

State Plan on Aging 2022 - 2025

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KANSAS

The Sunflower State

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GOVERNOR LAURA KELLY
State of Kansas

SECRETARY LAURA HOWARD
Kansas Department for Aging and
Disability Services





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VERIFICATION OF INTENT

The State Plan on Aging for the period October 1, 2022, through September 30, 2025, is hereby submitted for the State of Kansas by the Kansas Department for Aging and Disability Services. The State agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act, as amended, and is primarily responsible for the coordination of all State activities related to the purpose of the Act.

This includes, but is not limited to, the development of comprehensive and coordinated systems for the delivery of supportive services using outreach efforts, described in Section 307(a)(16) of the Older Americans Act, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the older adults in the State.

This plan is hereby approved by the Kansas Secretary for Aging and Disability Services, designee of the Governor, and constitutes authorization to proceed with activities under the plan upon approval of the U.S. Assistant Secretary for Aging. This plan assures that no individual is subject to a conflict of interest prohibited under the Older Americans Act.

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

This plan is based upon projected receipts of federal, State, and other funds and thus, is subject to change depending upon actual receipts and/or changes in circumstances.

I hereby approve this State Plan on Aging and submit it to the Administrator for the Administration for Community Living/U.S. Assistant Secretary for Aging.



Laura Howard, Secretary
Kansas Department for Aging and Disability Services



Executive Summary



In accordance with the Older Americans Act of 1965, as amended, the Kansas Department for Aging and Disability Services (KDADS), as the designated State Unit on Aging, is mandated to submit a “State Plan on Aging” to the U.S. Administration on Aging within the Administration for Community Living (ACL). Kansas’s State Plan on Aging covers the years of 2022 through 2025 and outlines the goals for KDADS services and programs that serve the aging population. This plan describes the agency’s vision and purpose, including the goals and strategies to achieve this vision. Development of this plan was accomplished through continuous collaborative interactions with the Kansas Aging Network, including the Area Agencies on Aging, Aging and Disability Resource Centers, the Kansas Long-Term Care Ombudsman, Kansas advocates including the Silver Haired Legislature and, most importantly, Kansans who rely on these services and programs.

KDADS continues to assess the shifting demographics to evaluate the ever-changing number and percentage of older Kansans and prepare for the impact this will have on Kansans’ current and future needs. Over the 50-year period from 2010 to 2060, the Kansas population growth rate is forecasted to vary substantially, from a peak growth rate of 3.6 in 2019 to a low of 0.5 percent annual growth in 2044. In the latter years of the forecast, the over 65 population growth will slow because the overall population growth of the state is projected to slow as well. Growth is projected to be strong for every age bracket over 65, especially for those 85 years old and older. This is, in large part, caused by projections of declining mortality rates used in the forecast. In percentage terms, the over 85 population in Kansas is projected to grow even faster than the over 65 population; the over 85 population is projected to expand from 63,848 in 2014 to 230,299 in 2064, a 260 percent increase.

KDADS is a cabinet level agency that promotes security, dignity and independence of Kansans by ensuring access to quality adult care homes and senior services, as well as person-centered mental health, addiction and disability services. The goals of the department are to continue to deliver quality older Americans Act services; to keep older adults and persons with disabilities at home and independent as long as possible; to keep them safe by ensuring that those who provide their care are qualified; to support an integrated and coordinated Medicaid system to help those the agency serves; and to provide Kansans who need behavioral health services with appropriate care so they can live productive and fulfilling lives.

KDADS works closely with the 11 Area Agencies on Aging (AAAs) to create a comprehensive array of services. AAAs provide information and services to older adults and persons with disabilities across the state. KDADS coordinates the distribution of federal funds, provides training and technical assistance, and ensures statewide oversight and coordination for programs under the Act. OAA resources provide many services for older Kansans including access, in-home services, congregate and in-home nutrition, caregiver and legal assistance. Complementary programs expand the available services to more older adults.

For example, the Senior Care Act (SCA) is a fee-for-service program that provides services in the customer’s home and is designed to prevent premature nursing home placement for persons who contribute to the cost of services based on their ability to pay. The Home and Community-Based Services (HCBS) for Medicaid waiver programs provide Medicaid-eligible customers the opportunity to receive cost-effective community-based services through managed care organizations as an alternative to nursing home care, thereby promoting independence in the community and encouraging residency in the most integrated setting. Additionally, the Program of All-Inclusive Care for the Elderly (PACE) program is a Medicare program and Medicaid state option that provides community-based care and services to those who meet a nursing home level of care but can live safely in the community with the help of PACE services.

KDADS’s vision has evolved to protect Kansans, promote recovery and support self-sufficiency. KDADS envisions communities that empower older adults and persons with disabilities to make choices about their lives. KDADS is committed to the established Aging Services goals. KDADS Aging Services hosted four virtual listening tours to gather input from older Kansans, family caregivers and stakeholders. The sessions were recorded, transcribed and made available to the public on the [KDADS website](#).

Goal 1	Provide advocacy for older Kansans.	Additionally, KDADS Aging Services developed a 32-question online survey using SurveyMonkey. The survey covers general community needs of older Kansans, nutrition and health promotion specific topics, caregiver needs and basic demographics. In addition, KDADS
Goal 2	Inform aging Kansans of systems and supports that encourage self-sufficiency, with emphasis on those with the greatest economic or social need.	
Goal 3	Engage with the Aging Network and community partners to advance Older Americans Act programs.	
Goal 4	Educate and advocate for the prevention of elder abuse, neglect and exploitation.	
Goal 5	Ensure maximum service utilization for home and community-based services, as well as Medicare.	

Quality Improvement implemented nine (9) additional questions with the quarterly Older Americans Act (OAA) customer interviews to assess coronavirus (COVID-19) pandemic concerns. KDADS evaluated efficiencies and will continue the following service goals as outlined in the chart on this page.

KDADS will continue to pursue its mission by providing a variety of programs and services to meet the changing needs of older Kansans. KDADS, along with the Aging Network, will continue to advocate and educate, to provide services necessary to keep older adults in the environment of their choice, to provide oversight to maintain quality services and care, and to support promising innovative programs. KDADS will continue to protect Kansans, promote recovery and support self-sufficiency for years to come.

