Program Characteristics (Meals Outputs) – Nutrition form (Rev. 02/01) for each nutrition provider.

The Consumer Price Index (CPI) or other appropriate economic indicators will be used for costs comparison. A historic review of the service has been provided for your agency to use in comparison and will be used by KDOA in review of this application.

At the top of each sheet, enter the following:

- Name of nutrition provider,
- PSA number,
- Fiscal year of the award (i.e. 2006),
- Date form completed (MM/DD/YY).
- Type of award – check appropriate box.

- Column 1      Enter county abbreviation, alphabetically.
- Column 2      Enter the name of each nutrition site, grouping sites by county.
- Column 3      Enter code as specified at bottom of the form.
- Column 4      Enter the codes that apply as specified at bottom of form. Separate with commas, for example “L,M.”
- Column 5      Enter code as specified at bottom of form. Separate with commas, for example “A,C,F,D.”
- Column 6      Enter **annual number** of weekdays that III-C(1) meals will be served at the site. Example: 5 days per week x 52 weeks per year = 260 Annual # Week Days Served.
- Column 7      Enter number of III-C(1) standard or 1<sup>st</sup> meals estimated to be served daily at the site. (Do not use decimals.)
- Column 8      Enter **annual number** of weekend days that III-C(1) meals will be served at the site. Example: 2 weekend days per week x 52 weeks per year=104 Annual # Weekend Days Served.
- Column 9      Enter number of III-C(1) standard or 1<sup>st</sup> meals estimated to be served daily on weekends at the site. (Do not use decimals.)
- Column 10     Enter **annual number** of weekend and weekdays that 2<sup>nd</sup> III-C(1) meals will be served at the site. Example: 7 days per week x 52 weeks per year=364 Annual # 2<sup>nd</sup> Meal Days Served.

- Column 11 Enter number of 2<sup>nd</sup> III-C(1) meals estimated to be served on weekdays and weekends at the site. (Do not use decimals.)
- Column 12 Enter **annual number** of weekdays that III-C(2) meals will be served by the site. Example: 5 days per week x 52 weeks per year = 260 Annual # Week Days Served.
- Column 13 Enter number of III-C(2) standard or 1<sup>st</sup> meals estimated to be served daily by the site. (Do not use decimals.)
- Column 14 Enter **annual number** of weekend days that III-C(2) meals will be served by the site. Example: 2 weekend days per week x 52 weeks per year=104 Annual # Weekend Days Served.
- Column 15 Enter number of III-C(2) standard or 1<sup>st</sup> meals estimated to be served daily on weekends by the site. (Do not use decimals.)
- Column 16 Enter **annual number** of weekend and weekdays that 2<sup>nd</sup> III-C(2) meals will be served by the site. Example: 7 days per week x 52 weeks per yr. = 364 Annual # 2<sup>nd</sup> meal days served.
- Column 17 Enter number of 2<sup>nd</sup> III-C(2) meals estimated to be served on weekdays and weekends by the site. (Do not use decimals.)
- Column 18 Cells **AUTOMATICALLY CALCULATE**. The formula is:  
 $[(\text{Col. } 6 \times 7) + (\text{Col. } 8 \times 9) + (\text{Col. } 10 \times 11) + (\text{Col. } 12 \times 13) + (\text{Col. } 14 \times 15) + (\text{Col. } 16 \times 17)]$
- Meal Total Cells **AUTOMATICALLY CALCULATE** Example: Cell at bottom of column 7 is the sum of col. 6 x 7 by row.
- #19 Meal Totals from Other Pages **On the last program characteristic page** for each nutrition provider, enter the sum of the Meal Totals from all other pages. Enter the sum of the Meal Total and Meal Totals from all other pages on Grand Total Line. **Note: If #20 Meal Grand Total there is only one page, enter (copy) the Meal Totals on the Meal Grand Total line.**
- Meal Grand Total Cells automatically calculate. Total of Meal Total and Meal Totals from Other Pages.
- Total Cost #21 On the last program characteristics page for each nutrition provider (the C(1) & # 23 C(2) form showing the Grand Totals), enter the total amount of all funds for III-C(1) and III-C(2) meals **based on the nutrition provider's proposed budget.**

Unit Cost           **Cells AUTOMATICALLY CALCULATE.** The formula is:  
# 22 C(1) & #   For III-C(1): [(Cell 19/(Sum of Grand Totals in Col. 7, 9, 11)  
24 C(2)           For III-C(2): [Cell 21/Sum of Grand Totals in Col. 13, 15, 17)

Unduplicated   For each nutrition provider, enter the total number of unduplicated  
Customers #25   customers estimated to be served during the grant period on the LAST  
C(1) & #26     Program Characteristic page only.  
C(2)

**NOTE: Do not manually enter digits in cells that automatically calculate.**

## **Nutrition Program Performance**

KDOA began an initiative to improve the accuracy of data in the nutrition component of the area plan so that it can be relied on to request funding in our annual budget process. KDOA is continuing to analyze trends in proposed budgets and expenditures.

A summary of nutrition program performance and trends for current and recent years is attached to the transmittal for each respective agency (see Attachments I and II). Please review and utilize these historical planning patterns and performance trends when preparing the nutrition component of your agency's FY 2006 area plan. Updated information about patterns and trends will be provided during FY 2006 to facilitate preparation of your agency's FY 2007 plan update.

If your agency elects to submit a plan for FY 2006 (or FY 2007, or 2008) that is not supported by performance trends for meal units, the following information must be submitted with the proposed plan on August 1:

- ✓ Submit a narrative, including supporting documentation and action steps, to explain how your agency's nutrition program(s) will provide the meal units projected in the proposed area plan, i.e., how it will operate "effectively" throughout the fiscal year as required by FSM 4.1.5.C.

The 12-month percent change (or the rate of inflation for the period December 2001 vs. December 2002) according to the Consumer Price Index (CPI) for Food Away From Home is +2.3% based on Bureau of Labor Statistics (BLS) data. For FY 2004 and FY 2005, the Department deems one-and-a-half (1½) times the current rate of inflation reasonable to accommodate potentially unique influences to inflation for Kansas nutrition program providers. For FY 2004, the calculation is  $0.023 * 150 = 3.45\%$ . The calculation for FY 2005 will be issued once the December 2002 vs. December 2003 BLS index has been published. If your agency elects to submit a plan for FY 2004 or FY 2005 with meal costs that exceed 150% of the CPI – based on comparison to actual meal costs reported year-to-date in the current funding year – the following information must be submitted with the plan on August 1.

- ✓ Submit a narrative to explain why your agency proposes increases to meal costs that exceed 150% of the CPI (or the inflation rate) based on actual costs reported year-to-date for the current fiscal year. Include supporting documentation and action steps the AAA will take to ensure the nutrition service providers operate "efficiently" throughout the fiscal year as required by FSM 4.1.5.C.

## **SCHEDULE A ANNUAL BUDGET SUMMARY**

This schedule is a summary of the Agency's annual budgets for all program components. Please check the AAA budget and complete the fiscal year and PSA identification.

**Note: Schedule A will automatically calculate when the information is entered on Budget Schedules AAA, B, C1, C2, D, and E.**

### Program Components

Area Plan Administration - Required budget information from Schedule AAA.

Title III-B Supportive Services - Required budget information from Schedule B.

Title III-C1 Congregate- Required budget information from Summary Schedule C.

Title III-C2 Home-Delivered - Required budget information from Summary Schedule C.

Title III-D Disease Prevention and Health Promotion - Required budget information from Schedule D.

Title III-E Caregiver Support Program – Required budget information from Schedule E.

**Totals** - The sum for each Column and Row will automatically calculate.

**Note: Reference FSM 7.1.2 for information regarding Adequate Proportion.**

Reference the current allocation IM for current III-B adequate proportion percentages for access, in-home and legal services and the total percentage to be allocated for these three service categories. The current Adequate Proportion in Title III-B for FFY 2006 is:

Access 9%  
In-Home 15%  
Legal 5%  
Other 5%  
Total 34%

**Note: Reference FSM 7.1.4 for additional information regarding revisions to the Area Plan.**

## **SCHEDULE A1 STATEMENT OF FEDERAL UNAWARDED FUNDS**

This schedule is a summary of federal OAA funds allocated to the AAA by formula and the amount of those funds the AAA is requesting in this plan. (This information will be keyed on the verification match page, if the electronic spreadsheet is used.)

