



CABINET FOR HEALTH
AND FAMILY SERVICES
Department for Aging and
Independent Living

Regional Plans on Aging State Fiscal Years 2027-2029

DRAFT
PENNYRILE

Area Agency on Aging and Independent Living

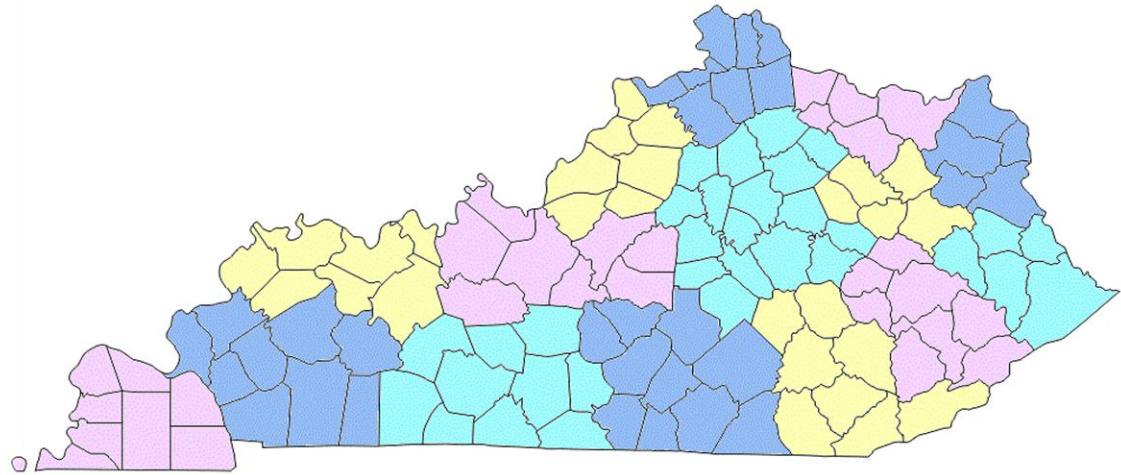


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I. Overview

The Area Plan is a public document that shall use clear and concise language to organize the information logically and should be easily understood by the public and aging network partners. The document shall be written to ensure accessibility by keeping the tone informative and providing visual aids such as defined charts, graphs, and diagram legends. The Area Plan shall be reflective of services provided in the planning and service area, the operations of the Area Agency on Aging, and of the goals of the aging network in the region.

In accordance with the Older Americans Act of 1965, as amended, Section 307(1)(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306 of the Act. This format is to be used by area agencies on aging and independent living in developing an area plan for the administration and provision of specified adult and aging services in each planning area. The Area Plan required for State Fiscal Year 2027-2029 will be a three-year plan cycle.

Area plans are prepared and developed by the Area Agencies on Aging and Independent Living. Each agency is responsible for the plan for the multi-county planning and service area in which the agency is located. The area plan should reflect the efforts of the AAAIL:

Purpose

This Area Plan serves multiple purposes including, but not limited to:

- a. Provide tangible outcomes through planning and report achievement(s) based on long term efforts as set by the AAAIL.
- b. Provide data and outcomes of activities into proven best practices which may be used to ensure additional funding.
- c. Provide a clear framework regarding coordination and advocacy activities to meet the needs of the population served that have the greatest social and economic need.
- d. Provide goals and objectives that shall be implemented within the service plan timeframe.

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

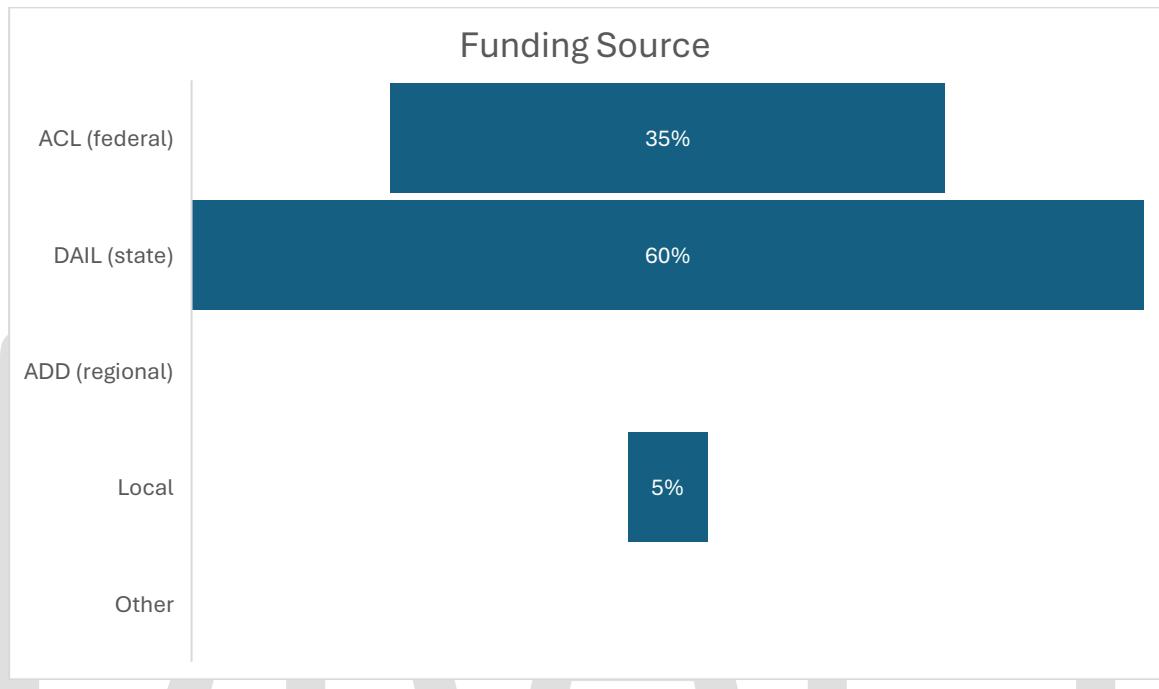
II. Glossary of Acronyms

AAAIL	Area Agency on Aging and Independent Living
ADD	Area Development District
ADL	Activity of Daily Living
DAIL	Department for Aging and Independent Living
FY	Fiscal Year
IADL	Instrumental Activity of Daily Living
K4A	Kentucky Association of Area Agencies on Aging
OAA	Older Americans Act
PSA	Planning Service Area
SCSEP	Senior Community Service Employment Program
SHIP	State Health Insurance Assistance Program
Title III B	Grants to states for Supportive Services and Senior Centers
Title III C	Grants to states for Nutrition Services
Title III D	Grants to states for Preventative Health Services
Title III E	Grants to states for Family Caregiver Support Program
Title V	Grants to states for SCSEP
Title VII	Grants for Ombudsman Services, Elder Rights and Abuse
VA	Veterans Administration

Additional acronyms may be added as needed.

III. Executive Summary

Description of Federal, State, and Local Aging Network Funding: Explain the aging network(s) funding received from the Administration for Community Living-Administration on Aging, Department for Aging and Independent Living, Area Agency on Aging, any local provider network.



The category of Other includes foundation grants/contracts, corporate grants/contracts, direct mail fundraising, fundraising events, fees for services, etc.

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

The Pennyriple Area Agency on Aging & Independent Living (AAAAL) operates under the Pennyriple Area Development District (PEADD) and serves as the agency's Health & Family Services Department. The Pennyriple AAAAL has been in existence for over 50 years and provides a comprehensive variety of services to senior citizens, disabled individuals and caregivers. The PEADD is located in Hopkinsville which is central to the primarily rural 9-county region in western Kentucky. The Pennyriple service area includes: Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd and Trigg.

Also include:

1. The relationship between the AAAIL and external contracts and the service enhancement provided.

The Pennyrile AAAIL collaborates with a network of providers to ensure a comprehensive variety of services are provided across the 9-county service region. The current contracted providers include:

- Pennyrile Allied Community Services: Title IIIB Information & Assistance, Title IIIB Homemaking, Title IIIB Transportation, Title IID Evidence-Based Health Promotion & Disease Prevention services, Title IIIC1 Congregate Meals, Title IIIC2 Home Delivered Meals, ESMP Meals, Homecare Homemaking, Homecare Personal Care, SHIP and Title V Senior Community Service Employment Program.
- Kentucky Legal Aid: Title IIIB Legal Services

Pennyrile AAAIL has a strong working relationship with the current contracted providers and works closely with our contracted providers to ensure high-quality services are provided that address the needs of our clients. Quality assurance efforts provided by Pennyrile AAAIL include desktop monitoring, drop-in monitoring visits, annual monitoring, the provision of technical assistance, state database training for providers, and review of strict monthly and YTD reporting requirements.

The current contracted providers noted above were selected during a formal Request for Proposals (RFP) process for FY24-FY26. An RFP for FY27-FY29 will be released in the near future and may impact the contracted service providers.