Introduction



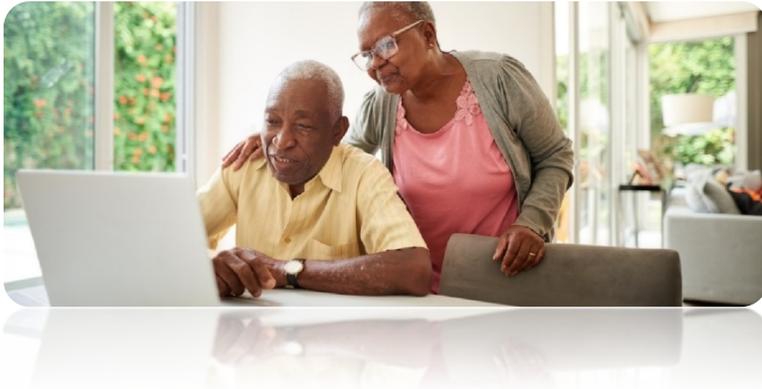
The Kansas State Plan on Aging intends to reach older Kansans, caregivers, the aging network and aging advocates. By identifying and communicating service needs, proposing alternative ideas

and goals, the plan highlights the necessity for sustaining financial support of the Older Americans Act, Senior Care Act and other KDADS programs. KDADS strives to build upon the strong foundation set by OAA and continuously seek collaborative opportunities within aging and beyond to improve the lives of all Kansans.

While COVID-19 is not a focus of this plan, responding to it has been a consuming focus for the aging and disability communities since March 2020. At the start of the pandemic, KDADS, AAAs and all aging and disability service providers overhauled service delivery systems to accommodate the immediate needs. Among other things, congregate meal programs were replaced with meals that could be picked up or delivered to people's homes and partnerships with local restaurants were made; moved social, educational and therapeutic programs online; developed and implemented strategies to connect more older adults to the internet; expanded behavioral health services offered; innovative strategies were used by providers to triage and transport customers; provided wellness check-ins for vulnerable older adults; in-home service providers provided critical support during the height of the disease spread and adapted to using telehealth; utilized supplemental funds to combat social isolation by obtaining personal protective equipment, essential household supplies, tablets and laptops to connect with loved ones; and enhanced virtual training platforms for the aging network.

It is imperative that the community focal points strengthen and rebuild to uphold the intentions of the OAA and other aging programs. KDADS programs continue to adapt to the new normal and offer options to consumers in order adjust to their needs and meet them where they are. Utilizing technology and traditional methods of communication, KDADS will ensure that Kansans are aware of and able to access services they are eligible for. In many ways, the pandemic response encouraged KDADS and the aging network's transition toward modernization and innovation.

Overview of Kansas Aging Services



Kansas Department for Aging and Disability Services Mission and Vision

The Kansas Department on Aging (KDOA) was created in 1977 as the single state agency for receiving and disbursing federal funds made available under the Older Americans Act (OAA) and for other programs for the aging. On July 1, 2013 under Executive Reorganization Order number 41, the department assumed responsibilities for all Medicaid waiver programs, mental health, substance abuse, the five State-owned hospitals and institutions and Health Occupations Credentialing. The department was renamed the Kansas Department for Aging and Disability Services (KDADS).

KDADS vision is to protect Kansans, promote recovery and support self-sufficiency. KDADS will achieve that mission through major programs such as Home and Community Based Services, Long Term Care, Behavioral Health Services, State Hospitals, and Nutrition Services. Fostering an environment that promotes security, dignity and independence for Kansas' aging and disabled populations along with the prevention of elder abuse neglect and exploitation is essential to the mission of KDADS. KDADS envisions a community that empowers older adults and persons with disabilities in Kansas to be an active partner in their person-centered care.

KDADS pursues its mission and vision by providing a variety of programs and services through multiple funding sources. OAA resources provide many of these services for older Kansans including access, in-home services, congregate and in-home nutrition, caregiver and legal assistance. Complementary programs expand the available services to more older adults. For example, the Senior Care Act (SCA) program is a fee-for-service program funded by state general funds. This program provides services in the customer's home and is designed to prevent premature nursing home placement for persons who have not exhausted their financial resources and have slightly higher income than a Medicaid eligible person. The HCBS for Medicaid waiver programs, provides Medicaid-eligible customers the opportunity to receive cost-effective community-based services



through managed care organizations as an alternative to nursing home care, thereby promoting independence in the community and encouraging residency in the most integrated setting. Additionally, the PACE program is a Medicare program and Medicaid state option that provides community-based care and services to who meet a nursing home level of care but can live safely in the community with the help of PACE services.

Office of the Secretary

KDADS is a cabinet level agency administered by a Secretary who is appointed by, and serves at the pleasure of, the Governor. The Secretary, who serves as the chief executive officer, oversees all aspects of agency operations and has the authority to sign all documents, letters, contracts, and grants related to state and federal aging. Reporting directly to the Secretary are the Deputy Secretary of Hospitals and Facilities, Deputy Secretary of Programs, Special Assistant to the Secretary, Director of Human Resources, Director of Governmental Affairs, Chief Counsel, and KanCare Ombudsman.

Silver Haired Legislature

In 1982 the Kansas Legislature passed Senate Concurrent Resolution #1649 which created the [Kansas Silver Haired Legislature](#). This organization strives to educate the public regarding the needs of older citizens. One of the most important goals is to actively communicate and serve as liaison for older Kansans with the State Legislature to introduce bills and resolution into the regular legislative session.

Their mission is to: 1) Educate the citizenry about the needs of the elderly and of the legislative process; 2) communicate and serve as liaison for constituents and legislators; 3) participate and be involved as an advocate for senior citizen issues.

The body of the organization consists of 125 elected representatives older than the age of 60 years. The members represent 11 Planning and Service Areas (PSAs) that coordinate with the 11 Area Agencies on Aging (AAAs). Every county in Kansas has one representative with additional representation in the largest counties. A legislative session is held every year in October to vote on the issues the organization will support and advocate for in the upcoming legislative session.

State Advisory Council

The State Advisory Council (SAC) on Aging was established by K.S.A. 75-5911 to advise the Governor and the Secretary about the needs of older Kansans and to advocate on their behalf. The Council, which meets bi-annually, is composed of 15 members, 11 of whom are appointed by the Governor. The remaining four are appointed, one each, by the majority and minority leaders of the State House

of Representatives and the Senate. The 15 members represent diverse geographical, social, and ethnic groups and at least half of the membership must be 60 years of age or older. In addition to serving in an advisory capacity to the Governor and the Secretary, members also advise other public and private, state and local agencies on issues affecting older adults and have the duty to review and comment on KDADS activities.