Please check the AAA Budget and complete the Fiscal Year and PSA identification.

### **Federal Funds Available**

Line 1: Reallocated Carryover - from the beginning of the fiscal year until the carryover I.M. is issued, "0" is entered for Reallocated Carryover on Line 1. After the issuance of the carryover I.M., enter the I.M. allocated amounts on Line 1.

Line 2: Previous Year's Unawarded - funds that were not awarded but available at the end of the previous fiscal year. For the current year plan, the amount entered on Line 2 is the amount from the previous year unawarded funds.

Line 3: Current Year's Allocation - enter the amount allocated for each subpart from the planning or revised allocation memo.

Line 4: Transfers within Title III-C - enter the amount of the transfer from III-C(1) to III-C(2) or vice versa. A transfer between the III-C subparts is necessary when Line 17 is a negative amount.

Line 5: Special Adjustments - enter any special adjustments; e.g., an allotment reduction for an audit finding. If an adjustment is made, it should be explained at the bottom of the page.

Line 6: Total Available - the sum of lines 1 through 5.

### **Federal Funds Requested**

Line 7: Administration Request - Federal funds requested from Area Plan Administration Annual Budget (Schedule AAA, Lines 13, 14, 15 and 16) of the Area Plan. If the administration plan is not revised, then the Federal amounts contained on the most recent NGA ("Obligation herein awarded" section in the upper left of the Administration NGA) should be included on this line.

Line 8: Service Request - Federal funds requested from the budget schedules B, C1, C2, D, and E.

Line 9: III-D Medication Management - If column 6 Line 17 is a negative, transfer this amount from III-D to III-D Medication Management.

Line 10: Special Adjustment - Please explain adjustment at the bottom of the page.

Line 11: Total Request - Totals of Lines 7, 8 9, and 10.

Line 17: Unawarded Funds - subtract Line 6 (total available) from Line 11 (total request). If an entry on Line 17 is negative, a minimum transfer from C(1) to C(2) or C(2) to C(1) or III-D to III-D Med Management should be entered such that the negative number on Line 17 becomes zero. If any of the entries on Line 17 are negative, the area plan is inadequately funded and the agency must revise their request before submitting it to KDOA, such that the "Total Available" less "Total Request" is 0 or greater.

## **SCHEDULE AAA AREA PLAN ADMINISTRATION**

Enter costs associated with Area Plan Administration on Schedule AAA. Please check the AAA budget and complete the fiscal year and PSA identification.

### **Budgeting Administration Allocation**

In accordance with the Older Americans Act of 1965, 42 U.S.C. 3001 et seq., as amended through November 2000, and its implementing regulations 45 CFR 1321.17(f)(14)(i) as amended in Federal Register Vol. 53, No. 169 dated Wednesday, August 31, 1988, an area agency must budget its Area Agency Administration allocation before it can budget supportive services funds to cover the cost of coordination and/or program development activities; i.e., an agency must budget and expend its full Area Agency Administration allotment **before** it spends III-B funds for coordination and/or program development.

### **Budget Categories**

1. Personnel - Enter the cost of compensation to employees plus fringe benefits paid in accordance with written established organizational policies. Stipends paid to volunteers will be budgeted in "Other Costs."
2. Travel - Enter the costs incurred in pursuit of agency activities. Include subsistence, mileage, a car lease, car insurance, etc.
3. Capital Outlay - Enter the costs of an article of tangible personal property (equipment) that has a useful life of more than one year and an acquisition cost of \$5,000 or more, cost of land, or building proposed, and cost of improvement to land, buildings or equipment which materially increase the value of the useful life of the asset.

**Note: An entry in this line item requires the submission of Schedule 2-Capital Cost Justification.**

4. Other Equipment - Enter the costs for equipment with a unit acquisition cost of less than \$5,000.
5. Contractual - Enter the total cost of contracts or agreements (e.g., C.P.A. audit contracts, service agreements) with a third party for service excluding those covered in Line 3.



6. Other Costs - Enter all other costs not identified in Lines 1 through 5. Include rent, utilities, communications, stipends paid to volunteers, supplies, recruitment, bonding, etc.
7. Total Cost – Calculated field - sum of lines 1 through 6.

### **Non-Match Resource**

- 8a. Mill Levy - Enter the sum of county ad valorem property tax revenues from the special levy for the elderly used as non-match.
- 8b. Other Resources - Enter the sum of the following non-match resources that are to be used for Area Plan Administration.  
  
Other Federal Funds - Federal funds, excluding Title III funds, which are used to support this program component, such as Community Development funds.  
  
Other Public Funds - Other tax funds which are not included above such as city or county general mill levies not specifically levied for the elderly or other general funds.  
  
Other - Any other cash resource not identified above, and not used as match for OAA Title III funds.
- 8c. Total Other Resources – Calculated field - sum of 8a and 8b.
9. Net Cost - Calculated field – Difference of line 7 less line 8c.

### **Non-Federal Share (Match)**

10. Third Party In-Kind - Enter the value of in-kind support given by parties other than the grantee and/or sub grantees to be used as non-federal share (match). In-kind match must be documented. (See 45 CFR 74.23 cost sharing or matching).
- 11a. Mill Levy - Enter the amount of ad valorem property tax revenues from a special levy for the elderly used as match.
- 11b. Other Cash - Enter the amount of cash donations from grantee or other parties that will be used to finance Area Plan Administration activities.
- 11c. Total Other Cash – Calculated field -sum of lines 11a and 11b.
12. Total Non-Federal Share - Calculated field -sum of lines 10 and 11c.

**Note: Non-Federal Share (Match) - The non-federal share must be equal to at least 25% of the Net Cost (Line 9). (Divide the federal share by 3.) At least 25% of the non-federal share must be matched from local public sources (Sec. 309(b)(1) of OAA of 1965 as amended in 2000).**

## **Federal Share**

13. Title III-B - Enter the amount of Title III-B funds the area agency will use to finance Area Plan Administration.
14. Title III-C(1) - Enter the amount of Title III-C(1) funds the area agency will use to finance Area Plan Administration.
15. Title III-C(2) - Enter the amount of Title III-C(2) funds the area agency will use to finance Area Plan Administration.
16. Title III-E – Enter the amount of Title III-E funds the area agency will use to finance Area Plan Administration. There is a 10% Cap of the total award.
17. Total Federal Share - Sum of Lines 13, 14, 15 and 16. Calculated field.
18. Total Resources - Sum of lines 8c, 12, and 17. Calculated field. Note: This number must equal the amount on Line 7.

**Reminder: Schedule 2, Capital Cost Justification, must be provided if purchase of capital equipment is planned and over \$5,000. NOTE: The \$5,000 applies to each item not the sum of several individual items.**

## **SCHEDULE B**

Include on Schedule B all proposed supportive services to be funded during this twelve month budget period, including both direct services (those services provided by the area agency) and those sub-awarded.

Please check the AAA budget and complete the fiscal year and PSA identification.

### **Services**

Activity definitions, codes, funding sources, and unit definitions are defined in the Aging Services Taxonomy. Reference the current allocation IM for current III-B adequate proportion percentages for access, in-home and legal services and the total percentage to be allocated for these three service categories.

To be in accordance with federal regulations, funds may be spent for Program Development and Coordination only if your total federal allotment is spent for Area Plan Administration (45 CFR 1321.17(f)(14)(i)) in Federal Register Vol. 53, No. 169 dated Wednesday, August 31, 1988.)

## Cost and Resources

- Column 1 - Units - Enter proposed units in whole numbers for each planned service. Note: If figure comes out 1.5 round up to 2 if less than 1.5 round down to 1.
- Column 2 - Total Budget - Enter proposed total budget of each planned service. Enter amounts as whole dollars no cents. If less than \$.50 then round down if between \$.50 and \$.99 round up.
- Column 3 - Unit Cost – Calculated field (total budget divided by units = unit cost).
- Column 4 - State Funds Non-Match - Enter state funds that are not used to meet the non-federal share for transportation.
- Column 5 - Program Income Non-Match - Enter the amount of estimated non-match program income budgeted for each service. This includes contributions from customers – income as a result of service. 45 C.F.R. 74.2 defines program income as "gross income earned by a recipient that is directly generated by a supported activity or earned as a result of the award."
- Column 6 - Mill Levy Non-Match - Enter the amount of county ad valorem property tax revenues from the special levy for the elderly used as non-match.
- Column 7 - Other Resources Non-Match - Enter the sum of the following resources that are to be expended for each service:
- Other Federal Funds - Federal funds, excluding Title III funds, which are used to support this program component, such as Community Development funds.
- Other Public Funds - Other tax funds which are not included above such as city or county mill levies not specifically levied for the elderly.
- Other - Any other cash resource not identified above, and not used as match for OAA Title III funds.