2. The working relationship(s) between other agencies and organizations to better the lives of those served.

The Pennyrile AAAIL works closely with community partners to better the lives of those served in the Pennyrile region. Pennyrile AAAIL has ongoing, active participation in health fairs, interagency meetings, local councils and coalitions throughout the Pennyrile region. Pennyrile AAAIL also provides education and networking through public speaking engagements with various organizations across the region. The Pennyrile AAAIL maintains a strong regional presence in collaborating with other agencies and organizations to best meet the needs of our clients and communities.

3. Other activities provided by the AAAIL outside of DAIL funding.

In addition to DAIL programs, Pennyrile AAAIL staff coordinate, assist with coordination and participate in the following activities:

- Forgotten Angels – the Long-Term Care Ombudsman coordinates the effort to provide Christmas gifts to over 400 personal care residents each year. Gifts are donated by various community members, churches, civic groups, and local industry.



- Walk to End Alzheimer's - Pennyville ADD partners with the Alzheimer's Association each year to create a team to raise funds for the annual Walk to End Alzheimer's. This is a part of the ongoing efforts to raise awareness regarding dementia and to support caregivers.



- The Pennyville Senior Games – For over 38 years, Hopkinsville Parks and Recreation has hosted and coordinated the annual Pennyville Senior Games in which individuals aged 50 and over can participate in friendly competition. Pennyville AAAIL has sponsored the Pennyville Senior Games for many years as well as allowing staff to volunteer at the 3-day event. A Pennyville AAAIL resource table is also setup during the Pennyville Senior Games in which participants can speak with staff and gain information about the programs/services available throughout the Pennyville region.



- Veterans Directed Care – Pennyrile currently serves at the forefront of national expansion of Veterans Directed Care by serving as a super hub since 2024. Currently there are working relationships with 11 VA Medical Centers and 18 spoke agencies across the United States. Veterans Directed Care is a vital initiative aimed at providing eligible veterans with in-home support services tailored to assist with activities of daily living.
- West Kentucky Senior Suicide Prevention Network – The Pennyrile AAAIL secured grant funding from the National Strategy for Suicide Prevention to hire a Senior Suicide Prevention Network Coordinator and establish the West Kentucky Senior Suicide Prevention Network. From 2017-2023, the Pennyrile region of Western Kentucky experienced an approximate 24% increase in deaths by suicide among older adults. Education and outreach have been provided in various settings across the region. Education campaign efforts have also included billboards, card campaigns and social media posts to help ensure that older adults and communities are aware of the 988 Suicide & Crisis Lifeline.



 **SUICIDE IS AGELESS**
HELP PREVENT SENIOR SUICIDE
CALL OR TEXT 988

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

 **Pennyrile**
Area Development District

Western Kentucky Senior Suicide Prevention Network • 1-866-844-4396

**The Holiday Season
Can Be Difficult**

We are Here For You

988 SUICIDE & CRISIS LIFELINE

 **Pennyrile**
Area Development District www.peadd.org

Western Kentucky Senior Suicide Prevention Network • 1-866-844-4396

Mission: A mission defines the organization, its objectives, and how it will reach these objectives. To promote the dignity and independence of older adults and individuals with disabilities by coordinating a comprehensive system of programs and services which are targeted to the needs of older adults, individuals with disabilities and their caregivers.

Vision: A vision details where the organization aspires to go.

That older persons and those with disabilities in the Pennyrile region are able to maintain their health and independence, and remain in their own home and communities as long as possible with access to an array of healthy lifestyle choices and social support programs.

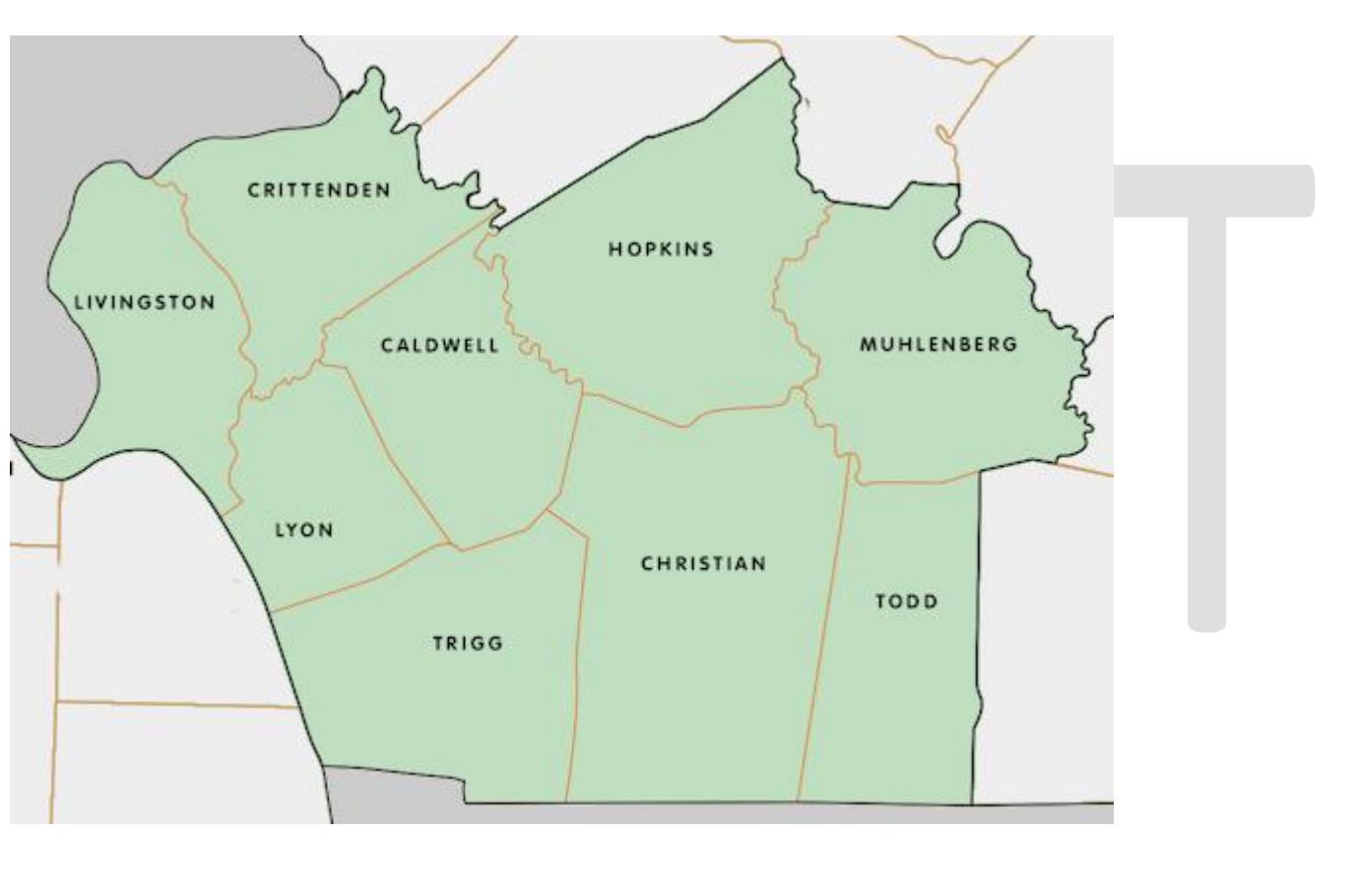
IV. Service Area

Define the geographic boundaries of the service region, ensuring to include the counties you serve and a map of the service region.

Description:

The Pennyville Area Development District is made up of nine counties in primarily rural western Kentucky and encompasses 3,849 square miles. The counties served in the Pennyville area are as follows: Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd and Trigg.

Map (insert picture here):