Area Agencies on Aging

Kansas's 105 counties are served by a division of 11 Area Agencies on Aging (AAAs) serving as Planning Service Areas (PSA) (Appendix D: Kansas Area Agencies on Aging Map). Each AAA is either a unit of county government or private, not-for-profit Corporation. AAAs use funds, made available by but not limited to, federal, state, and local governments, to provide a continuum of choices in services and supports for the elderly through sub-grants and contracts with local providers. The eleven AAAs are represented by the Kansas Association of Area Agencies on Aging and Disabilities (k4ad), and more information can be found on the organization's [website](#). The AAA's primary responsibilities include the following:

- Promote person-directed care
- Serve as a community planning agency to improve community services to seniors;
- Act as an advocate for seniors
- Make services available that help seniors remain in the community and avoid unnecessary or premature moves from their homes
- Develop coalitions and networks of support for seniors and their caregivers to avoid or reduce the need for publicly funded services
- Coordinate services in its geographic area and manage its service area effectively and efficiently.
- Help seniors live happier and more active lives through prevention and intervention.

As services have evolved to serve the needs of a growing population, the 11 AAAs have also taken on the role as the providers of the statewide Aging and Disability Resource Center (ADRC). Kansas has contracted with the Southwest Kansas AAA, and Southwest Kansas AAA subcontracts with the remaining 10 AAAs to provide the functions of the ADRC. The Aging and Disability Resource Center in Kansas are a “no wrong door” system for any person needing assistance regardless of age, income or ability. Through the standardized Area Plan process, AAAs are required to provide assurance that preference is provided to older adults with the greatest social and economic needs, specify adequate proportion requirements for OAA Title IIIB, as well as how they coordinate with rural and frontier providers in their specified regions. In carrying out its responsibilities, each AAA exercises leadership by working with community agencies, service providers, and senior organizations to expand and improve services at the local level.





KanCare Ombudsman Office

The KanCare Ombudsman Office helps Kansas consumers enroll in a KanCare Plan and understand the eligibility process. It helps KanCare members with concerns about getting the services they need and understanding the KanCare programs. In particular, the office provides assistance to KanCare members in the Home and Community Based Services (HCBS) waiver programs and those who get their long-term care services through KanCare. It helps enrollees understand the state's Medicaid fair hearing process, grievance and appeal rights, and grievance and appeal processes provided by the health plan and shall assist enrollees in navigating those processes or accessing community legal resources, if needed or requested. The Ombudsman will help in those cases that cannot be handled by State case workers, hotline workers or the ADRC. Provides transparency in the operation of the office, including public reporting of all aggregate data and performance reports and changes made to improve the Ombudsman program. This reporting includes providing reports the Legislature, Kansas Department of Health and Environment Health Care Finance, as well as to the public through posting the [reports](#) on the KanCare Ombudsman website. Additional information on the requirements for the KanCare Ombudsman Office can be found on the [KanCare Ombudsman Office website](#).

Alzheimer's Disease Task Force

On May 2, 2019 Governor Laura Kelly signed an Executive Order creating the Alzheimer's Disease Task Force. In January of 2020, an updated [Kansas Alzheimer's Disease State Plan](#) was published to continue the progress of the Alzheimer's Disease Working Group which met in 2018. The Task Force began meeting in August 2019 in Topeka. Members were from across the State, representing urban and rural regions, various backgrounds and connections to the disease. Advocacy and work detailed in the Alzheimer's plan is ongoing. KDADS staff continue to foster a relationship with the Alzheimer's Association to increase awareness. We look forward to future collaborative opportunities with the Alzheimer's Association and other stakeholders that aim to provide resources for Kansans affected by Alzheimer's Disease.

KDADS Aging Programs



Older Americans Act

Signed into law in 1965 and established the Aging Network, the Act provides in-home community, social and nutrition services for older persons and their caregivers. The Older Americans Act is the most comprehensive legislation serving older adults in Kansas and the foundation for the aging Network. The Kansas Department for Aging and Disability Services as the designated State Unit on Aging administers the funds distributed to the 11 Area Agencies on Aging.

OAA Title IIIB services offered by the AAAs are access services, including information and assistance and case management, in-home Services such as chore, homemaker and attendant care, and community services such as legal assistance. In addition, the AAAs also provide nutrition services through congregate and home-delivered meal programs, as well as evidence-based health promotion and disease prevention programs for older Kansans. Lastly, the Kansas Family Caregiver Support Program provides counseling, education, respite care, and one-time services.

KDADS and the 11 AAAs work collaboratively to provide OAA in-home services offered by providers among rural and urban areas in 105 counties. The success of the program depends on dedication of case managers and in-home care workers who provide vital services to older adults. Ultimately, the quality of the interaction between case management and in-home workers and the OAA customer translates to overall satisfaction with the OAA program.

KDADS Aging Services in collaboration with the AAAs look forward to continuing to facilitate OAA services to older adults in need. Additionally, KDADS will support the aging network to propose innovative ideas that aim for a future with more older adults choosing to receive quality care in their home and live with dignity and independence. KDADS acknowledges the importance of identifying and addressing the negative impact of social isolation in rural and urban areas to