**Note: Do not include In-Kind in this column.**

- Column 8 - Net Cost – Calculated field - amount of Column 2 minus Columns 3 through 6.
- Column 9 - Third Party In-Kind - Enter the value of in-kind support given by parties other than the grantee and/or sub grantees to be used as non-federal share (match). In-kind match must be documented. (45 CFR 74.23 cost sharing or matching)
- Column 10 - Mill Levy Match – Enter the amount of county ad valorem property tax revenues from the special levy for the elderly used as match.

Column 11 - Other Cash Match - Enter the amount of mill levy and estimated cash donations from grantee or other parties which will be used as match.

**Note: The sum of Columns 9, 10, and 11 equals the local non-federal share. To compute the required local non-federal share, divide the federal share by 8.5.**

State funds allocated to the area agency in excess of the non-federal share requirements may not be used to meet the local non-federal share requirements.

Column 12 - Title III-B: Calculated field - amount of Title III-B federal funds budgeted for each service (Column 8 minus Columns 9 through 11).

Column 13 - Capital Outlay - Enter the costs of an article of tangible personal property (equipment) that has a useful life of more than one year and an acquisition cost of \$5,000 or more, cost of land or building proposed and cost of improvements to land, buildings or equipment which materially increase the value of useful life of the asset. Capital outlay costs are included in the appropriate program category line.

**Note: An entry in this column requires the submission of Schedule 2 - Capital Cost Justification.**

Column 14 - Current Approved Units from last approved NGA.

Column 15 - Current Approved Budget Cost from last approved NGA.

Column 16 - Current Approved Cost – Calculated field.

Column 17 - Difference in cost – Calculated field

Column 18 - % of change cost – Calculated field

Column 19 - Footnote – **Explain the reason or basis for changes in funding, cost per unit or service levels/units will expedite the review process and reduce the need for follow up.**

Total all units and budget amounts at the bottom of the page. (These amounts will automatically calculate when figures are entered into the spreadsheet).

### **SCHEDULE C(1)**

Include on Schedule C (1) all proposed nutrition services to be funded during this twelve month budget period, including both direct services (those services provided by the area agency) and those sub-awarded or contracted.

Please check the AAA budget and complete the fiscal year and PSA identification.

## Services

**Activity definitions, codes, funding sources, and unit definitions are defined in the Aging Services Taxonomy.**

## Cost and Resources

- Column 1 - Units - Enter proposed units in whole numbers for each planned service. Note: If figure comes out 1.5 round up to 2 if less than 1.5 round down to 1. ***Enter total meals planned to include both eligible and non-eligible participants.***
- Column 2 - Total Budget - Enter proposed total budget of each planned service row 1a through 7. First line (Row 1 Column 2) is a calculated field. Enter amounts as whole dollars no cents. If less than \$.50 then round down if between \$.50 and \$.99 round up. ***Enter total cost for meals planned; include cost of both eligible and non-eligible participant meals.***
- Column 3 - Unit Cost – Calculated field (Total Budget divided by Units = Unit Cost)
- Column 4 - Nutrition Services Incentive Program (NSIP) (USDA) Cash - Enter the amount of estimated USDA Cash budgeted for Primary and Associated costs.
- Column 5 - NSIP (USDA) Entitlement - Enter the amount of estimated USDA Entitlement budgeted for Primary and Associated costs.
- Column 6 - NSIP (USDA) Bonus - Enter the amount of estimated value of USDA Bonus budgeted for Primary and Associated costs.
- Column 7 - State Funds Non-Match - Enter state funds that are not used to meet the non-federal share.

**Note: For the Title III-C budget, state funds may be expended only for nutrition and supportive services provided in conjunction with nutrition programs which are funded by Title III-C funds.**

- Column 8 - Program Income Non-Match - Enter the amount of estimated non-match program income budgeted for each service. This includes contributions from customers – income as a result of service and fees paid by non-eligible persons which are used to support program costs. 45 C.F.R. Part 74.2 defines program income as "gross income earned by a recipient that is directly generated by a supported activity or earned as a result of the award." For clarification refer to the definition of program income.
- Column 9 - Mill Levy Non-Match - Enter the amount of county ad valorem property tax revenues from the special levy for the elderly used as non-match.

Column 10 - Other Resources Non-Match - Enter the sum of the following resources that are to be expended for each service:

Other Federal Funds - Federal funds, excluding Title III and USDA funds, which are used to support this program component, such as Community Development fund.

Other Public Funds - Other tax funds which are not included above such as city or county mill levies not specifically levied for the elderly.

Other - Any other cash resource not identified above and not used as match for OAA Title III funds

**Note: Do not include In-Kind in this column**

Column 11 - Net Cost - Calculated field (Column 2 minus Columns 4 through 10)

Column 12 - State Cash Match - Enter the amount of state funds to be used to meet the non-federal share. Please refer to the KDOA Federally Funded Programs Allocation Information Memorandums (IM) for the amount to be budgeted as “State Match”.

The area agency has the authority to determine the program components under which state funds will be expended within established state policies.

Column 13 - Third Party In-Kind - Enter the value of in-kind support given by parties other than the grantee/contractor and/or sub grantees/sub contractors to be used as non-federal share (match). In-kind match must be documented. (See 45 CFR 74.23 cost sharing or matching)

Column 14 - Mill Levy Match – Enter the amount of county ad valorem property tax revenues from the special levy for the elderly used as match.

Column 15 - Other Cash Match - Enter the amount of general mill levy and estimated cash donations from grantee/contractor or other parties which will be used as match.

**Note: The sum of Columns 12, 13, 14 and 15 equals the local non-federal share. To compute the required local non-federal share, divide the federal share by 8.5.**

State funds allocated to the area agency in excess of the non-federal share requirements may not be used to meet the local non-federal share requirements.

Column 16 - Title III-C Federal Funds – Calculated field - amount of Title III-C federal funds budgeted for each service (Column 11 minus Columns 12 through 15).

Column 17 - Capital Outlay - Enter the costs of an article of tangible personal property (equipment) that has useful life of more than one year and an acquisition cost of

\$5,000 or more, cost of land or building proposed and cost of improvements to land, buildings or equipment which materially increase the value of useful life of the asset. Capital outlay costs are incorporated in the appropriate program category line item.

**Note: An entry in this column requires the submission of Schedule 2- Capital Cost Justification.**

Column 18 - Current approved Units from the last approved NGA.

Column 19 - Current approved Budget from the last approved NGA.

Column 20 - Current approved costs – Calculated field.

Column 21 - Difference in cost – Calculated field.

Column 22 - % of cost change – Calculated field.

Column 23 - Footnote – **Explain the reason or basis for changes in funding, cost per unit or service levels/units will expedite the review process and reduce the need for follow up.**

**NOTE: Each AAA that plans to serve non-eligible participant meals must enter the number 1 on the first line of column 23 for C(1). At the bottom of the page at footnote number 1 indicate the total number of non-eligible meals and the total costs budgeted for those meals.**

Total Nutrition Services – enter the sum of the amounts budgeted in columns 2 through 19. (These amounts will automatically calculate when figures are entered into the spreadsheet).

## **SCHEDULE C(2)**

Include on Schedule C(2) all proposed nutrition services to be funded during this twelve month budget period, including both direct services (those services provided by the area agency) and those sub-awarded or contracted.

Please check the AAA budget and complete the fiscal year and PSA identification.