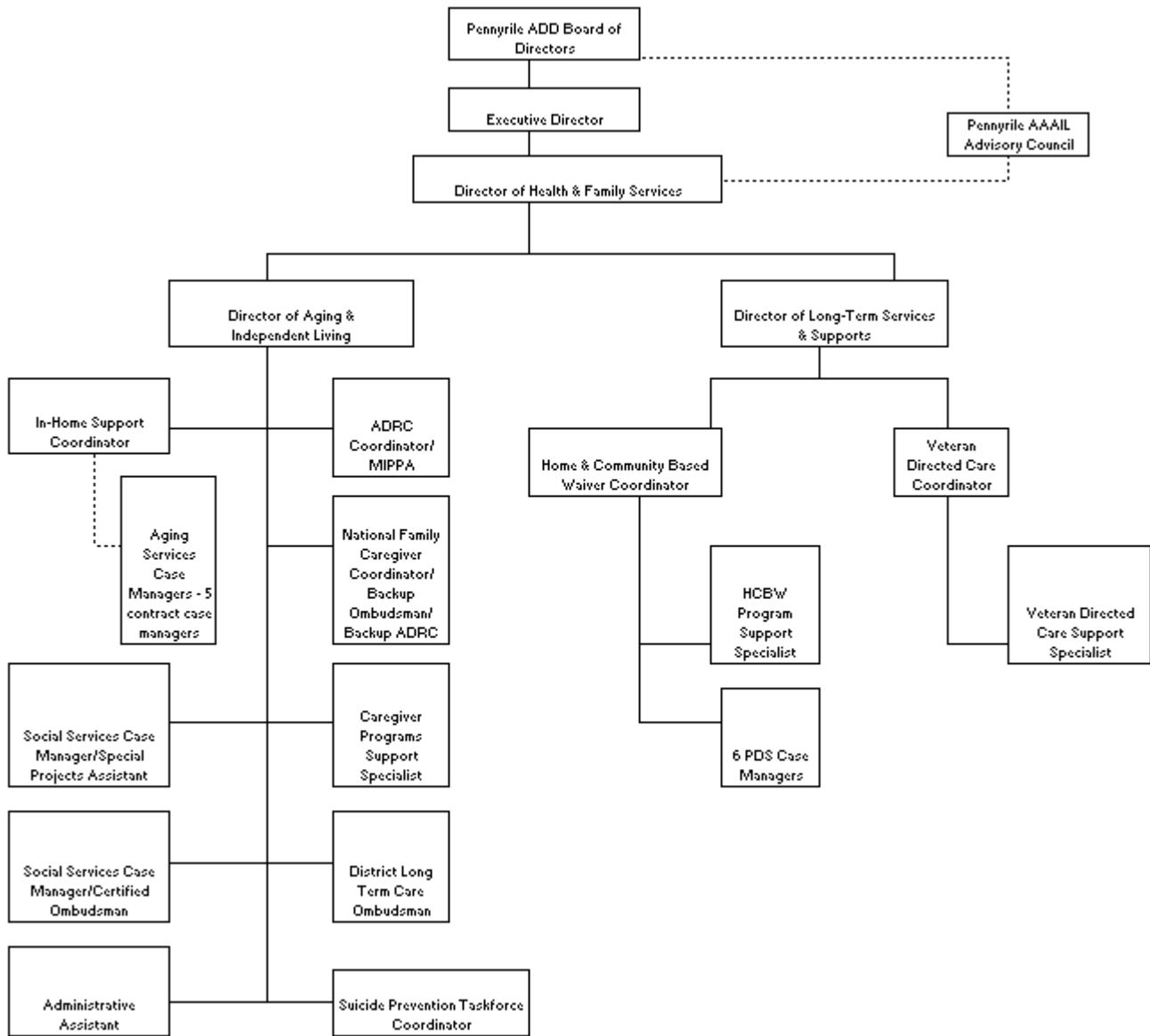


Staff Positions and Responsibilities: Include only management staff and include a separate organizational chart.

Position Title	Position Description	Position Responsibilities
Director of Aging & Independent Living	Director of AAAIL Services	Strategic leadership, administration and oversight of programs and services funded under the Older Americans Act and other aging-related initiatives. Ensures effective planning, coordination and service delivery to older adults, caregivers and people with disabilities. Provides supervision to all staff within the AAAIL programs. Primary data

		administration for the required state client database.
In-Home Support Coordinator	Coordinates Title III & Homecare	Assessing, planning, coordinating and monitoring services for older adults receiving Title III and Homecare services. Daily coordinate and oversight of case management services and service units, monthly reconciliation of reports, back-up data administrator for the required state client database. Supports and provides technical assistance to contracted service providers.
Aging & Disability Resource Center Coordinator	Coordinates Aging & Disability Resource Center Program	Conducts intake, eligibility screenings and provide referrals for clients and caregivers accessing services. Maintains regional resource directory. Manages region-wide waiting list for services.
Social Services Case Manager	Case Manager for Title III & Homecare	Provides assessment and case management services to elderly clients enrolled in Homecare and Older Americans Act Programs. Monitoring clients progress through home visits and telephone contacts. Ensures access to the continuum of care, ensures appropriate services are provided, develops person-centered plan of care, completes service modifications, assures quality of services and makes referrals to formal/informal agencies to help address unmet client needs. Responsible for documenting client records in required state client database.
Administrative Assistant	Administrative Support	Provides administrative and clerical support to Health and Family Services Department programs. Manages correspondence, scheduling meetings, maintaining records, program documentation and supporting program staff. Provides detailed review of and maintains of AAAIL in-home service client files. Coordination of correspondence with advisory council members, service provider and community partners.
Suicide Prevention Task Force Coordinator	Western Kentucky Suicide Prevention Network Coordinator	Coordinates efforts aimed at suicide prevention and supporting at risk individuals. Coordinates state and regional partnerships, leading task force

		meeting, providing training, intervention and outreach. Collaborates with stakeholders to develop strategic plans and goals for suicide prevention.
National Family Caregiver Program Coordinator	Program Management of National Family Caregiver Program	Responsibilities include development, coordination and implementation of services for the National Family Caregiver Programs. Conducts assessments to determine eligibility. Facilitates multiple Alzheimer's support groups. Serves as a back-up staff member for ADRC and Long-Term Care Ombudsman. Also provides education as a Certified Dementia Care Specialist.
Caregiver Programs Support Specialist	Program Management of Kentucky Caregiver Program	Responsibilities include development, coordination and implementation of programs for Grandparents Raising Grandchildren and services that support caregivers. Works closely with caregivers, families, healthcare professionals and community organizations to provide resources, support and education to enhance the well-being of caregivers. Conducts assessments to determine eligibility. Coordinates educational workshops, support groups and training sessions. Serves as a back-up staff member for ADRC.
District Long Term Care Ombudsman	Program Management of Ombudsman Program	Serves as an advocate for long-term care and group family home residents by investigating and resolving complaints received. Assists with Long-Term Care Advisory Council. Responsibilities also include recruitment, training and supervision of certified volunteers and friendly visitors.
Deputy Chief Financial Officer	Fiscal Management	Supports in managing the organization's financial operations, ensuring fiscal responsibility, compliance and strategic planning.



V. Profile of Service Area

Complete a demographic profile of your region with information provided from data collected and utilizing the [University of Louisville's State Data Center](#). To determine poverty rates please use this link: [poverty rates](#).

Description	Year of Data	Population	Percentage
60+ in the service area	2023	52,197	4.9%
60+ with low income (see link above)	2023	6,931	13.3%
60+ living in rural area(s)	2023	30,141	57.7%
60+ minority	2023	5,616	10.8%
60+ low-income minority	2023	1,280	2.5%
60+ with limited English proficiency	2023	177	0.3%
Grandparents/older relative raising child under 18	2023	2,181	1.7%
60+ isolated or living alone	2023	13,722	26.3%
60+ requiring 3 or more ADL/IADL*	2023	7,703	14.8%

*ADL: feeding, getting in/out of bed, dressing, bathing, toileting.

*IADL: Meal preparation, light housework, heavy housework, laundry, shopping, taking medicine

Describe all credible sources used to determine the populations/percentages above.

University of Louisville's State Data Center – ACS 2019-2023 PUMS Data. The data for 60+ requiring 3 or more ADL/IADL was not available, however, the University of Louisville's State Data Center provided data for individuals who are 60+ with 3 or more disabilities. That data was entered in the above chart.

VI. Funding Sources

List out all funding sources used to support older Kentuckians in the area. Please add additional lines and funding source types as necessary (Federal, State, Local Cash, In-kind, etc.). Previous state fiscal year should be used.

	Funding Source	Amount of funding	Funding Period	Type of funding
A	Title III B	453,136.00	FY 25	Federal
B	Title III B	21,117.00	FY 25	ARPA
C	Title III B	151,031.00	FY 25	State
D	Title III B	712.00	FY 25	ADD
E	Title III B	2,200.00	FY 25	Local
F	Title III B Ombudsman	16,800.00	FY 25	Federal
G	Title III B Ombudsman	2,965.00	FY 25	State
H	Title III C1	256,076.00	FY 25	Federal
I	Title III C1	3,326.00	FY 25	ARPA
J	Title III C1	125,969.00	FY 25	State
K	Title III C1	857.00	FY 25	ADD
L	Title III C1	88,404.00	FY 25	Local
M	Title III C2	582,919.00	FY 25	Federal
N	Title III C2	9,833.00	FY 25	ARPA
O	Title III C2	1,368,627.00	FY 25	State
P	Title III C2	2,651.00	FY 25	Local
Q	Title III C2	84,381.00	FY 25	Local
R	Title III Disease Prevention	19,435.00	FY 25	Federal
S	Title III Disease Prevention	13,856.00	FY 25	ARPA
T	Title III Disease Prevention	528.00	FY 25	Local
U	Title III E	160,569.00	FY 25	Federal
V	Title III E	4,650.00	FY 25	ARPA
W	Title III E	61,094.00	FY 25	State
X	Title III E	2,232.00	FY 25	ADD
Y	NSIP	88,560.00	FY 25	Federal
Z	Title V SCSEP	141,520.00	FY 25	Federal
AA	Title V SCSEP	78.00	FY 25	ADD
AB	Title V SCSEP	17,119.00	FY 25	Local
AC	ADRC	38,750.00	FY 25	Federal
AD	ADRC	38,750.00	FY 25	State
AE	ADRC	4.00	FY 25	ADD
AF	MIPPA ADRC	5,795.00	FY 25	Federal
AG	MIPPA ADRC	69.00	FY 25	ADD
AH	MIPPA AAA	8,140.00	FY 25	Federal
AI	MIPPA AAA	786.00	FY 25	ADD