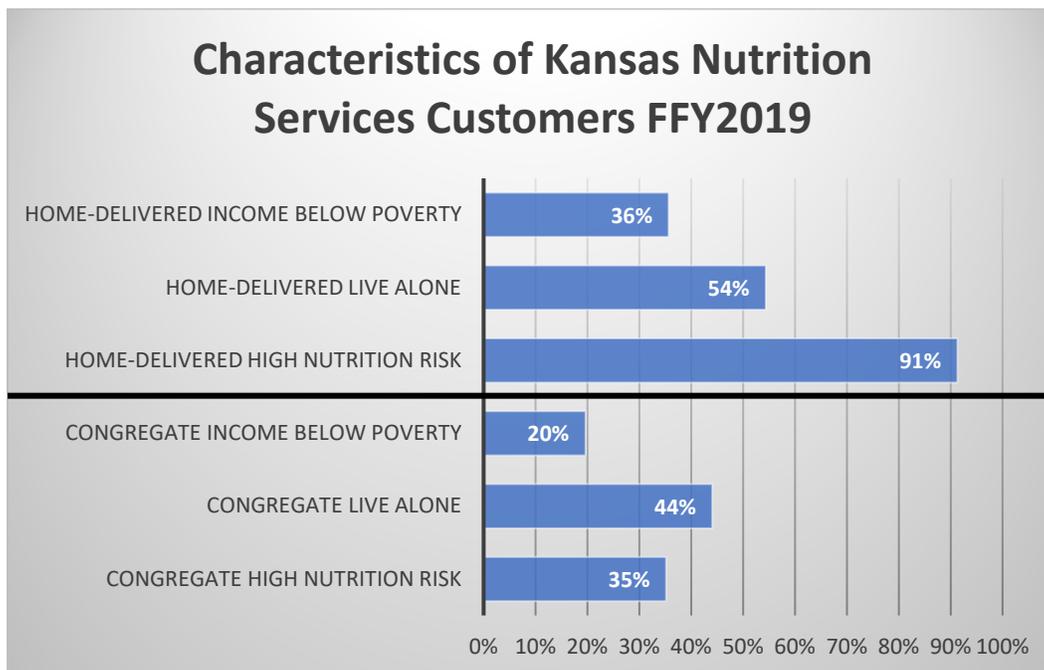


create awareness among older adults and family members as well as to implement preventative measures.

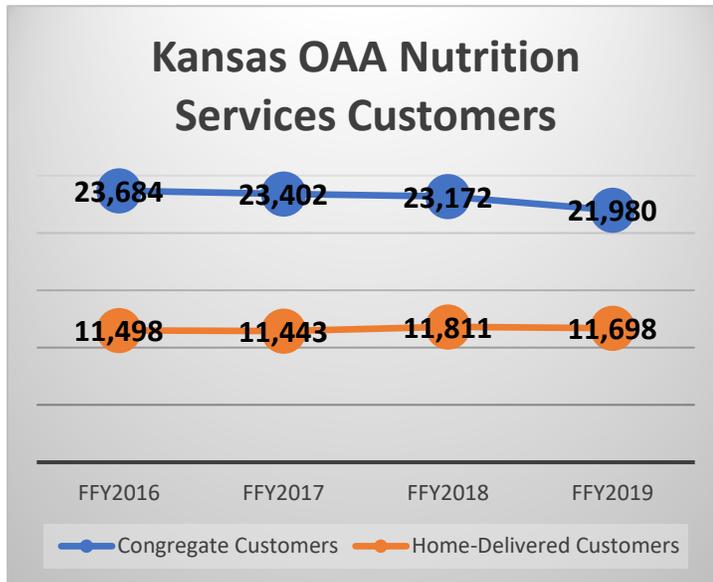
Nutrition Programs and Services

The OAA Title IIIC nutrition program provides congregate and home-delivered meal services to reduce hunger, food insecurity and malnutrition among older Kansans. These services also provide meaningful socialization opportunities and promote health and wellbeing by delaying the onset of adverse health conditions resulting from poor nutritional health, sedentary behavior, social isolation and loneliness. Nutrition services play a vital role in maintaining the independence of older Kansans and enabling them to age in place, remaining in their homes and communities even as health and functioning decline.

OAA meals served provide one-third of the Dietary Reference Intakes, adhere to the current Dietary Guidelines for Americans, and meet state and local food safety and sanitation requirements. Moreover, nutrition providers are constantly adapting to meet the diverse needs of older Kansans by offering appealing meals and choices. In addition to nutritious meals and socialization, Kansas providers deliver nutrition education to improve knowledge on healthy eating for older adults.

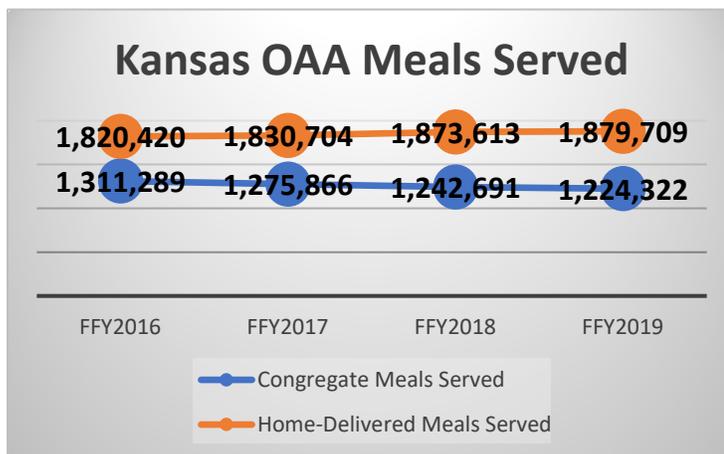


As shown in the chart above, titled *Characteristics of Kansas Nutrition Services Customers*, most home-delivered meal clients are at high nutritional risk and therefore have unique needs that need to be met to prevent malnutrition and manage chronic disease. More than a third of congregate meal participants are



at high risk, which emphasizes the importance of community-based efforts to address nutritional needs among older Kansans. The numbers of meals and customers served in both programs has remained relatively steady over the past four years, as shown in the charts titled *Kansas OAA Nutrition Services Customers* and *Kansas OAA Meals Served*. More than a third of home-

delivered meal customers live below the poverty level and more than half live alone. Senior nutrition services programs in Kansas work to target those of highest economic and social need, and these programs make a positive impact through provision of nutritious meals, socialization opportunities, wellness checks and more.