### **Services**

**Activity definitions, codes, funding sources, and unit definitions are defined in the Aging Services Taxonomy.**

## Cost and Resources

- Column 1 - Units - Enter proposed units in whole numbers for each planned service. Note: If figure comes out 1.5 round up to 2 if less than 1.5 round down to 1. ***Enter total meals planed to include both eligible and non-eligible participants.***
- Column 2 - Total Budget - Enter proposed total budget of each planned service. Enter amounts as whole dollars no cents. If less than \$.50 then round down if between \$.50 and \$.99 round up. Meals and CMELH Breakdown total is a calculated field (Totals CMELH 2a through 2d). ***Enter total cost for meals planned; include cost of both eligible and non-eligible participant meals.***
- Column 3 - Unit Cost – Calculated field (Total Budget divided by Units = Unit Cost)
- Column 4 - NSIP (USDA) Cash - Enter the amount of estimated USDA Cash budgeted for CMELH for Primary and Associated costs.
- Column 5 - NSIP (USDA) Entitlement - Enter the amount of estimated USDA Entitlement budgeted for CMELH for Primary and Associated costs.
- Column 6 - NSIP (USDA) Bonus - Enter the amount of estimated value of USDA Bonus budgeted for CMELH for Primary and Associated costs.
- Column 7 - Nutrition check off. From the beginning of the fiscal year until the I.M. is issued “0” is entered. After the issuance of the I.M. enter the amounts allocated on the next revised budget sent in for approval.
- Column 8 - State Funds Non-Match - Enter state funds that are not used to meet the non-federal share.

**Note: For the Title III-C budget, state funds may be expended only for nutrition and supportive services provided in conjunction with nutrition programs which are funded by Title III-C funds.**

- Column 9- Program Income Non-Match - Enter the amount of estimated non-match program income budgeted for each service. This includes contributions from customers – income as a result of service and fees paid by non-eligible persons which are used to support program costs. 45 C.F.R. Part 74.2 defines program income as "gross income earned by a recipient that is directly generated by a supported activity or earned as a result of the award." For clarification refer to the definition of program income.
- Column 10 - Mill Levy Non-Match - Enter the amount of county ad valorem property tax revenues from the special levy for the elderly used as non-match.
- Column 11 - Other Resources Non-Match - Enter the sum of the following resources that are to be expended for each service:



Other Federal Funds - Federal funds, excluding Title III and USDA funds, which are used to support this program component, such as Community Development fund.

Other Public Funds - Other tax funds which are not included above such as city or county mill levies not specifically levied for the elderly.

Other - Any other cash resource not identified above and not used as match for OAA Title III funds

**Note: Do not include In-Kind in this column**

Column 12 - Net Cost - Calculated field (Column 2 minus Columns 4 through 11)

Column 13 - State Cash Match - Enter the amount of state funds to be used to meet the non-federal share. Please refer to the KDOA Federally Funded Programs Allocation Information Memorandums (IM) for the amount to be budgeted as “State Match”.

The area agency has the authority to determine the program components under which state funds will be expended within established state policies.

Column 14 - Third Party In-Kind - Enter the value of in-kind support given by parties other than the grantee/contractor and/or sub grantees/subcontractors to be used as non-federal share (match). In-kind match must be documented. (See 45 CFR 74.23 cost sharing or matching)

Column 15 - Mill Levy Match – Enter the amount of county ad valorem property tax revenues from the special levy for the elderly used as match.

Column 16 - Other Cash Match - Enter the amount of general mill levy and estimated cash donations from grantee/contractor or other parties which will be used as match.

**Note: The sum of Columns 13, 14, 15 and 16 equals the local non-federal share. To compute the required local non-federal share, divide the federal share by 8.5.**

State funds allocated to the area agency in excess of the non-federal share requirements may not be used to meet the local non-federal share requirements.

Column 17 - Title III-C Federal Funds – Calculated field - amount of Title III-C federal funds budgeted for each service (Column 12 minus Columns 13 through 16).

Column 18 - Capital Outlay - Enter the costs of an article of tangible personal property (equipment) that has useful life of more than one year and an acquisition cost of \$5,000 or more, cost of land or building proposed and cost of improvements to land, buildings or equipment which materially increase the value of useful life of the asset. Capital outlay costs are incorporated in the appropriate program category line item.

**Note: An entry in this column requires the submission of Schedule 2- Capital Cost Justification.**

Column 19 - Current approved Units from the last approved NGA.

Column 20 - Current approved Budget from the last approved NGA.

Column 21 - Current approved costs – Calculated field.

Column 22 - Difference in cost – Calculated field.

Column 23 - % of cost change – Calculated field.

Column 24 - Footnote – **Explain the reason or basis for changes in funding, cost per unit or service levels/units will expedite the review process and reduce the need for follow up.**

**NOTE: Each AAA that plans to serve non-eligible meals must enter the number 2 on the first line of column 24 for C (2). At the bottom of the page at footnote number 2 indicate the total number of non-eligible meals and the total costs budgeted for those meals.**

Total Nutrition Services – enter the sum of the amounts budgeted in columns 2 through 20. (These amounts will automatically calculate when figures are entered into the spreadsheet).

## **SCHEDULE D**

Include on Schedule D all proposed disease prevention and health promotion services to be funded during this twelve month budget period, including both direct services (those services provided by the area agency) and those sub-awarded or subcontracted.

Please check the AAA budget and complete the fiscal year and PSA identification.

### **Services**

Activity definitions, codes, funding sources, and unit definitions are defined in the Aging Services Taxonomy.

### **Cost and Resources**

Column 1 - Units - Enter proposed units in whole numbers for each planned service.

Column 2 - Total Budget - Enter proposed total budget of each planned service. Enter amounts as whole dollars no cents. If less than \$.50 then round down if between \$.50 and \$.99 round up.

Column 3 - Unit Cost by PSA – Calculated field (total budget divided by units = unit cost)

- Column 4 - Program Income Non-Match - Enter the amount of estimated non-match program income budgeted for each service. This includes contributions from customers – income as a result of service. 45 C.F.R. Part 74.2 defines program income as "gross income earned by a recipient that is directly generated by a supported activity or earned as a result of the award."
- Column 5 - Mill Levy Non-Match - Enter the amount of county ad valorem property tax revenues from the special levy for the elderly used as non-match.
- Column 6 - Other Resources Non-Match - Enter the sum of the following resources that are to be expended for each service:
- Other Federal Funds - Federal funds, excluding Title III funds, which are used to support this program component and Community Development funds.
- Other Public Funds - Other tax funds which are not included above such as city or county mill levies not specifically levied for the elderly.
- Other - Any other cash resource not identified above, and not used as match for OAA Title III funds.

**Note: Do not include In-Kind in this column.**

- Column 7 - Net Cost – Calculated field - amount of Column 2 minus Columns 4 through 6.
- Column 8 - Third Party In-Kind - Enter the value of in-kind support given by parties other than the grantee/subcontractor and/or sub grantees/sub contractors to be used as non-federal share (match). In-kind match must be documented. (See 45 CFR 74.23 cost sharing or matching).
- Column 9- Mill Levy – Match – Enter the amount of county ad valorem property tax revenues from the special levy for the elderly used as match.
- Column 10- Other Cash Match - Enter the amount of mill levy and estimated cash donations from grantee or other parties which will be used as match.

**Note: The sum of Columns 8, 9, 10 and 11 equals the local non-federal share. To compute the required local non-federal share, divide the federal share by 8.5.**

- Column 11 - Title III-D Funds – Calculated field - amount of Title III-D federal funds budgeted for each service (Column 7 minus Columns 8 through 10).
- Column 12 - Current approved Units from the last approved NGA.
- Column 13 - Current approved Budget from the last approved NGA.
- Column 14 - Current approved costs – Calculated field.

Column 15 - Difference in cost – Calculated field.

Column 16 - % of cost change – Calculated field.

Column 17 - Footnote – **Explain the reason or basis for changes in funding, cost per unit or service levels will expedite the review process and reduce the need for follow up.**

Total all unit and budget amounts at the bottom of the page. (These amounts will automatically calculate when figures are entered into the spreadsheet.)

## **SCHEDULE E**

List on Schedule E all proposed caregiver support services to be funded during this twelve month budget period, include direct services and services sub-awarded or subcontracted. Please check the AAA budget and complete the fiscal year and PSA identification.

### Services

Activity definitions, codes, funding sources, and unit definitions are defined in the Aging Services Taxonomy.

### Cost and Resources

Column 1 - Units - Enter proposed units in whole numbers for each planned service.

Column 2 - Total Budget - Enter proposed total budget of each planned service. Enter amounts as whole dollars no cents. If less than \$.50 then round down if between \$.50 and \$.99 round up.

Column 3 - Unit Cost by PSA – Calculated field (total budget divided by units = unit cost).