AJ	MIPPA SHIP	15,314.00	FY 25	Federal
AK	MIPPA SHIP	503.00	FY 25	Local
AL	ESMP	1,051,965.00	FY 25	State
AM	ESMP	1,717.00	FY 25	ADD
AN	ESMP	2,194.00	FY 25	Local
AO	Title VII Elder Abuse	3,101.00	FY 25	Federal
AP	Title VII Elder Abuse	547.00	FY 25	ADD
AQ	Title VII Ombudsman	5,786.00	FY 25	Federal
AR	Title VII Ombudsman	9,951.00	FY 25	ARPA
AS	Title VII Ombudsman	1,021.00	FY 25	ADD
AT	SHIP	29,717.00	FY 25	Federal
AU	SHIP	81.00	FY 25	ADD
AV	SHIP	4,490.00	FY 25	Local
AW	Bridge the Gap	165,600.00	FY 25	Federal
AX	Bridge the Gap	978.00	FY 25	ADD
AY	Homecare	573,813.00	FY 25	State
AZ	Homecare	12,027.00	FY 25	ADD
BA	Homecare	52,619.00	FY 25	Local
BC	Disaster Preparedness	4,368.00	FY 25	Federal
BD	State Long Term Care Ombud	91,761.00	FY 25	State
BE	KY Caregiver	116,069.00	FY 25	State
BF	KY Caregiver	1,972.00	FY 25	ADD
BG	DAIL Suicide Grant	4,657.00	FY 25	Federal
BH	DAIL Suicide Grant	1,942.00	FY 25	ADD

VII. Current Service Coverage Charts

List out all services provided and the respective funding sources to support older Kentuckians in the area. Previous state fiscal year should be used.

Supportive Services – Access Services					
Service	Offered	AAAIL service provider	Contracted service provider	Number of individuals served (previous SFY)	Funding source (use letter from funding source table above)
Assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	930	A, C, AL, AM, AY, AZ
Transportation: Congregate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Transportation: Community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	269	A, B, C, D, E
Transportation: Escort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Homecare: Personal Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	44	AY, AZ, BA
Homecare: Homemaker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	255	A,C,E,AY, AZ, BA
Homecare: Chore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Homecare: Minor Home Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Information and Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	A, C, D, E, AC, AD, AE, AL, AY, AZ
Legal Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	229	A,C,E

* Transportation service is not tracked by Subcategories in the state client database, therefore, all Title IIIB Transportation is noted above as Transportation: Community

Nutrition Services					
Service	Offered	AAAIL service provider	Contracted service provider	Number of individuals served (previous SFY)	Funding source (use letter from funding source table above)
Congregate Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	802	H,I,J,K,L
Grab and Go	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	371	H,I,J, K, L,M, N,O,P,Q,
Home Delivered Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	992	M, N,O,P,Q, AL, AM, AN, Y
Nutrition Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1,707	H, I,J, K, L, M, N,O,P,Q
Nutrition Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	H,I,J, K, L,M, N,O,P,Q

Health Promotion Services					
Service	Offered	AAAAIL service provider	Contracted service provider	Number of individuals served (previous SFY)	Funding source (use letter from funding source table above)
Evidence Based Programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	240	R, S, T
Non-Evidence Based Programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	154	n/a – not funded

Caregiver for Older Adults					
Service	Offered	AAAAIL service provider	Contracted service provider	Number of individuals served (previous SFY)	Funding source (use letter from funding source table above)
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	U, V, W, X
Counseling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	U, V, W, X
Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	U, V, W, X
Respite (in home)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45	U, V, W, X
Respite (out of home day)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	U, V, W, X
Respite (out of home night)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	U, V, W, X
Respite (other)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	U, V, W, X
Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	69	U, V, W, X
Support Groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	U, V, W, X
Supplemental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9	U, V, W, X

Older Relative Caregivers					
Service	Offered	AAAAIL service provider	Contracted service provider	Number of individuals served (previous SFY)	Funding source (use letter from funding source table above)
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	U, V, W, X
Counseling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	U, V, W, X
Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	U, V, W, X
Respite (in home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Respite (out of home day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Respite (out of home night)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Respite (other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31	U, V, W, X
Support Groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	U, V, W, X
Supplemental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30	U, V, W, X

Other Services					
Service	Offered	AAAIL service provider	Contracted service provider	Number of individuals served (previous SFY)	Funding source (use letter from funding source table above)
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Senior Center Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Dementia Care Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Housing or Shelter Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SHIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3,758	AT, AU, AV
Elder Abuse Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	53	AO, AP
Telephone Reassurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ombudsman Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,711	F, G, AQ, AR, AS, BD
Friendly Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SCSEP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	Z, AA, AB
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MIPPA Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	66	AF, AG, AH, AI, AJ, AK
Bridging the Gap	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	55	AW, AX
Disaster Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	n/a	BC
KY Caregiver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60	BE, BF
DAIL Suicide - INNU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	n/a	BG, BH
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

For additional programs please fill in under the "Service" heading

VIII. Quality Assurance Process

The quality assurance process of service programs allows the AAAIL to highlight areas for continuous improvement by assessing program implementation and data collection. This will be obtained by the following measures:

- Needs Assessment
- Goals, Objectives, and Performance Measures

Needs Assessment: Describe all formats and sources used to evaluate the needs of the current AAAIL clients and those within the service area that are not currently receiving services for which they may be eligible. (include visual aid(s), survey results, etc.)

Pennyville AAAIL distributed the FY26 Community Needs Assessment in multiple formats:

- Hard copies given to homebound clients, senior center clients, caregiver clients, HCBW clients, Veterans Directed Care clients, and AAAIL Advisory Council members
- Combination of hard copies and digital link via email to community partners & stakeholders
- Digital link via email to PADD Board of Directors
- Electronic format through PADD social media posts
- Electronic link through PADD Website

Community Needs Assessment survey conducted during November 2025 – December 2025. Over 1,700 surveys distributed with an approximate return rate of 47%.

Based on the needs assessment results above rank the service area's top three needs and how they are being addressed in this area plan.

Rank	Need	Expectation
1	Home Delivered Meals	The Pennyrile AAAIL continues to screen individuals for home delivered meals and clients are taken off the waitlist based upon priority score and clients are added as funding allows. Individuals are strongly encouraged to participate in congregate meals if appropriate based upon their abilities. The FY27-FY29 RFP cycle includes a component of Frozen Meals specifically for individuals who live in an area that cannot be served by existing meal routes and those clients that are not in the home on a daily basis due to ongoing medical treatment. A frozen meal component would allow those individuals to be served rather than remaining on the waitlist.
2	Transportation	The Pennyrile AAAIL will continue efforts to provide transportation services to seniors in the Pennyrile Region. A priority system for Transportation will be developed in coordination with service provider and implemented to better prioritize limited transportation funds.
3	Congregate Meals	The Pennyrile AAAIL will continue to refer individuals to access Congregate Meals, as applicable. Congregate Meals were identified as the 3 rd priority, but attendance is lower than preferred in multiple senior centers in the region. To recruit more senior participation at the senior centers, additional emphasis will be placed on advertisement to increase awareness in the community regarding the availability of senior center services and activities.

Gaps, Barriers, Needs to improve service delivery:

Describe gaps, barriers, and needs for the current aging programs and clients
The Pennyrile region faces several gaps and barriers associated with program funding, rural geographic, and limited options. There is currently a waitlist for Home Delivered Meals, Homemaking and Personal Care in all 9 counties of the Pennyrile region. The current funding levels do not sufficiently support the demand. Individuals are referred by the ADRC to other programs/services, but there are frequent waitlists associated with those as well.

There is no formal waitlist for Transportation services, but due to the current funding level it is a common practice for Transportation services to be limited during the FY. The limitations may be associated with the number of trips and/or the type of trip (grocery, senior center, medical appointment, life sustaining medical treatment, etc.). In the majority of the Pennyrile region the Title IIIB Transportation services are the only formal transportation service. Very few areas within the region have access to cabs/taxis. The rural geographic nature of the region also causes clients to travel greater distances to access services.

Limited service providers and community partners to provide services also causes barriers and gaps in services that are needed by clients.

Describe how the needs assessment and population data determine the future direction of the Area Plan and the aging program(s)

The needs assessment and population data will be utilized for future planning purposes and to determine best practices within each county. The key needs continue to be Home Delivered Meals, Congregate Meals and Transportation services.

Survey data:

- 39% of respondents were 80 years of age or older
- 50% of respondents live alone
- 36% of respondents have a yearly household income level of \$22,00 or less
- 50% of respondents access Home Delivered Meals
- 23% of respondents reported not having enough money for food
- 22% of respondents reported utilizing a food pantry to supplement food supply
- 58% of respondents reported knowing who to call for help when a elderly/disabled person needed services

The results will guide the Pennyrile AAAIL on service focus, developing local partnerships and strategies to address client needs.