KDADS, the AAAs and nutrition providers work together to share resources and provide technical assistance. The resilience of the aging network was showcased throughout the COVID-19 emergency response, as they have had to

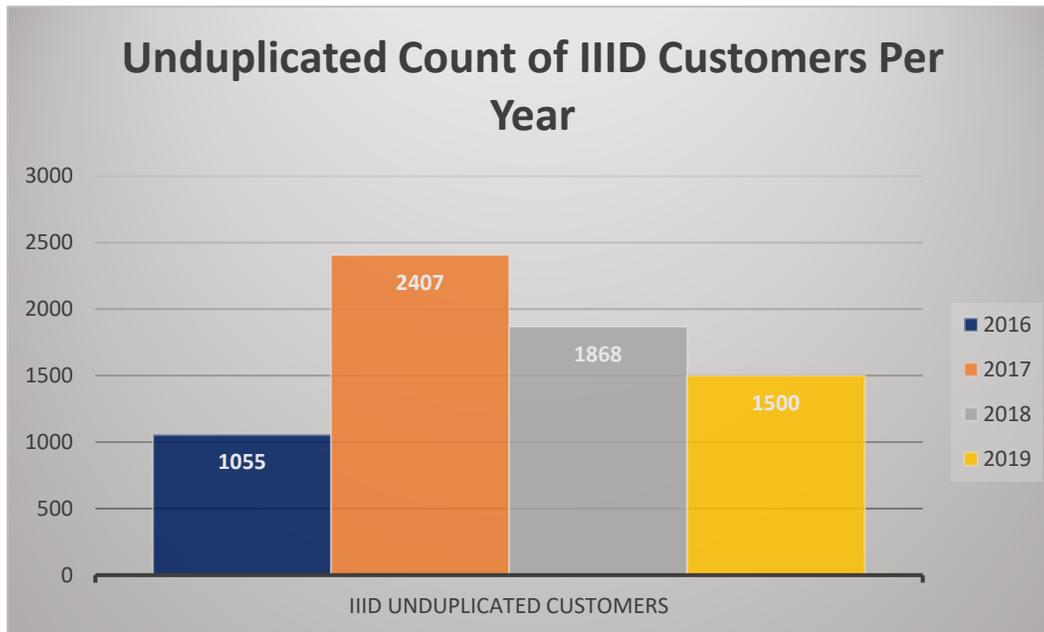
adapt to providing more shelf stable and frozen meals, as well as “grab and go” meals at congregate sites. The network will continue persevere through the pandemic recovery period, adapting to the new normal. Reopening and rebuilding congregate nutrition sites are crucial, as these locations provide



invaluable experiences and opportunities for older Kansans to socialize and enjoy nutritious meals and other community activities together.

Health Promotion and Disease Prevention

Evidence-based health promotion and disease prevention programs improve the health and well-being and reduce disease and injury among older Kansans. The OAA Title IIID programs positively impact the health of program participants by providing educational opportunities that empower older Kansans to make healthy, sustainable lifestyle changes that are supported by research. Evidence-Based Program offerings vary across Kansas and include Tai Chi for Arthritis and Fall Prevention, Home Meds, Arthritis Foundation Exercise Program, Diabetes Prevention Program, A Matter of Balance, Stepping On, Enhance Fitness, Walk with Ease and more. Title IIID funding through the OAA offers a unique opportunity for KDADS and the AAAs to collaborate with state and national partners to tailor evidence-based disease prevention and health promotion programming to meet the needs of older Kansans and adapt to challenges presented throughout the COVID-19 pandemic. The number of AAA customers served through this program for the last four federal fiscal years is shown in the chart below:



Family Caregiver Support Program

The National Family Caregiver Support Program (NFCSP) was established in 2000. This program, under OAA Title III E, is in place to support Kansas family members and informal caregivers who are taking care of a loved one who is a senior 60 years of age and older, any age individuals with Alzheimer’s disease and related disorders, grandparents providing care to children under the age of

18 and older relatives providing care to adults ages 18-59 with disabilities. Title III E services currently provided by the AAAs are information and public education to caregivers about services in their community, assistance to caregivers with resources and coordination of services, individual counseling, support groups, respite care, supplemental and one-time services that vary among AAAs.

Long-Term Care (LTC) Ombudsman

The Office of the State Long-Term Care Ombudsman serves as an advocate for those who receive services and supports while residing in Kansas's long-term care facilities. Kansas currently has 319 nursing homes and 457 residential health care facilities. Residential health care facilities in Kansas include facilities licensed as assisted living, residential health care, home plus and boarding care homes. In total, these facilities have 34,494 beds. Residents of nursing facilities are a mix of those who are receiving short-term skilled rehabilitation care intending to return home and those who need long-term care with an indefinite stay. Currently, seven regional long-term care ombudsmen provide services to this population, a ratio of 1 ombudsman to 4,927 potential consumers. Kansas LTC Ombudsman publishes [annual reports](#) online.

Elder Abuse, Neglect and Exploitation Prevention

KDADS is actively involved in the protection of older Kansans from abuse, neglect and exploitation (ANE). KDADS provides ANE education and resources to customers, families, and professionals involved in the aging network through the agency's Prevention of Elder Abuse, Neglect, and Exploitation (PEANE) grant program. These special project grants, awarded to a variety of agencies and organizations, are designed to provide education, training, and research for the prevention of elder abuse, neglect, and exploitation.

KDADS and the Aging Network seek to identify and report instances of ANE of the customers they serve. The Uniform Assessment Instrument (UAI), completed for individuals seeking assistance from a AAA for Older Americans Act and Senior Care Act services, assesses a variety of environmental and behavioral factors that might put customers at risk, including abuse, neglect, and exploitation. KDADS staff and providers work closely with the Department of Children and Families (DCF) Adult Protective Services (APS) to address issues and report situations of concern. Whenever staff encounters a customer with an identifiable health and/or welfare issue, a referral is made to KDADS's Complaint Hotline or DCF APS, or concerns are reported to the case management entity, depending on the severity of the situation.

Kansas Legal Services

[Kansas Legal Services](#) (KLS) provides legal assistance to older Kansas in all 105 counties. Seniors can obtain services through the Area Agency on Aging or by





calling the Kansas Legal Services Elder Law Hotline. Attorneys will answer questions regarding civil cases for Kansans age 60 and older. KLS utilizes Older Americans Act Title III-B funds, as well as existing Legal Service Corporation (LSC) funds and private funds in efforts to meet the needs of the growing aging population in Kansas.

KLS and the aging network collaborate to provide assistance related to income, health care, public benefits, housing/real estate, utilities, protective services (guardianship, abuse, neglect) and individual rights (discrimination, immigration, crime victims, grandparents' rights). These services are provided to older Kansans at greatest economic or social need to ensure their rights are protected. KLS staff, located throughout the eleven planning and service areas (PSAs), conduct monthly outreach to senior centers and other organizations in the community to educate older Kansans about how to access services.