Column 4 - Program Income Non-Match - Enter the amount of estimated non-match program income budgeted for each service. This includes contributions from customers – income as a result of service. 45 C.F.R. Part 74.2 defines program income as "gross income earned by a recipient that is directly generated by a supported activity or earned as a result of the award."

Column 5 - Mill Levy Non-Match - Enter the amount of county ad valorem property tax revenues from the special levy for the elderly used as non-match.

Column 6 - Other Resources Non-Match - Enter the sum of the following resources that are to be expended for each service:

Other Federal Funds - Federal funds, excluding Title III funds, which are used to support this program component, such as Revenue Sharing and Community Development funds.

Other Public Funds - Other tax funds which are not included above such as city or county mill levies not specifically levied for the elderly.

Other - Any other cash resource not identified above, and not used as match for OAA Title III funds.

**Note: Do not include In-Kind in this column.**

Column 7 - Net Cost – Calculated field - amount of Column 2 minus Columns 4 through 6.

Column 8 - Third Party In-Kind - Enter the value of in-kind support given by parties other than the grantee/subcontractor and/or subgrantees/subcontractors to be used as non-federal share (match). In-kind match must be documented. (See 45 CFR 74.23 cost sharing or matching)

Column 9 - Mill Levy – Match – Enter the amount of county ad valorem property tax revenues from the special levy for the elderly used as match.

Column 10 - Other Cash Match - Enter the amount of mill levy and estimated cash donations from grantee or other parties which will be used as match.

Column 11 - Title III-E Funds – Calculated field - amount of Title III-E federal funds budgeted for each service (Column 7 minus Columns 8 through 10).

Column 12 - Capital Outlay - Enter the costs of an article of tangible personal property (equipment) that has useful life of more than one year and an acquisition cost of \$5,000 or more, cost of land or building proposed and cost of improvements to land, buildings or equipment which materially increase the value of useful life of the asset. Capital outlay costs are incorporated in the appropriate program category line item.

**Note: An entry in this column requires the submission of Schedule 2- Capital Cost Justification.**

Column 13 - Current approved Units from the last approved NGA.

Column 14 - Current approved Budget from the last approved NGA.

Column 15 - Current approved costs - Calculated field.

Column 16 - Difference in cost – Calculated field.

Column 17 - % of cost change – Calculated field.

Column 18 - Footnote – **Footnoting the reason or basis for changes in funding or service levels will expedite the review process and reduce the need for follow up.**

Total all unit and budget amounts at the bottom of the page. (These amounts will automatically calculate when figures are entered into the spreadsheet).

## **Schedule 2 Capital Cost Justification Schedule**

Complete a separate Capital Cost Justification Schedule for each Title III subpart (program component), which includes capital outlays. Please check the AAA budget and complete fiscal year and PSA identification. Please identify the Title III Subpart (i.e., Area Plan Administration, III-B Supportive Services, and III-C Nutrition).

- Column 1      Project site - Physical location of equipment or renovation site.
- Column 2      On the lower portion of the schedule, include a description of the proposed asset or renovation. Provide the manufacturer's name, model year; make, brand name, type, contractor, *model number, and manufacturer's serial number*, if known. Specify the number of items and cost per item. Include optional accessories and their cost. If a construction project, include square footage - type of materials and specific purpose.
- Column 3      Rationale for Purchases - If this is a proposed purchase to replace existing equipment; specify by item, the date of original purchase of the item, its current condition, past two year repair history, its trade-in value, etc.
- Column 4      Enter total cost of equipment or renovation. *Provide the required information to calculate federal share of the cost.*
- Column 5      Enter the cost allocated to the Title III subpart (i.e., Title III-C(1), Title III-C(2)). If cost is shared between different Title-III subparts, complete a schedule 2 for each subpart.

## Appendix B: Grievance Procedures

1. Area Agencies on Aging (AAAs) shall establish a written grievance procedure for customers who are dissatisfied with or denied OAA services.
2. During the initial implementation of OAA services with the exception of those listed below, the customer or his or her representative must be notified of the procedure for how the customer may file a grievance.

### Exceptions:

- a. Congregate meal providers are not required to give an individual copy of the grievance procedure to each customer, however they shall have the written grievance procedure posted in clear view for all customers;
  - b. Home delivered meals providers shall provide the written grievance procedure before or upon the delivery of the customer's first home delivered meal;
  - c. Legal services providers shall provide the written grievance procedure upon initial contact with the customer; or
  - d. Transportation providers shall provide the written grievance procedure before or upon the customer's initial use of transportation services.
3. Once the AAA has made a determination regarding the grievance, the AAA must send a NOA in accordance with Department Policy.

## Appendix C: Direct Service Waivers

### 1. Eligible Services

An AAA may provide OAA supportive services, nutrition services or in-home services directly to program customers, in lieu of contracting or granting with another entity to provide such services.

### 2. Conditions

There are three (3) conditions under which an AAA may be the provider of supportive services, nutrition services or in-home services under the Older Americans Act, Section 307 (a) (10). They are limited to the following:

- a. When it is necessary to assure an adequate supply of such services;
- b. When such services are directly related to AAA's administrative functions;  
or
- c. Where such services of comparable quality can be provided more economically by an AAA.

### 3. Waiver Requests

There are two types of requests for waivers that will be accepted by the Department.

#### a. **Request to Provide Services Directly Related to AAA Administrative Functions**

This type of request shall be made in the transmittal letter that accompanies the initial area plan, an area plan update, or an area plan revision. The transmittal letter shall include the page number in the area plan referencing the service the AAA would like to provide directly. The transmittal letter shall be sent to the Department's Area Plan Coordinator.



The following services are considered related to the AAA's administrative functions:

**Title III B**

Advocacy/Representation  
Assessment  
Case Management  
Coordination  
Education/Training  
Information and Assistance  
Interpreting/Translation  
Newsletter  
Ombudsman  
Outreach  
Public Education  
Placement  
Program Development

**Title III D**

Coordination of Community Mental Health Services  
Counseling Regarding Social Services and Follow-Up Services  
Home Injury Control Educational Services  
Home Injury Control Screening Services  
Information- Age Related Disorders  
Medication Management Education  
Provision of Education Activities for the Prevention of Depression

**Title III E**

Information  
Assistance

**Title III C**

Nutrition Outreach

**b. Request to Provide Services Not Directly Related to AAA Administrative Functions**

This type of request shall be made by submitting the Direct Service Waiver Request form (KDOA 200-2) for all other, non-administrative services listed on the aging services taxonomy when direct provision of services is:

- i. Necessary to assure an adequate supply of such services; or
- ii. An AAA can provide services more economically.

The form shall be included in the initial area plan, an area plan update, or an area plan revision and placed between the application and verification of application. The form and transmittal letter shall be sent to the Department's Area Plan Coordinator.

**c. Waiver Determination**

Only the Secretary has the authority to grant a direct service waiver to an AAA.

**d. Duration of Waiver(s)**

If the waiver request is submitted with the initial area plan, the waiver will be in effect for the duration of the plan. If the request is submitted with an annual update, the waiver will be in effect for the remainder of the update of the plan, whichever is requested. A waiver may also be granted for any portion of the fiscal year(s) in which it is submitted.

## Appendix D: Intrastate Funding Formula and Allocation of Funds

### Intrastate Funding Formula

#### Base Allotment

A base allocation of \$150,000 is allotted to each planning and service area (PSA) from the OAA III B social services allotment. This base allocation takes into consideration the special needs of the rural planning and service areas.

#### Remaining Allotment

The remaining OAA III B social service allotment, OAA III C nutrition services allotments, OAA III D health promotion and disease prevention allotment, OAA III E the National Family Caregiver Support Program allotment, and any future allotments under Title III shall be allotted using the following method:

Each PSA shall be allotted an amount based on the ratio of the population age 60 and older, plus two (2) times the low-income population age 60 and older, plus two times the minority population age 60 and older in the PSA.

OR

$$(A + 2B + 2C) / (D + 2E + 2F) = \text{PSA allocation percentage}$$

A = PSA's age 60 and older population

B = PSA's minority age 60 and older pop.

C = PSA's low-income population age 60 and older

D = State's age 60 and older population

E = State's minority age 60 and older population

F = State's low-income population age 60 and older

The low-income population consists of the number of persons with incomes at or below poverty level as established by the Census Bureau.