IX. Goals, Objectives, Performance Measures, and Strategies

Every goal should be written utilizing the SMARTIE (Specific, Measurable, Attainable, Relevant, Time-based, Inclusive, and Equitable) objective with key performance indicators.

State Goal 1	Increase access to public transportation services for seniors aged 60+ and individuals with disabilities in rural communities.
Objective 1.1	By January 1, 2027, DAIL will establish and conduct quarterly partnership meetings with the Kentucky Transportation Cabinet Office of Transportation Delivery (KYTC OTD) to expand collaboration with the Human Services Transportation Delivery Program, ensuring the perspectives of rural seniors and individuals with disabilities are represented.
Outcome/Performance Measures	
1.	Strengthen collaboration between DAIL and KYTC OTD leading to expanded Human Services Transportation Delivery Program (HTTP) partnerships with four meetings per year beginning January 1, 2027.
2.	Increased alignment of state-level efforts to improve transportation access for seniors and individuals with disabilities in rural communities with two new collaborative activities per year.
3.	Inclusion of senior and disability advocates results in more equitable transportation planning by adding four advocates who are a senior or an individual with disabilities.
Strategies and Actions	
1.	Strengthen interagency coordination through structured quarterly meetings.
2.	Engage state-level stakeholders to improve transportation accessibility.
3.	Ensure representation from seniors and individuals with disabilities in transportation planning discussions.
4.	Develop a standard meeting agenda including updates, collaboration opportunities, and transportation barriers identified by rural populations.
5.	Invite representatives from DAIL, KYTC OTD, AAAIL, ADRCs, disability advocacy groups and rural transportation providers.
Objective 1.2	By August 1, 2027, each Area Agency on Aging and Independent Living (AAAIL) will develop and distribute a county-specific transportation resource guide based on the Kentucky Transportation Cabinet's 2022-2045 Long-Range Statewide Transportation Plan, ensuring seniors and individuals with disabilities in every rural county have access to clear, accessible information about available public service transportation providers.
Outcome/Performance Measures	
1.	Seniors and individuals with disabilities in all rural counties have access to comprehensive, easy-to-read information about transportation options by August 1, 2027.
2.	Increased awareness and utilization of available transportation services by providing county specific guides to each senior center in the region.
3.	Reduced information gaps and barriers faced by rural residents who lack internet or transportation knowledge by providing each program participant access to the guide by August 1, 2027.
4.	Upload digital versions to the AAAIL and DAIL websites by October 1, 2027.
5.	Conduct short feedback surveys to assess readability and usefulness by June 30, 2028.

Strategies and Actions	
<ol style="list-style-type: none"> 1. Create a standardized guide template (plain language, large print, and ADA accessible digital format). 2. AAIALs collect county-specific details: provider names, service areas, eligibility rules, scheduling procedures, costs and accessibility features which should include the caregiver can ride for free. 3. Use state transportation data to populate accurate, up-to-date provider listings. 4. Review the Kentucky 2022-2045 Long-Range Statewide Transportation Plan to identify active services providers in each county. 5. Collaborate with community partners to develop locally relevant, county-level guidance. 6. Finalize guides by May 1, 2027. 7. Distribute guides to senior centers, ADRCs, libraries, senior housing complexes, and disability service organizations. 	
Objective 1.3	By January 1, 2028, DAIL, ADRC, and local Aging staff will collaborate with existing rural transportation providers identified in the Kentucky 2022-2045 Long-Range Statewide Transportation Plan to create a strategic plan that increases bus/shuttle frequency and/or introduces alternatives modes of transportation (rideshare, volunteer driver programs).
Outcome/Performance Measures	
	<ol style="list-style-type: none"> 1. Increased ridership options among seniors and individuals with disabilities due to improved accessibility and services offerings will increase 10% from the baseline established in the 2022-2045 Long-Range Statewide Transportation Plan stakeholder surveys. 2. Establish at least 1 new transportation service option service in each planning service area by June 30, 2028.
Strategies and Actions	
	<ol style="list-style-type: none"> 1. Identify rural transportation providers operating in the counties flagged in the 202-2045 Statewide Plan. 2. Hold joint planning sessions to map service gaps, bus/shuttle frequency issues, and potential alternative transportation models. 3. Develop a written strategic plan that includes pilot opportunities, cost estimates, resource needs, and target populations. 4. Coordinate with volunteer driver programs, nonprofits, and rideshare companies (where feasible) to explore alternative mobility options.
Objective 1.4	By June 30, 2028, each Area Agency on Aging and Independent Living will ensure that at least one 5310 and/or 5311 transportation grant application for each eligible rural areas is submitted to support expanded rural public transit options for seniors aged 60+ and individuals with disabilities to enhance essential services.
Outcome/Performance Measures	
	<ol style="list-style-type: none"> 1. Number of 5311 grant applications submitted from eligible rural areas will increase by 50% by June 30, 2028. 2. DAIL will coordinate two technical assistance sessions for 5310/5311 grant submissions by beginning of January 1, 2027.
Strategies and Actions	
	<ol style="list-style-type: none"> 1. Use Kentucky 2022-2045 Long-Range Statewide Transportation Plan to support high-quality applications. 2. Identify all counties or regions eligible for Section 5310/5311 funding.

3. Track the number and status of all applications submitted and awarded.

K4A Goal 2	Launch statewide outreach awareness campaign for older adults and caregivers to expand awareness of the Aging program services and increase Aging program calls and referrals by 5% each fiscal year within the area plan (FY 27, 28, & 29) totaling 15% by the end of June 30, 2029.
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Goal 2 Objective 2.1	Create a unified statewide media packet for each district to use by December 31, 2026 for the statewide launch on January 4, 2027.
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Outcome/Performance Measures

Each ADD district will use the statewide database, Mon Ami, to track the number of calls and referrals on a monthly basis.

Strategies and Actions

1. Each ADD district distributes information flyers on Aging Program services from the media packet to all district senior centers, libraries, community centers, at community meetings, health departments, churches, doctor offices, and schools per quarter each fiscal year starting in January 2027.
2. Post information flyers on social media and in newspapers and radio on Aging Program services per quarter each fiscal starting in January 2027.

Goal 2 Objective 2.2	Utilize the ADRC program to help in tracking the process on the outreach awareness campaign.
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Outcome/Performance Measures

Each District's ADRC will be able to utilize Mon Ami data to show the impact of the outreach awareness campaign during the referral process and by tracking the number of calls and referrals monthly.

Strategies and Actions

1. Develop and add a question to the ADRC intake referral process to capture how the public is hearing about ADD District's Aging Program by December 31, 2026.
2. Customize a data report in Mon Ami database to track this information by December 31, 2026.

Goal 2 Objective 2.3	Each ADD District will increase their presence in the district's community by calibrating often with current and new potential community providers.
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Outcome/Performance Measures

These activities will be tracked in Mon Ami database system by a Mon Ami customized report beginning on January 4, 2027.

Strategies and Actions

ADRC and Aging staff will focus on increasing 5 % in attendance at activities for community events with current and new potential community partners each fiscal year.

K4A Goal 3	Increase volunteer involvement and new enrollment in each ADD district focusing on the Ombudsman, SHIP, and senior centers programs by 5% each fiscal year within the area plan (FY 27, 28, & 29) totaling 15% by the end of June 30, 2029.
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Goal 3 Objective 3.1	Launch a unified strategy statewide to attract new volunteers for the Ombudsman, SHIP, and senior center programs through outreach and marketing efforts by December 31, 2026.
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Outcome/Performance Measures

These activities will be tracked by Mon Ami database system and STARS program each quarter to focus on the impact of volunteer involvement and increase in hours volunteered starting on January 4, 2027.

Strategies and Actions

Host a recruiting event in-person and by zoom 1x a quarter in the Ombudsman, SHIP, and/or senior center programs for each fiscal year in each ADD district starting on January 4, 2027.

Goal 3 Objective 3.2	Utilize district senior centers, libraries, community centers, community meetings, health clinics, health departments, churches, doctor offices, and schools per quarter each fiscal year starting in January 2027 to promote to increase volunteer hours worked and track new volunteer enrollment.
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Outcome/Performance Measures

These activities will be tracked by Mon Ami database system and STARS program each quarter to track the attendance/or volunteer enrollment/activities.

Strategies and Actions

Ombudsman, volunteer, center staff, or other Aging staff will schedule and conduct an education session 1x per quarter on the benefits of volunteering in communities at district senior centers, libraries, community centers, community centers, community meetings, health departments, churches, doctor offices, and schools per quarter beginning in January 2027.

Goal 3 Objective 3.3	Increase volunteer participation with current and new volunteers with appreciation and training strategies.
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Outcome/Performance Measures

These activities will be tracked by Mon Ami database system and STARS program each quarter to track the number of hours of training and volunteer activities starting January 4, 2027,

Strategies and Actions

Feature a volunteer of each quarter in your newsletter, social media, newspaper, and/or radio to spotlight the programs, volunteer's story, what they do, and why they are valued starting January 4, 2027.