Senior Care Act

In 1989, Governor Mike Hayden introduced, and the Kansas Legislature established, the Senior Care Act (SCA) program to assist Kansas residents, aged 60 and older, who have functional limitations in self-care and independent living, but who can reside in a community-based residence if some services are provided. The program provides in-home services to seniors who contribute to the cost of services based on their ability to pay. Senior Care Act services vary by county and region but may include services such as attendant care, respite care, homemaker, chore services and adult day care. Services are offered on a sliding fee scale based on income and assets for customers who functionally qualify. SCA is funded by the State General Fund (SGF) and the Social Service Block Grant Program (SSBG), awarded to the State by the U.S. Department of Health and Human Services. SCA customers pay between donation and 100 percent of the cost of the service. KDADS administers the program through the AAAs and network of providers.

The 11 AAAs provide SCA services to seniors in Kansas through case management and direct service providers in their counties. SCA program is unique because it allows the customer to self-direct personal care or homemaker services. The customer can choose their caregiver who, in some cases, could be a family member or a friend who they feel more comfortable with providing the services. SCA program is in place to meet the needs of Kansas seniors by mirroring supportive services offered through the Older American Act.

Medicare Grants Division

KDADS currently receives funding for three Medicare grants through the Administration for Community Living (ACL), Health and Human Services (HHS). To maximize resources and create greater efficiency and effectiveness we continue to refine and strengthen our model which combines the SHICK, MIPPA and SMP programs into one unit. Training development, oversight, and grants

management is handled at the State level. This allows for an average of 300 to 400 counselors trained or re-certified and over 25,000 combined beneficiaries served on average annually.

Senior Health Insurance Counseling for Kansas (SHICK)

ACL funds a nationwide network of State Health Insurance Assistance Programs (SHIP). In Kansas, the SHIP is known as Senior Health Insurance Counseling for Kansas (SHICK). This counseling program helps Medicare beneficiaries, their families, and caregivers navigate their way through the health insurance and Medicare systems. The SHICK program is free and provides a reliable, confidential and unbiased source of information. SHICK uses a statewide network of sub-grantees, call centers and trained volunteers to provide information, assistance and counseling to Medicare beneficiaries in their communities. The SHICK team has also established partnerships with many community-based organizations and other agencies that provide services to people with Medicare and Medicaid in Kansas. SHICK has been at the forefront of efforts to educate Medicare beneficiaries in Kansas about their Medicare options, including Part D prescription drug coverage, Medicare Advantage plans, Medicare Supplement policies and more.

Medicare Improvements for Patients and Providers Act (MIPPA)

The Medicare Improvements for Patients and Providers Act (MIPPA) was enacted in 2008. MIPPA is a multi-faceted piece of legislation that contains several important provisions that directly change the Medicare program. One of these changes included, the federal government allocating funding for increased outreach to Medicare beneficiaries, the bulk of which is targeted at coordinating, educating and enrolling low-income Medicare beneficiaries. ACL provides a grant to promote outreach and assistance for Medicare beneficiaries eligible for Medicare Part D Extra Help and Medicare Savings Programs and promotion of preventive services covered by Medicare Part B. In the state of Kansas, KDADS contracts with organizations across the state to implement the MIPPA grant including Area Agencies on Aging and SHICK subgrantees. These organizations have gone across the state to promote Medicare Part D, preventive services, Extra Help and Medicare savings programs through many venues including health fairs, enrollment events, social media and media outlets including television and newspapers, as well as providing information to Medicare beneficiaries who come into their office. SHICK trained counselors within these organizations also provide assistance with applications for Medicare Savings Programs and Extra Help.

Senior Medicare Patrol (SMP)

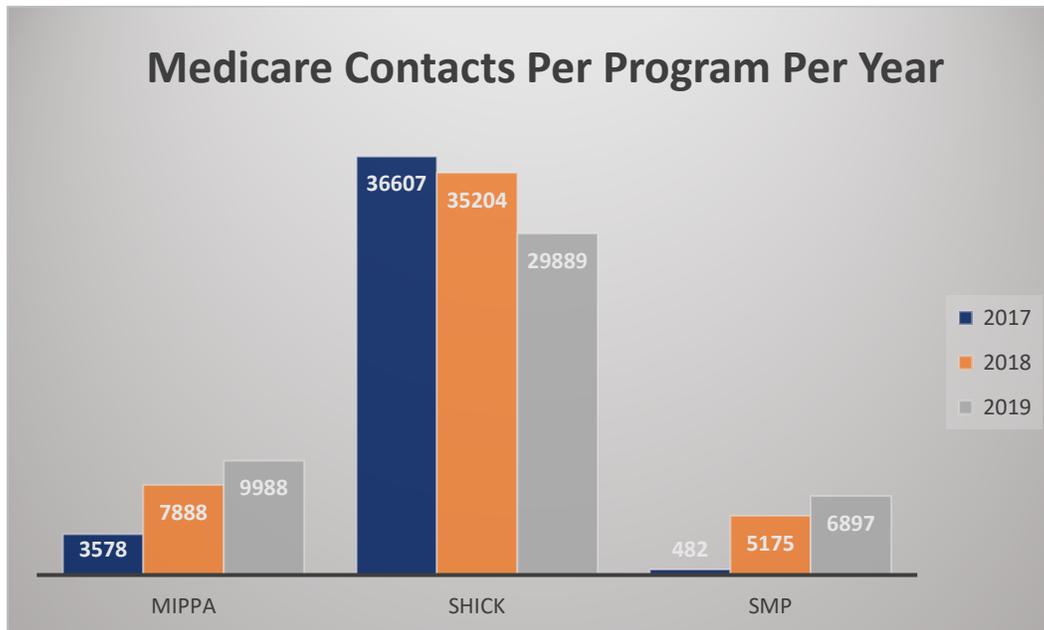
KDADS receives a grant to continue education of Kansas Medicare and Medicaid beneficiaries about Medicare fraud, errors and abuse. Together with partner organizations, these volunteers create a statewide network who educate



beneficiaries about preventing, identifying and reporting health care fraud, errors and abuse. The target populations are seniors and hard to reach populations including Spanish-speaking, disabled and/or rural populations. SMP outreach efforts have helped numerous Medicare beneficiaries recognize and report everything from unethical selling practices to outright scams. SMP volunteers fill an essential role in building the Kansas network of fraud, abuse, neglect and exploitation professionals. SMP has worked with the Kansas Attorney General's office, the Kansas Insurance Department, the Federal Bureau of Investigation and the Office of Inspector General to process reports of fraud and abuse. KDADS' SMP staff, in partnership with emergency responders, developed Operation Red File (ORF) in 2016. The program created a physical red file that individuals keep on their refrigerator, containing emergency medical information.