### Allocation of Funds

<b>PSA</b>	<b>Percent of Total</b>
1	9.55%
2	18.79%
3	5.05%
4	9.80%
5	8.70%
6	8.50%
7	3.80%
8	11.28%
9	3.89%
10	9.02%
11	11.62%
	<b>100.00%</b>

### **Reallocation of Unearned Federal Funds (Carryover)**

For each part or subpart under Title III, unearned federal funds (carryover) in excess of 5% of each AAA's previous year's award will be pooled, reduced by any amount designated for special or model projects, and (if a balance remains) allocated only to AAAs with carryover of 5% or less based upon their intrastate funding formula relative share.

## Appendix E: Projected Costs

	<b>FFY 06</b>	<b>FFY 07</b>	<b>FFY 08</b>
Area Plan Administration	\$1,494,501	\$1,527,380	\$1,560,982
III-B	\$4,146,796	\$4,238,026	\$4,331,262
III-C(1)	\$8,055,045	\$8,232,256	\$8,413,366
III-C(2)	\$8,462,119	\$8,648,286	\$8,838,548
III-D	\$275,493	\$281,554	\$287,748
III-E	\$1,422,941	\$1,454,245	\$1,486,239
<b>Total</b>	<b>\$23,856,895</b>	<b>\$24,381,747</b>	<b>\$24,918,145</b>

## **Appendix F: Additional KDOA Programs**

The Kansas Department on Aging administers several programs which complement Older Americans Act programs and services. Five of these programs are described below.

### **Client Assessment, Referral and Evaluation (CARE) program**

The purpose of the Client Assessment, Referral and Evaluation (CARE) Program is to achieve a quality of life for Kansans with long-term care needs in an environment of choice that maximizes independent living capabilities and recognizes diversity. The CARE program evolved from the acceptance that seniors prefer to remain in their homes for as long as possible and that the cost of home and community-based long-term care services is less than that of nursing facility care.

CARE assessors perform individual assessments to determine the customer's needs; make referrals to community-based services when appropriate; recommend placement in nursing facilities when community-based services cannot meet the identified needs; and collect data about the program results. While KDOA staff administer the CARE program, provide training and manage program content, the CARE assessments are conducted by non-KDOA staff. Approximately 60% of assessments are performed by hospital staff and the remaining 40% are performed by AAA staff.

The CARE Level I assessment complies with statutes requiring that all persons seeking admission to nursing facilities receive assessments to determine appropriateness of placement. The CARE Level II assessment meets federal requirements for the Pre-Admission Screening and Resident Review (PASRR). The purpose of PASRR is to screen mentally ill and mentally retarded individuals to determine if nursing facility placement is appropriate. All individuals requesting nursing facility placement receive a CARE Level I assessment, and any individual whose Level I assessment indicates the presence of mental health issues receives a CARE Level II assessment.

In addition to providing opportunities for trained assessors to inform customers about the community-based care options in their area, the CARE program also allows KDOA to capture statewide and regional information on unmet service needs. The program is 75 % Federal and 25 % State funded.

### **Senior Health Insurance Counseling for Kansas (SHICK)**

The Senior Health Insurance Counseling for Kansas (SHICK) program helps seniors navigate their way through the complexities of the health insurance and Medicare systems. More than 300 SHICK volunteers, working through 16 regional Sponsoring Organizations across the state, provide information and assistance with such things as Medicare claims and appeals; the Medicare-Approved Drug Discount Cards and the \$600 credit for prescription drugs; Medicare supplemental insurance (Medigap) policies; long-term care financing and options; Medicare Advantage plans; Medicare Savings

Programs; the Medicare Prescription Drug Coverage that will begin in January, 2006; the Low-Income Subsidy that will help eligible beneficiaries with the cost of their Medicare drug coverage; and the assistance programs offered by pharmaceutical companies to reduce medication costs.

SHICK services are available to all Kansas Medicare beneficiaries and are provided at no cost to the customer. In the 2004 grant year, SHICK counselors assisted more than 17,000 people, providing nearly 13,000 hours of services and saving beneficiaries almost 6 million dollars in insurance and prescription drug costs.

In addition to providing direct services to Medicare beneficiaries, the SHICK program has focused increasing resources on outreach and education. The Medicare Modernization Act created far-reaching changes to the Medicare program, and with the advent of Medicare Prescription Drug Coverage, the need for education has become critical. SHICK staff, regional Coordinators and volunteers have dramatically increased the educational programs they provide to the public. SHICK has also created a network of community Partners that collaborates in outreach efforts and includes Senior Centers, congregate meal sites, hospitals, clinics, Councils on Aging, Independent Living Centers, hospices, nursing facilities, and community assistance agencies. In addition, SHICK participates in multi-agency workgroups focused on outreach efforts and also provides training to state agencies, community-based organizations, professional associations and provider networks.

The SHICK program is funded by a grant from the Centers for Medicare & Medicaid Services (CMS).

### **Senior Farmer's Market Nutrition Program – USDA**

The Kansas Senior Farmers' Market Nutrition Program (KSFMNP) is primarily funded under a competitive grant from the United States Department of Agriculture pursuant to Public Law 107-171. Under this program, low-income seniors are provided \$30 of coupons to exchange for eligible, locally-grown foods at farmers' markets.

The purposes of the program are to:

- Provide resources in the form of fresh, nutritious, locally grown fruits, vegetables, and herbs from farmers' markets, roadside stands and Community Supported Agriculture (CSA) programs;
- Increase the consumption of agricultural products by expanding or aiding in the expansion of domestic farmers' markets, roadside stands and CSA programs; and
- Develop or aid in the development of new and additional farmers' markets, roadside stands, and CSA programs.

In 2003, the program was implemented in six pilot areas (Wichita, Topeka, Lawrence, Kansas City, Johnson County and Manhattan). In 2004, limited expansion into other rural areas (Atchison, Emporia, Salina and Hutchinson) occurred. For 2005-2008,

expansion will occur as additional service dollars are made available. This program is a joint-initiative of many public and private partners including six state agencies (KDOA, KDA, KDOT, SRS, KDHE and KDOC), Kansas State University Cooperative Extension, the Kansas Rural Center, the Kansas Fruit Growers' Association and the Kansas Vegetable Growers Association.

### **Senior Medicare Patrol program**

The Kansas Department on Aging has recently received a grant from the Administration on Aging to create a Senior Medicare Patrol (SMP) program in Kansas. This is a three-year project that will educate Kansas Medicare and Medicaid beneficiaries about health care error, fraud and abuse.

During this project, KDOA plans to collaborate with community-based organizations across the state to recruit retired professionals and train them as volunteer educators. Together with partner organizations, these volunteers will create a statewide network of fraud experts who will educate beneficiaries about identifying and reporting health care errors, fraud and abuse. This project is expected to increase beneficiaries' understanding of fraud issues and increase the amount of fraud and abuse and errors detected and reported by beneficiaries. The project will produce a volunteer training manual; education materials for beneficiaries; outreach materials to increase public awareness of fraud and the SMP project; and documentation of successful strategies for use by other SMP teams.

### **Aging and Disability Resource Center program**

The Governor of Kansas selected the Kansas Department on Aging to serve as the lead agency in the development of an Aging and Disability Resource Center. The state mental health and Medicaid agencies have signed letters of support and will be full partners in this effort.

The Aging and Disability Resource Center will be piloted in two areas, one rural and one urban, to serve persons over 60 and persons with serious mental illness as defined by the Kansas Medikan program. The center will provide a variety of highly visible, easy-access and easy-use web-based tools on the official Kansas government website ([accesskansas.org](http://accesskansas.org)). This will increase access to information, streamline PASRR referrals, increase mental health service access to Kansas seniors, and simplify financial eligibility determinations for Medicaid and state funded programs.

This project has broad support from cabinet level human services agencies, local Area Agencies on Aging, Community Mental Health Centers, consumer-run organizations, service providers, and individual consumers. Plans and work products will be developed by teams of agency staff and stakeholders. These plans will be reviewed by a State Advisory Board and forwarded to program staff for implementation. The program will be evaluated by KDOA Research and Analysis staff through the collection of minimum dataset information.

## **Appendix G: Long-Term Care Ombudsman Program**

The Kansas Long-Term Care Ombudsman program serves the residents of long-term care facilities by seeking to improve the quality of life for those residents who are among Kansas' most vulnerable citizens. The State Long-Term Care Ombudsman oversees five regional Ombudsmen across the state, and they in turn provide support and guidance to volunteer ombudsmen in local communities. The Kansas Department on Aging provides OAA funding for the Long-Term Care Ombudsman program through an inter-agency agreement with the Kansas Department of Administration. While the Department of Administration is responsible for administrative oversight of the Ombudsman program, the State Long-Term Care Ombudsman reports directly to the Governor of Kansas.