2. Invest in more training opportunities for volunteers to enhance effectiveness, efficiency, and appreciation by hosting training each quarter and yearly in service training and appreciation events for the SHIP, Ombudsman, and/or senior center program beginning in January 2027.

AAAIL Goal 4

Develop and implement a partnership between the AAAIL and CED (Community & Economic Department) to launch a coordinated district wide approach to address disaster preparedness for seniors, disabled adults and caregivers.

Goal 4 Objective 4.1	By December 2026, ADRC staff and AAAIL will receive training from CED Disaster Resiliency Coordinator regarding disasters.
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Outcome/Performance Measures

The specific training would address phases of the disaster cycle: preparedness, response and recovery for the Pennyrile region. The training would educate staff on how best to assist individuals through screening, disaster specific data collection, referrals and follow-up.

Strategies and Actions

1. The state data system will be utilized to log all calls regarding disasters.
2. A list of emergency managers for each county will be maintained for prompt access.
3. A list of community partners that could be leveraged to access needed resources for clients, would also be maintained and updated, as applicable, for prompt access.

	<ol style="list-style-type: none"> 4. Coordinate efforts with local emergency managers to establish a process to provide a list of clients deemed as “high risk” in the event of a disaster. Client permission would be obtained by AAAIL staff prior to release of their information. 5. Senior Center Emergency Preparedness Action Plans, previously developed by each Senior Center, would be updated annually.
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Goal 4 Objective 4.2	By August 30, 2027, Pennyrile AAAIL will organize one region wide donation drive to supply seniors, disabled adults and caregivers with basic disaster supplies.
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Outcome/Performance Measures

By collecting basic disaster supplies, the Pennyrile AAAIL will assist individuals with obtaining basic disaster supplies that they do not currently have access to due a variety of reasons including, but not limited to, financial constraints, risk perception, physical limitations, etc.

Strategies and Actions

1. Promote donation drive through social media, newsletters, PADD website, etc.
2. Partner with local civic groups and community organizations to solicit supplies and to assist with promoting the drive.
3. Engage staff, volunteers and community partners to help organize and distribute the supplies throughout the 9-county region.
4. Coordinate with AAAIL staff and Senior Center staff to prioritize items for those that are most in need of disaster supplies.
5. Coordinate with CED Disaster Resiliency Coordinator to create a list of specific items to be requested that would be the most critical for creating a basic disaster supply kit.

Goal 4 Objective 4.3	Three disaster preparedness trainings in the region will be conducted each FY (FY27-FY29) to provide individuals with the knowledge, tools and resources needed to prepare for, respond to and recover from natural disaster.
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Outcome/Performance Measures

The trainings would provide individuals with specific information regarding disasters and how best to prepare, respond and recover in their local area. In-person training also provides individuals with the opportunity to participate in Q&A style interaction to clarify any questions or misinformation that they may have previously received. A post-training survey would be conducted to ensure that at least 50% of participants reported being more knowledgeable on how to prepare for natural disasters.

Strategies and Actions

1. Coordinate trainings with community partners and local emergency managers.
2. Promote trainings on social media, local media outlets, senior centers, etc.
3. Modify trainings as needed, based upon post-survey results.
4. Coordinate with CED Disaster Resiliency Coordinator to develop training agenda and key components to be addressed.

AAAIL Goal 5	To increase participation and utilization of senior center services in at least 4 of the 9 senior centers by 5% each FY (FY27-FY29) as measured by attendance records, program enrollment, and service utilization data.
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Goal 5 Objective 5.1	By December 2026, a “Senior Center Services” specific brochure/flyer will be developed that would be distributed at community events, health fairs, etc. to increase community awareness, engagement & participation.
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Outcome/Performance Measures

The creation of a brochure/flyer would target older individuals that could access the senior center services. It would increase awareness amongst older individuals about the variety of services and activities that occur within a senior center to attract participation of seniors who haven't participated before or who may have previously participated. Region-wide distribution would occur during each FY of the area plan.

Strategies and Actions

1. Develop brochure/flyer with Senior Center Coordinator input to highlight programs and services offered.
2. Address stigma and stereotypes associated with "Senior Center" terminology by highlighting activities that appeal to older individuals of all ages.
3. Coordinate with Senior Center Coordinators to create county-specific brochures/flyers for distribution as part of their community outreach efforts.
4. Involve ADRC staff in the distribution to ADRC callers/inquiries that would benefit from participation in senior center services.
5. Veteran Friendly Senior Center Certifications would also be included to encourage more participation from Veterans.
6. Leverage community partners to share/distribute to the community.

Goal 5 Objective 5.2

During FY28, a region-wide social media campaign would be launched to highlight each senior center with the goal of increasing participation at the senior centers.

Outcome/Performance Measures

By launching a social media campaign to promote our senior centers, Pennyrile AAAIL anticipates an increase in participation at the senior centers. PADD social media data would be collected for: social media views, likes, shares and comments and then compared to participation data.

Strategies and Actions

1. Coordinate with PADD Communications Director to enhance visibility of senior centers on PADD social media platforms.
2. Involve current participants to encourage new attendees by sharing their testimonials, interviews, etc.
3. Coordinate with Senior Center Coordinators to highlight routinely scheduled activities or special activities that would attract new participants.
4. Encourage Senior Center Coordinators to develop or maintain active social media presence for each Senior Center. Information could also be shared through other media outlets, specific to each county.
5. Focus will be placed on the opportunity to connect with others to address social isolation and loneliness.
6. Additional social media outreach would occur in September 2027, to highlight National Senior Center Month.
7. Address stigma and stereotypes associated with "Senior Center" terminology by highlighting activities that appeal to older individuals of all ages.
8. Encourage "Get to Know Your Senior Center" event or social media post – highlighting staff, activities, current participants, etc.

Goal 5 Objective 5.3	During FY29, focus would be placed on expansion of classes and activities that would attract new participants with a minimum of one new activity/class per senior center being provided.
Outcome/Performance Measures	
By expanding current activities and classes, Pennyrile AAAIL anticipates an increase in new participants at the senior centers. Participation records for new activities/ classes would be collected and compared to overall participation to ensure increase in participation data.	
Strategies and Actions	
<ol style="list-style-type: none"> 1. Classes and/or activities to be provided through partnering with local organizations, community partners, civic groups, PADD staff, etc. – including, but not limited to, digital literacy classes, intergenerational activities, arts, music, etc. 2. Peer-led classes/activities would be encouraged. 3. Volunteer opportunities for individuals or groups would be highlighted to build interest with new participants. 4. Ensure transportation services are available to interested participants. 	

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X. Verification of Intent

The Verification of Intent acknowledges and dates that the authoritative parties have all reviewed and approve the AAAIL Area Plan for State Fiscal Years 2027-2029.

The Area Agency on Aging is hereby submitted for the Pennyrile AAAIL. That includes the following counties, Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd & Trigg for the period FY 2027-2029. It includes all assurances and plans to be followed by the Pennyrile AAAIL under provisions of the Older Americans Act, as amended during the period identified. The Area Agency on Aging identified will assume the full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the OAA and related State policy. In accepting this authority, the Area Agency on Aging and Independent Living assumes major responsibility to develop and administer the Area Plan for the comprehensive and coordinated system of services and to serve as the advocate and focal point for older adults in the service area.

The Area Plan of Aging has been developed in accordance with all rules and regulations specified under the OAA and is hereby submitted to the State Unit on Aging (DAIL) for approval.

Jason Vincent
ADD Executive Director

Date

Amanda Stokes
AAAIL Director

Date

Arthur Green
Area Agency Advisory Council Chairperson

Date

Todd Mansfield
ADD Board Chairperson

Date

Attachment A

Contracts with Outside Organizations

List of all contracts with other organizations.

Important Note: All contractual relationships with an organization requires DAIL prior approval not less than thirty (30) days prior to signing of contract by the area agency and service provider.

Contract Organizations					
Name	Services provided (list all)	Units of services provided	Cost/Unit of Service	For profit	Non-Profit
Pennyrite Allied Community Services	Homemaking	11,943.50	33.96	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pennyrite Allied Community Services	Transportation	21,911	10.86	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pennyrite Allied Community Services	Personal Care	1,929	33.96	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pennyrite Allied Community Services	Congregate Meals	48,385	8.77	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pennyrite Allied Community Services	Home Delivered Meals	143,056	18.32	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pennyrite Allied Community Services	Shelf Stable Meals	20,597	4.39	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pennyrite Allied Community Services	Nutrition Education	10,940	0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pennyrite Allied Community Services	Title V SCSEP	n/a	Expense Reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pennyrite Allied Community Services	MIPPA SHIP	n/a	Expense Reimbursed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pennyrite Allied Community Services	SHIP Assistance	3,758	8.69	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pennyrite Allied Community Services	Information and Assistance	1,177	2.29	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pennyrite Allied Community Services	Preventative Health Evidence Based Classes	10,885	2.32	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kentucky Legal Aid	Legal Services	644	50.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*All non-Aging related contracts are detailed in the ADD's Audit and Cost Allocation Plan.