The information provided in the file saves time for first responders, allows for the right care to be administered, and acts as a tool to provide education and outreach for all three Medicare Grants. Due to the on-going success of the program across the state, KDADS has shifted to a statewide distribution effort rather than a county-by-county process. Coordination with emergency responders continues to be essential to the success of the program as the files are being used to assist their care of the clients.

Please see below for a year-by-year comparison of contacts per program. As you can see, they continue to increase. Please note there was a reduction in the SHICK numbers due to a data reporting system change.



Aging and Disability Resource Center

ADRC is a trusted source of information where people of all ages, abilities, and income levels, and their caregivers, can obtain assistance in planning for their long-term service and support needs. The ADRC is designed to empower older adults and persons with disabilities to make informed person-centered decisions about their service and support needs. Staff at the AAAs provide objective information and assistance to help people access private or publicly funded service programs. The Kansas ADRC network currently provides assessments, information referral and assistance, and options counseling services.

ADRC locations throughout Kansas complete assessments for HCBS waivers, including the Physical Disability waiver, Brain Injury waiver and Frail Elderly waiver (which is also used to determine PACE eligibility). The statewide ADRC system completes an average of 1,208 functional assessments per month.

The statewide ADRC system provides Options Counseling sessions, this provides consumers with valuable information on supports within the community and provide explanations of which HCBS waivers the individual may qualify for. Options Counseling sessions provides referrals to other community organizations that provide valuable services to the individual. On average, the statewide ADRC system completes 920 Options Counseling sessions per month.

The statewide ADRC call center provides assistance, information and referrals for individuals on a variety of subjects (insurance, transitions, Medicare and Medicaid assistance, etc.). The call center handles on average 1,885 calls per month.

Client Assessment, Referral, and Evaluation (CARE) Program

The Client Assessment, Referral, and Evaluation (CARE) Program's primary responsibility is to manage the statewide PASRR screening of applicants for nursing home services. Hospitals and AAAs employ a network of CARE assessors to conduct nursing home pre-admission assessments to screen for appropriate nursing home placement. In addition to the assessment service, the AAA can also provide the service of Options Counseling to empower individuals in making an informed choice about their care. Often a person who is admitted to a nursing facility can recover and could return home with supportive services. In accordance with the OAA, the AAAs coordinate efforts to facilitate a return to the community when possible for the customer. The federal requirement for Pre-Admission Screening and Resident Review (PASRR) is to ensure that persons with mental illness, intellectual disabilities and/or developmental disabilities do not move into a nursing home if they could be served in a less restrictive setting. In addition to compliance with the federal PASRR law, the CARE program works with individuals to discover their preferences, makes referrals to appropriate long-term care resources based on Options Counseling sessions conducted during an interview, evaluates data on unmet service needs and recommends





areas for expansion of services in Kansas based on these unmet needs.

Program of All-Inclusive Care for the Elderly (PACE)

PACE is a Medicare program and Medicaid state option that provides community-based care and services to people age 55 or older who meet a nursing home level of care but can live safely in the community with the help of PACE services. PACE provides consumers, their families, caregivers and professional health care provider's flexibility to meet health care needs. The PACE program provides all medical and social services for participants including primary care physician, nursing, hospital care, medical specialty services, prescription drugs, nursing home care, emergency health services, in home care, physical therapy, occupational therapy, adult daycare, recreational therapy, meals, dentistry, nutritional counseling, social services, laboratory/X-ray services, social work counseling, transportation and other services determined to be necessary. Participants may be enrolled in Medicare or Medicaid, or both to join PACE. Private pay is also an option.

Each PACE organization is focused on helping older adults live in the community for as long as possible. To meet this goal, PACE organizations focus on preventative care. An interdisciplinary team, consisting of professional and paraprofessional staff assess the participant's needs and assists the participant in making decisions to ensure a good quality of life. The participant and their family will play an active role as the team develops and updates the plan of care and individual goals in the program. PACE provides care giver training, support groups and respite care to help families keep their loved ones in the community. *See Appendix E for the Program of All-Inclusive Care for the Elderly (PACE) Service Map.*

Administrative Case Management (ACM)

In May 2020, Northwest Kansas Area Agency on Aging began providing administrative case management services. Subcontracting with the other ten AAAs, services are offered to individuals who have been assessed for Home Community-Based Services (HCBS) waiver services to assist in applying for and meeting financial eligibility for Medicaid services.

Services that individuals can receive through the ACM program include assistance with obtaining financial statements, utility bills, birth certificates and phone calls made to check on Medicaid application status. There is no limit to the amount of services that can be provided, and services are offered until the individual has had a determination made on their financial eligibility.

Since services have begun, use of the program has steadily increased. As of January 2021, 565 individuals received ACM services, which resulted in 9,550 hours of service being utilized.

Frail and Elderly (FE) Waiver

This program provides assistance to individuals ages 65 and older who qualify to receive Medicaid and require Long Term Services and Supports (LTSS) in order to remain in a community setting, as determined through a state level of care assessment. Services include adult day care, comprehensive support, enhanced care service, financial management services, home telehealth, medication reminder, nursing evaluation visit, oral health services, personal care services, personal emergency response, wellness monitoring, equipment, technology and modifications for home and/or vehicle adaptations. In accordance with the person-centered approach to LTSS the option for individuals to self-direct their care is made available for the following services: comprehensive support, enhanced care service, financial management services, and personal care services.

Physical Disability (PD) Waiver

This program serves individuals 16-64 years of age who meet the criteria for nursing facility placement due to their physical disability, who are determined disabled by social security standards and who are Medicaid eligible. Services include: Assistive Services which are designed to enhance an individual's independence or abilities through the purchase of adaptive equipment, assistive technology, or home modifications, Financial management services which are designed to provide administrative and payroll services for people who elect to self-direct some or all of their services, home-delivered meals, medication reminder services, personal emergency response systems and installation, personal care services which provides supervision and/or physical assistance with instrumental activities of daily living (IADLs) and activities of daily living (ADLs), and enhanced care services which provide immediate supervision or physical assistance in the event of an emergency while the participant is typically sleeping.