Kansas Ombudsmen receive complaints made by or on behalf of residents of long-term care facilities related to actions, inactions, or decisions of facilities or facilities' representatives. Complaints of abuse are investigated by the Ombudsman's office and then referred to the Department of Social and Rehabilitation Services and/or the Department on Aging for enforcement.

In addition to handling complaints, the ombudsman program provides information and education to residents and their families about the rights and responsibilities of residents of long-term care facilities. The Kansas ombudsman program fulfills its mission through the following activities:

- Receiving, investigating, and attempting to resolve, in a timely manner, complaints made by or on behalf of long-term care facility residents;
- Providing public education and in-service training to long-term care facility staff, residents, families of residents, and members of the community regarding issues important to long-term care residents;
- Recruiting, training, and supporting ombudsman staff and volunteers to ensure the health, safety, welfare, and rights of residents of long-term care facilities;
- Monitoring the development and implementation of and making recommendations regarding federal, state, and local laws, regulations, and policies affecting long-term care residents concerning access to services and improvement of staffing and services; and
- Publicizing the ombudsman program, its goals, and the means of accessing the program to long-term care residents and the rest of the State through the annual report and other methods of creating public awareness.



## Appendix H: Strategic Plan and Objectives

### Kansas Department on Aging Strategic Plan

#### Introduction

In August 1999 the Kansas Department on Aging (KDOA) published "A Critical Look Into the Future" identifying some of the many variables that could affect the Kansas aging services system in an increasingly challenging environment of accelerating growth in the aging population and restricted growth in public resources.{1} Subsequent research tells us there will be many attempts to predict what the future landscape will look like, but today we have only a few firm conclusions.

According to the Administration on Aging (AoA), the older population will continue to grow significantly in the future. This growth slowed somewhat during the 1990's because of the relatively small number of babies born during the Great Depression of the 1930's. But the older population will burgeon between the years 2010 and 2030 when the "baby boomer" generation, those born between 1946 and 1964, reaches age 65. By 2030, there will be about 70 million persons aged 65 or older, more than twice their 1999 number. Today people 65 or older represent almost 13% of the population but are expected to grow to be 20% of the population by 2030.{2} This statistical trend has a parallel in Kansas with the year 2000 population of approximately 359,000 persons aged 65 or older and projections of approximately 605,000 persons 65 or older in the year 2030.{3}

Forecasts of the exact number of elderly who will need long term care are uncertain because of differing conclusions about the effect of better health care and lifestyle practices of the boomer population. Predicting the magnitude and composition of the growth in the elderly needing long term care services is complicated by several factors. Some researchers argue that medical advances have increased life expectancy but have not changed the onset of illness. They predict that declining death rates may actually increase the need for long term care if more people live to develop age-related disabling conditions or live longer with existing disabilities. Others argue that disability is becoming increasingly compressed into a shorter portion of the life span, decreasing the number of years long term care is needed.{4} However, even if the rosiest scenario prevails, we can predict the number of persons needing long term care will be considerably larger than it is today. We know that the most rapidly growing age group - individuals 85 and older that are most likely to require long term care - will more than double from about 3.9 million to about 8.5 million from 2000 to 2030. By 2050 it will more than double again to about 18 million individuals. Based on best and worst case scenarios, the number of baby boomers who will need long term care ranges from two to four times the current number of functionally impaired elderly.{5}

How this will translate into the need for public spending on long term care services will depend on the private resources available to provide for these services. Based on an assumption that real wages will continue to grow and that Social Security, private pensions, and health expenditures will remain stable, the baby boomers, in general, are expected to be wealthier in retirement than their parents, with resources to purchase services when needed. Those who are single or less well educated, or who do not own homes, however, may not do as well.{6} Clearly the sheer increase in population will have an effect. A study projecting future retirement income of elderly Kansans conducted by the Employee Benefits Research Institute (EBRI) predicts an increasing gap between income and needs that could total \$700,000,000 by the year 2031, even if Medicaid and other public expenditures are unchanged.{7}

At the same time that many baby boomers will have greater financial resources, they will have fewer social resources. Geographic dispersion of families and the large percentage of women who work outside the home may reduce the number of caregivers available to elderly baby boomers to provide unpaid care. Under those circumstances, it will be increasingly important to proactively develop labor force availability as well as support those informal caregivers who are available. According to the AoA, the most recent National Long Term Care Survey identified over 7 million people as informal caregivers. These caregivers provide help to 5.2 million older people who live in the community and have at least one functional limitation in their activities of daily living. Among community based persons needing assistance with Activities of Daily Living (ADLs), 65 % depend solely on family and friends, another 30 % supplement family care with paid providers, and a little more than 5 % rely exclusively on paid services. If these caregivers had to be replaced by paid home care, the cost would be \$45-94 billion per year.{8} With the increased demand for paid caregiving at a time of reduced labor force availability, market place economics could severely stress the publicly funded service system competing for workers unless actions are taken today to affect the future.

While many aging boomers will have more financial resources in retirement than their parents, what might be more important is whether they have long term care insurance. Private long term care insurance is seen as a means of reducing the catastrophic financial risk for people needing long term care, and relieving some of the financial burden currently falling on public programs because private resources are quickly expended. There is, however, concern that people are not knowledgeable about the financial impact if they need long term care and the need for purchasing and maintaining a long term care insurance policy at an early age to obtain a reasonable rate. Further, people are not aware of the limitations of Medicare and Medicaid on long term care coverage, and this lack of knowledge decreases demand for long term care insurance. Lastly, there is little incentive for investing in long term care insurance at an early age.{9}

Depending on a public agency's strategic actions today, the above variables could either drive up the future cost of publicly funded services or create an economy of scale that more efficiently uses available public resources. If the future aging system is to make most efficient use of public funds, our policy directions must be clear. We must create a system that is able to respond efficiently and effectively to changes in the demographics, needs, and interests of a not yet aged population when it is aged. We must transition from a system where targeting priorities is based on a rationing philosophy to a system where measurable results guide policy decisions. Program assessment must shift to outcomes with emphasis on results based data rather than compliance with technique. Programs will be measured against demonstrated improvement while management searches for the most effective solutions. Given budget limitations, those programs whose solutions make a difference must be implemented at the expense of existing, less effective activity. {10}

This KDOA Strategic Plan sets out policy directions that are within the control of the Executive and Legislative branches of Kansas and that can impact our State's ability to meet the needs of our senior citizens of the future. These policy directions will guide the development of KDOA's annual business plan and budget requests.

## **MISSION: To Promote Security, Dignity, and Independence of Kansas Seniors.**

### **Goal I: Healthy aging with personal and financial independence**

#### **Expected Outcomes**

1. Seniors and families (others) have access to information and resources.
2. More of the senior population is health conscious.
3. A healthy senior population will be older before they need paid supports.
4. A financially well-situated senior population reduces need for publicly paid services across the service continuum including nursing homes.

#### **Policy Directions**

- Ia. Maximize individuals' abilities to meet their own needs in their senior years.
- Ib. Establish a formal system for educating Kansans on senior issues.
- Ic. Promote volunteer and employment opportunities.

#### **Strategies**

1. Provide both young and mature Kansans with objective, accessible and useful information for preparation for healthy aging, retirement, and long term care.
2. Expand availability and use of mechanisms for private financing of long term care.
  - Expand public/private partnerships to educate on necessity for long term care planning,
  - Monitor Medicare option of including a Part D benefit,

- Establish tax credits and incentive programs by government and business.
- 3. Encourage greater use of advance directives.
- 4. Recognize all government agencies, public officials and Kansas communities that promote "age-sensitive" issues.
- 5. Increase volunteer and employment opportunities.
- 6. Provide information to the public on the Kansas long term care system using an interactive Internet web site, brochures and publications, and public service announcements. (LTCTF, Goal 1, Strategy 1)
- 7. Investigate and, if appropriate, establish a 2-1-1-telephone system to disseminate long term care information in non-crisis situations. (LTCTF, Goal 1, Strategy 2)
- 8. Increase collaboration between aging and mental health systems to appropriately meet senior population needs.
- 9. Increase collaboration between aging and substance abuse systems to appropriately meet senior population needs.
- 10. Develop systematic education programs for single elder females of the benefits of home and cost sharing to meet their needs and enhance their quality of life.