Attachment B

Waiver & Special Request Approvals

DIRECT SERVICE WAIVER REQUEST FOR THE PERIOD OF THE PLAN

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

Statement of Request

Provide a separate request for each service (add additional tables as necessary)

Service	n/a
Actions taken prior to determination of direct service provision	
Name(s) of potential providers contacted and their responses	
Name(s) of newspapers and/or publications and documentation of the announcement of the availability of funds	
Scope of work	

Service	
Actions taken prior to determination of direct service provision	
Name(s) of potential providers contacted and their responses	
Name(s) of newspapers and/or publications and documentation of the announcement of the availability of funds	
Scope of work	

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Attachment C

Area Advisory Council

This Council, mandated by the federal 1965 OAA and 910 KAR 1:220 (5), advises the AAAIL on all community policies, programs, and actions affecting older persons throughout the region. The Council also reviews and advises the AAAIL on its annual Area Plan, a report, and the needs assessment of services and assistance throughout the region required by DAIL.

At least half of the Council is composed of regional residents 60 years and older, including minority individuals, who participate in or are eligible for OAA Title III programs such as general support services, nutrition programs, and caregiver support. The remaining Council membership includes representatives of healthcare and support service providers, local officials, and other interested individuals.

Area Agency Advisory Council:

Council Member Name	Council role per 910 KAR 1:220 (5)(1)(b)	Term
Patricia George	minority member, older persons, persons with leadership experience in private and voluntary sectors, general public	2026-2028
Nancy Canda	older persons and general public	2025-2027
Debbie Leavell	older persons, leadership in the private and voluntary sectors, and general public	2024-2026
Ken Hatzakorzian	older persons, general public and persons with leadership in the private and voluntary sectors	2026-2028
Diane Croney-Turner	minority member, older persons, persons with leadership experience in private and voluntary sectors, general public	2025-2027
Margaret Gilland	older persons and general public	2024-2026
Polly Schofield	older persons and general public	2026-2028
Barb Steele	older persons and general public	2025-2027
Ronnie Noel	elected official, older persons and general public	2024-2026
Thelma McNeil	minority member, older persons and general public	2026-2028
Sharon Smith	older persons, persons with leadership experience in private and voluntary sectors and general public	2025-2027
Karen Proctor	general public	2024-2026
Bill Hesser	local elected official, older persons and general public	2026-2028
Mollie King	older persons and general public	2025-2027
Jay Stone	general public	2024-2026

Doris Kilgore	older persons and general public	2023-2025
Betty Thorpe	older persons and general public	2025-2027
Patricia Cobb	older persons and general public	2024-2026
Martha Horn	older persons and general public	2026-2028
Gretchen Davis	general public and health care provider organization	2025-2027
Billy Bryant	local elected official, older persons and general public	2024-2026
Sue Rose	older persons and persons with leadership experience in the private and voluntary sectors, general public	2026-2028
Brenda Johnson	older persons and general public	2025-2027
Lori Ford	general public	2024-2026
Todd Wallace	local elected official, older persons and general public	2026-2028
Pat Board	older persons and general public	2025-2027
Arthur Green	local elected official, older persons, council chairperson, general public	n/a
Rachel Newman	supportive services provider organization	n/a
Tomeeka Green	health care provider organization	n/a
Kim Ebeling	Other – Veterans Provider/Benefits/Cemetery, general public	n/a

Attachment D

Public Hearing: The AAAIL must seek public input with respect to the area plan by:

- Allowing the advisory council to aid the AAAIL in conducting public hearings to ensure that individuals of the greatest social and greatest economic need are included in the hearings.
- The advisory council shall review and provide comments related to the area plan to the area agency prior to the area agency's submission of the plan to the State agency for approval.

Date Area Plan available for review	Place available for review

Public Hearing		
Date/Time	Location/Method	Number of participants

Attachment E

Submission Instructions

1. Area Plan Important Dates:

Area Plan form released by DAIL	September 25, 2025
Area Plan Training Session 1	September 25, 2025
Area Plan Training Session 2	October 14, 2025
DAIL Office Hours	November 3, 2025. 11 am EST
DAIL Office Hours	November 12, 2025. 2 pm EST
DAIL Office Hours	December 11, 2025 2 pm EST
Area Plan Submission Date	February 1, 2026
Area Plan Presentation	February 25 and 26, 2026
Approval of Area Plans	May 1, 2026
Area Plans effective	July 1, 2026

2. Formatting Requirements

- The Area Plan document will be required to include all required fields in the template
- Include a footer listing the name of the Name of AAAIL/Region, Document year of plan
For example: *Department for Aging and Independent Living-Area Plan_2027-2029*
- You are encouraged to use pictures to help enhance the impact of your services when appropriate.

3. Electronic Submission

- Area Plans must be submitted electronically to the Department for Aging and Independent Living email at DAILAging@ky.gov by **February 1**.
- Signature forms must include a written signature and be submitted as an additional document along with the completed Area Plan.
- The electronic submission should include the following documents:
 - Completed Area Plan Document
 - Signature Forms with written signature
 - Other forms and charts as required

4. Presentation

- A virtual presentation of your Area Plan will be required as part of the approval process.
- Presentations should be 30 minutes and allow an additional 15 minutes for questions.
- Presentations will take place at a time and location to be determined.
- Plans will not be approved without a virtual presentation.

Attachment F

STANDARD ASSURANCES - OLDER AMERICANS ACT (OAA) Public Law 89-73, 42 U.S.C.A. § 3001, et seq., as amended

I) ORGANIZATIONAL ASSURANCES

1. SEPARATE ORGANIZATIONAL UNIT

If the Area Agency on Aging has responsibilities which go beyond programs for the elderly, a separate organizational unit within the agency has been created which functions only for the purposes of serving as the Area Agency on Aging.

2. FULL TIME DIRECTOR

The Area Agency or the separate organizational unit which functions only for the purposes of serving as the Area Agency on Aging is headed by an individual qualified by education or experience, working full-time solely on Area Agency on Aging functions and Area Plan management.

II) AREA AGENCY MANAGEMENT COMPLIANCE ASSURANCES

3. EQUAL EMPLOYMENT OPPORTUNITY (5CFR Part 900, Subpart F)

The Area Agency assures fair treatment of applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, religious creed, age, or handicap and with proper regard for their privacy and constitutional rights as citizens. This "fair treatment" principle includes compliance with the Federal equal employment opportunity and nondiscrimination laws. These include Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other relevant laws

4. EMERGENCY MANAGEMENT PLAN

The Area Agency has assigned primary responsibility for Emergency Management planning to a staff member; the Area Emergency Management Plan which was developed in accordance with the Kentucky Department for Aging and Independent Living (and hereafter DAIL) shall be reviewed at least annually and is revised as necessary. The Area Agency also assures cooperation subject to client need in the use of any facility, equipment, or resources owned or operated by the DAIL which may be required in the event of a declared emergency or disaster.

As in Sec. 306(a)(16) or (17), the Area Agency shall include information detailing how the Area Agency on aging will coordinate activities and develop long-range emergency response plans with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for relief service delivery.

5. DIRECT PROVISION OF SOCIAL SERVICES

No Title III supportive services, nutrition services, or in-home services are being directly provided by the Area Agency except where provision of such services by the Area Agency has been determined by the DAIL to be necessary in assuring an adequate supply of such services; or where services are directly related to the AAAIL administrative functions; or where services of comparable quality can be provided more economically by the Area Agency.

6. REVIEW BY ADVISORY COUNCIL

The Area Agency has provided the Area Agency Advisory Council the opportunity to review and comment on the Area Plan and operations conducted under the plan.

7. ATTENDANCE AT STATE TRAINING

The Area Agency assures that it will send appropriate staff to those training sessions required by the DAIL.

8. PROPOSAL FOR PROGRAM DEVELOPMENT AND COORDINATION

The Area Agency has submitted the details of its proposals to pay for program development and coordination as a cost of supportive services to the general public (including government officials, and the aging services network) for review and comment. The Area Agency has budgeted its total allotment for Area Plan Administration before budgeting Title III-B funds for Program Development in accordance with 45 CFR 1321.17(14).

9. COMPETITIVE PROCESS FOR NUTRITION PROVIDERS, SUPPORTIVE SERVICES PROVIDERS, AND FOOD VENDORS

- a) Nutrition providers and supportive service providers will be selected through competitive negotiations or a Request for Proposal process. Documentation will be maintained in the Area Agency files.
- b) Nutrition service providers who have a central kitchen or who prepare food on- site must obtain all food and supplies through appropriate procurement procedures, as specified by the DAIL.
- c) Food vendors will be selected through a competitive sealed bid process.
- d) Nutrition service providers who have a central kitchen or who prepare meals on-site must develop a food service proposal.
- e) Copies of all Requests for Proposals and bid specifications will be maintained at the Area Agency for review.