## **Goal II: A continuum of choices in services for seniors**

### **Expected Outcomes**

1. Seniors live in their family homes later into the life cycle.
2. Seniors remain a part of the larger community thereby enhancing their quality of life.
3. Transition to nursing home services occurs later in the life cycle.
4. Percentage of seniors seeking nursing home placement decreases.

### **Policy Directions**

- IIa. Expand availability of service options.
- IIb. Support seniors in self-determination.
- IIc. Support quality of life issues.

### **Strategies**

1. Expand the use of assistive devices, innovative technology, and home modifications to enable individuals to reduce dependence on paid supports to meet their daily needs.
2. Encourage diversification of the Kansas nursing home system.
3. Reinvest savings from reduction in nursing home growth into expansion of community based programs.
4. Expand the availability of affordable assisted living, home plus, and other supportive housing options.
5. Increase access and long term care to seniors in ethnic and immigrant communities.
6. Pay targeted family caregivers to provide care.

7. Provide a variety of options for informal caregivers including volunteer networks of support.
8. Encourage the use of universal design in housing construction and remodeling.
9. Increase public understanding of the long term care landscape including end of life and mental health issues.
10. Expand the current case management system to include development and training on compatibility assessments, budget development and analysis, and other techniques that promote successful home and cost sharing.

### **Goal III: High quality services and supports at all levels of individual need**

#### **Expected Outcomes**

1. Assessments capture a picture of the customer's needs.
2. Informal caregivers are appropriately supported in their caregiving role.
3. Services provided across the continuum meet senior's expectations for quality.
4. Diversification of structure and practices in provision of nursing home services expands the continuum of care options at the local level.

#### **Policy Directions**

- IIIa. Align the regulation, funding, and management of services and supports to achieve high quality outcomes.
- IIIb. Establish benchmarks for effective service provision.
- IIIc. Support establishment of a stable force of motivated and knowledgeable direct service workers.

#### **Strategies**

1. Support nursing homes to pursue progressive home-like environments.
2. Collect and analyze consumer focused quality data across all service settings, and use this data (together with other approaches) to improve quality. (LTCTF, Goal 3, Strategy 1)
3. Promote an effective regulatory process.
4. Support work force development initiatives for long term care staff.
5. Cultivate creative recruitment and retention of direct support workers.
6. Support AAAs in the implementation of management techniques that result in increased quality of services and supports in each Planning and Service Area.

### **Goal IV: Effective, efficient and affordable services and supports**

#### **Expected Outcomes**

1. Area Agencies on Aging (AAAs) enhance their ability to serve seniors by coordinating and networking within local communities.
2. Case management provides a cost effective means to coordinate services.
3. AAAs target services to the identified populations.
4. Per capita costs for persons served is optimized across the service continuum.

## **Policy Directions**

- IVa. Promote informal caregiving networks.
- IVb. Maximize public and private cost sharing.
- IVc. Establish benchmarks for efficient service provision.
- IVd. Support individualized plans of care that integrate federal, state, local, and informal services.
- IVe. Provide coordination and communication between the federal agencies, state agencies, and local agencies, and between the public and private sectors.

## **Strategies**

1. Retool long term care into a seamless system to optimize funding streams and control costs. (LTCTF, Goal 3, Strategy 4)
2. Provide training, education and information to informal caregivers about supportive resources.
3. Strengthen and expand employer support of eldercare.
4. Collect and analyze management focused data, including the Elder Count Data Book, across all service settings and use this data to improve efficiency. (LTCTF, Goal 1, Strategy 4)
5. Determine methods to target priority customers for support with public funding.
6. Encourage development of outcomes-based local management.

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## **IMPLEMENTING OBJECTIVES**

The Kansas Department on Aging has developed the following objectives in support of the program goals included in the Administration on Aging's Strategic Action Plan.

### **Goal 1: Increase the number of older people who have access to an integrated array of health and social supports.**

Kansas has long focused on integrating health and social support systems for seniors. The area agencies on aging act as the "single point of entry" for senior services in their regions, providing both direct services and referrals to community services and resources.

The Kansas Department on Aging has worked to integrate the provision of services by developing a Uniform Assessment Instrument (UAI). The UAI provides a single program assessment and intake process for Medicaid, Older Americans Act, and Senior Care Act programs. The UAI is linked to the Kansas Aging Management Information System (KAMIS), providing integrated program information.

The Department on Aging has also been awarded an Aging and Disability Resource Center grant. Over the next three years, the department will be partnering with community mental health centers to create an integrated continuum of services for Kansans.

### **Goal 2: Increase the number of older people who stay active and healthy.**

The Governor of Kansas has created a statewide initiative called HealthyKANSAS: Taking Steps Together. As a partner in this initiative, the Department on Aging will work with the area agencies on aging to implement **Healthy Aging: STEPS** (Seniors Together Enjoy Physical Success), a regimen of exercise addressing the unique physical needs of seniors. The model for this initiative is the evidence-based program developed by Senior Services, Inc. of Seattle/King County, Seattle, Washington. Once the program is implemented, Kansas will have the first state-administered program of this kind. Healthy Aging: STEPS will focus on preventing physical inactivity among seniors in fifteen select communities and will primarily target those who need assistance with the activities of daily living to remain in their homes. This new program will advance the Department's mission of improving quality of life for seniors by helping seniors maintain their social independence through physical wellness and by allowing for active participation in the community.

**Goal 3: Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.**

The Department on Aging continues to modify and expand the Caregiver program, providing families with information and resources that support their efforts to care for their loved ones. In addition, the Department is developing the Lifelong Communities Initiative, a project that will provide communities with the tools they need to successfully support an aging population. Through this project, the Department on Aging is collaborating with local leaders, businesses, organizations and government agencies to enhance seniors' access to services in their communities.

**Goal 4: Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.**

The Prevention of Elder Abuse, Neglect and Exploitation (PEANE) grant program continues to provide education to professionals and members of the public on issues of abuse, neglect and exploitation of the elderly. Several of these educational programs are offered each year at various locations across the state.

**ADDITIONAL OBJECTIVES**

The Kansas Department on Aging will collaborate with other agencies to pursue the following objectives which address key aspects of the Older Americans Act.

**Evidence-based health promotion/disease prevention programs.**

The Healthy Aging: STEPS program (described under Goal 2 above) is a key initiative for the Department on Aging. This evidence-based health promotion program involves collaboration between the Department and the area agencies on aging as well as other state agencies.

The Senior Farmers' Market Nutrition Program is a joint initiative of six state agencies and several public and private partners. Through the distribution of vouchers that can be used to purchase locally-grown fruits and vegetables, this program increases seniors' consumption of fresh, nutritious foods while encouraging the development of farmers' markets as a source of fresh produce.

The SENIOR Grant (formerly called the Evidence Based Health Promotion/ Disease Prevention Programs for Older Adults grant) is a joint project of the National Association of State Units on Aging and the Centers for Disease Control. This grant allows the Department on Aging to collaborate with other providers of aging services in the state to expand the use of chronic disease self-management techniques.



Several state agencies and community-based organizations are involved with the senior vaccination campaign in Kansas. As it has in the past, the Department on Aging will continue to work with these agencies and with service providers to coordinate publicity and educational materials that promote influenza and pneumonia vaccines to seniors.

### **The Medicare Modernization Act**

CMS funds a nationwide network of State Health Insurance Assistance Programs (SHIPs). The Department on Aging administers the Kansas SHIP which is known as Senior Health Insurance Counseling for Kansas (SHICK). SHICK uses a statewide network of sponsoring organizations, call centers and trained volunteers to provide information, assistance and counseling to Medicare beneficiaries in their communities. With the passage of the Medicare Modernization Act, SHICK has focused on providing outreach and education about the new Medicare Prescription Drug Coverage that will begin in January of 2006. The SHICK network includes area agencies on aging, county extension offices, county senior service agencies, and many community-based organizations that provide services to people with Medicare and Medicaid in Kansas.

### **Transportation Toolkits**

The Kansas Department of Transportation (KDOT) administers the United We Ride grant for Kansas. Two program staff from the Department on Aging collaborate with KDOT and coordinated transit districts to ensure that seniors continue to be a priority in planning routes and allocating resources.