10. REPORTING

The Area Agency assures that it will maintain required data on the services included in the Area Plan and report such data to the DAIL in the form and format requested.

11. NO CONFLICT OF INTEREST

No officer, employee, or other representative of the Area Agency on Aging is subject to a conflict of interest prohibited under this Act; and mechanisms are in place at the Area Agency on Aging to identify and remove conflicts of interest prohibited under this Act.

III) SERVICE PROVISION ASSURANCES

12. MEANS TEST

No Title III service provider uses a means test to deny or limit receipt of Title III services under the Area Plan.

13. EQUAL EMPLOYMENT OPPORTUNITY BY SERVICE PROVIDERS

The Area Agency assures that service providers provide fair treatment of applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, religious creed, age, or handicap and with proper regard for their privacy and constitutional rights as citizens. This "fair treatment" principle includes compliance with the Federal equal employment opportunity and nondiscrimination laws. These include Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other relevant laws.

14. STANDARDS/GUIDELINES/POLICIES AND PROCEDURES

The Area Agency and all service providers will comply with all applicable DAIL standards, guidelines, policies, and procedures.

NOTE: No additional waiver of the Multi-Purpose Senior Center (MPSC) Standards is necessary IF the Area Agency has previously obtained such a waiver AND there have been no changes since the submission of the waiver request.

15. SPECIAL MEALS

Each nutrition program funded under the Area Plan is providing special meals, where feasible and appropriate, to meet the particular dietary needs, arising from the health requirements, religious requirements, or ethnic backgrounds of eligible individuals.

16. CONTRIBUTIONS

Older persons are provided an opportunity to voluntarily contribute to part or all of the cost of Title III services received under the Area Plan, in accordance with procedures established by the DAIL. Title III services are not denied based on failure to contribute.

The area agency on aging shall ensure that each service provider will-

- A. Provide each recipient with an opportunity to voluntarily contribute to the cost of the service.
- B. Clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary;
- C. Protect the privacy and confidentiality of each recipient with respect to the recipient's contribution or lack of contribution;
- D. Establish appropriate procedures to safeguard and account for all contributions; and
- E. Use all collected contributions to expand the service for which the contributions were given and to supplement (not supplant) funds received under this act.

Voluntary contributions shall be allowed and may be solicited for all services for which funds are received under this Act if the method of solicitation is not coercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty line, at contribution levels based on the actual cost of services.

17. PERSONNEL POLICIES

Written personnel policies affecting Area Agency and service provider staff have been developed to include, but are not limited to, written job descriptions for each position; evaluation of job performance; annual leave; sick leave; holiday schedules; normal working hours; and compensatory time.

18. COORDINATION WITH TITLE V NATIONAL SPONSORS

The Area Agency will meet at least annually with the representatives of Title V Older American Community Service Employment Program (formerly SCSEP) sponsors operating within their Planning and Service Areas (PSAs) to discuss equitable distribution of enrollee positions within the PSA and coordinate activities as appropriate.

19. PREFERENCE IN PROVIDING SERVICES

The Area Agency on Aging provides assurance that preference will be given to services to older individuals with the greatest economic need and older individuals with the greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the Area Plan. [Section 305(a)(2)(E)]

IV) TITLE III, PART A ASSURANCES

The Area Agency on Aging assures that it shall --

- 20. Sec. 306(a)(2) - provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

- A. Services associated with access to services (transportation, health services (including mental health services), outreach, information, and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services;
- B. In home services, including supportive services for families of individuals who have a diagnosis 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.

21. Sec. 306(a)(4)(A)(i) - provide assurances that the Area Agency on Aging will—

- (I) (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

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

22. Sec. 306(a)(4)(A)(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

23. Sec. 306(a)(4)(A)(iii) - With respect to the fiscal year preceding the fiscal year for which such plan is prepared, the Area Agency on Aging shall—

- (I) identify the number of low income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

24. Sec. 306(a)(4)(B) - 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—

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

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

25. Sec. 306(a)(4)(C) - 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.

26. Sec. 306(a)(5) provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

27. Sec. 306(a)(6)(A) - take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

28. Sec. 306(a)(6)(B) - serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals

29. Sec. 306(a)(6)(C)

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

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

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 675(c)(3) of the Community Services Block Grant Act (42 U.S.C. 9904(c)(3)); and

30. Sec. 306(a)(6)(C)(iii) - make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

31. Sec. 306(a)(6)(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

32. Sec. 306(a)(6)(E) establish effective and efficient procedures for coordination of -

- (I) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
- (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) [42 USC § 3013(b)], within the area;

33. Sec. 306(a)(6)(F) – The Area Agency on Aging will in coordination with the State Agency on Aging (DAIL) and the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging with the mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

34. Sec. 306(a)(7) - provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
- (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better –
 - (i) respond to the needs and preferences of older individuals and family caregivers;
 - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
- (C) implementing, through the agency or service providers, evidenced-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
- (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the Area Agency on Aging itself, and other appropriate means) of information related to
 - (i) the need to plan in advance for long-term care; and
 - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.

35. Sec. 306(a)(8) that case management services provided under this title through the area agency on aging will -

- (A) not duplicate case management services provided through other Federal and State programs;
- (B) be coordinated with services described in subparagraph (A); and
- (C) be provided by a public agency or a nonprofit private agency that -
 - (i) gives each older individual seeking service under this subchapter a list of agencies that provide similar services within the jurisdiction of the Area Agency on Aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

- (iii) has case managers acting as agents for the individuals receiving services and not as promoters for the agency providing such services; or
- (iv) is located in a rural area and obtains a waiver of the requirement described in clauses (i) through (iii); and
- (v) is not located, does not provide, and does not have a direct or indirect ownership or controlling interest in, or a direct or indirect affiliation or relationship with, an entity that provides, services other than case management services under this title.

36. Sec. 306(a)(10) establish a grievance procedure for older individuals who are dissatisfied with or denied services under this subchapter;

37. Sec. 306(a)(11) – provide information and assurances by the Area Agency on Aging 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.

38. Sec. 306(a)(12) provide that the Area Agency on Aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b)[42 U.S.C. § 3013(b)] within the planning and service area.

39. Sec. 306(a)(13)(A) - 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.

40. Sec. 306(a)(13)(B) - provide assurances that the Area Agency on Aging will disclose to the Assistant Secretary and the State Agency—

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

41. Sec. 306(a)(13)(C) - 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.

42. Sec. 306(a)(13)(D) - 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.

43. Sec. 306(a)(13)(E) - 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.

44. Sec. 306(a)(14) – provide assurance that preference in receiving services under Sec. 301 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.
45. Sec. 306(a)(15)(A) - provide assurances that funds received under this title will be used - to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i) (Section 306(a)(4)(A)(i); and
46. Sec. 306(a)(15)(B) – provide assurances that funds received under this title will be used in compliance with the assurances specified in paragraph (13)(Sec. 306(a)(13) in regard to commercial contractual relationships and the limitations specified in section 212 (42 U.S.C.A. § 3020c);
47. Sec. 306(a)(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
48. Sec. 306(a)(17) – shall include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
49. Sec. 306(a)(18) shall provide assurances that the Area Agency on Aging will collect data to determine –
 - (A) the services that are needed by older individual whose needs were the focus of all centers funded under title IV [42 U.S.C. § 3031 et seq.] as of fiscal year 2019, and
 - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals.
50. Sec. 306(a)(19) provide assurances that the Area Agency on Aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under Title IV [42 U.S.C. §3031 et seq.] in fiscal year 2019
51. Projects in the planning and service area will reasonably accommodate participants, as described in the Act, and any special needs in accordance with the Americans with Disabilities Act and other state and federal law.
52. Sec. 306(c) If an Area Agency on Aging has satisfactorily demonstrated to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services and had conducted a timely public hearing on such needs, then the State agency in approving the submitted area plan has waived further proof of the requirement described in Sec. 306(a)(2) for the term of that area plan, unless an inquiry or concern leads the State Agency to investigate the veracity of the sufficiency of service needs being met in the PSA.

VI) TITLE VII/LEGAL ASSISTANCE ASSURANCES

53. Sec. 307(11)(A) provide assurances that the Area Agency on Aging will –
 - (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
 - (ii) include in any such contract provisions to assure that any recipient of funds under division (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
 - (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals in pro bono and reduced fee basis

54. Sec. 307(11)(D) provide assurances that, to the extent practicable, that legal assistance furnished under the Area 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.
55. Sec. 307(11)(E) provide assurances that Area Agencies on Aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

DRAFT

Verification of Older Americans Act Assurances

My signature below indicates that the PENNYRILE Area Agency on Aging is in compliance and will maintain compliance with all aforementioned Standard Assurances.

Signature:

Amanda Stokes
AAAIL Director

Date

Signature:

Arthur Green
Area Agency Advisory Council Chairperson

Date