Brain Injury (BI) Waiver

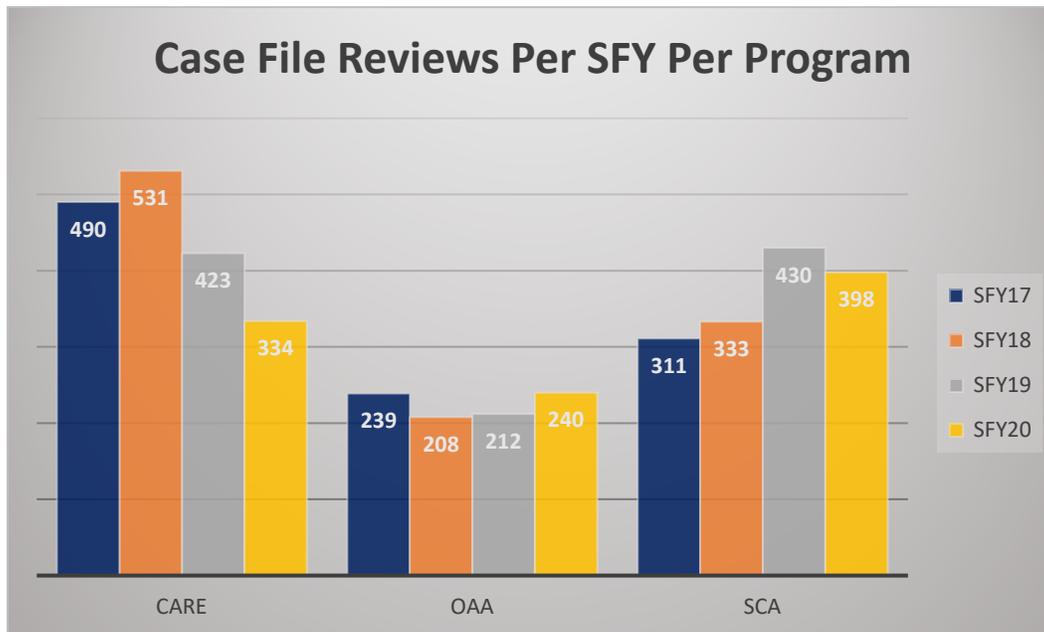
This program serves individuals ages 0-64 years and is a habilitative/rehabilitation and independent living program with an emphasis on the development of new independent living skills and/or re-learning of lost independent living skills due to an acquired or traumatic brain injury. Services include: Assistive Services which are designed to enhance an individual's independence or abilities through the purchase of adaptive equipment, Financial management services which are designed to provide administrative and payroll services for people who elect to self-direct some or all of their services, home-delivered meals, medication reminder services, personal emergency response systems and installation, personal care services which provides supervision and/or physical assistance with instrumental activities of daily living (IADLs) and activities of daily living (ADLs), rehabilitation therapies (behavior therapy, cognitive rehabilitation, physical therapy, speech-language therapy and occupational therapy), enhanced care services which provide immediate



supervision or physical assistance in the event of an emergency while the participant is typically sleeping and transitional living skills (TLS).

Quality Management

The function of KDADS Quality Improvement (QI) is to improve overall program compliance, as well as customer satisfaction related to service delivery. This process is broken down into two processes. First, QI staff participate in quarterly reviews of random Senior Care Act (SCA), Older Americans Act (OAA), and Client Assessment Review and Evaluation (CARE) files at each of the state's eleven Area Agency on Aging (AAA) locations. The file review focuses on customer assessments, service planning, notification and follow-up. Results of quarterly file reviews are compiled into reports and provided to each of the Area Agencies on Aging for review. Overall, the total annual reviews conducted by QI reviewers for the SCA program averaged 368 files between SFY 2017-2020. For the OAA program, an average of 225 files were reviewed during this same timeframe, along with approximately 445 CARE files.



The second aspect of the QI process is the customer interview. Customer interviews are scheduled for QI staff to meet with selected customers in their homes. The focus of the customer interview is to determine customer satisfaction related to involvement and choice in service planning and delivery. Additionally, the interview includes questions surrounding customer understanding of their rights and responsibilities as well as their ability to access AAA staff, providers and protective services as needed. This two-step process provides feedback to the Kansas Department of Aging and Disability Services (KDADS) and to each of the AAA's on a quarterly basis.

Throughout these processes, QI is customer focused and driven. It is the intent of this process to ensure that each aspect of the customer's case is managed accurately and efficiently. Further, QI seeks to ensure customers are involved in each aspect of their case from assessment to service delivery. Quarterly reviews assist each AAA in identifying areas of strength as well as areas for improvement in providing appropriate care for each of its customers.

Additionally, KDADS Aging Services will utilize data from various sources, including the annual State Program Report (SPR), to assess implementation of OAA services and programs. Moreover, on an annual basis, problem areas will be identified and KDADS will continuously strive to remediate these to ensure accurate and complete data are used to represent the invaluable work of the Aging Network in Kansas. Monitoring of the 2022-2025 state plan on aging goals, objectives and strategies will be done on a continuous basis and documented in an Excel workbook titled *Aging Services State Plan Tracking 2022-25*. The Aging Services Director, OAA/SCA Program Manager, OAA Nutritionist and other KDADS staff will be responsible for the plan goals, as detailed in the state plan tracking workbook. Progress on strategies, objectives and goals will be

summarized by Aging Services and presented to KDADS leadership, including the KDADS Secretary, on an annual basis.

The Kansas State Profile of Older Americans Act data, as submitted in the annual State Program Report (SPR), may be viewed in the [Aging, Independence and Disability \(AGID\) Program Data Portal](#). Here, Kansas specific data as well as comparison and national data may be viewed.

Disaster Preparedness

KDADS coordinates activities and has developed long-range emergency preparedness plans with the 11 AAAs, other state agencies, local governments, local emergency response agencies, relief organizations, and other institutions with responsibility for disaster relief service delivery. AAAs and licensed adult care homes are required to establish an emergency response plan, including procedures to follow in the event of a disaster. KDADS has a memorandum of understanding with each of the 11 AAAs to provide emergency services to older Kansans. KDADS assists the AAAs by applying for federal disaster funding, if needed, when a disaster occurs. KDADS is the lead and coordinating agency for the Kansas Emergency Support Function 6 (ESF-6). Following a state or federally declared disaster, ESF-6 partners collaborate with multiple agencies and organizations to assist disaster survivors in obtaining mass care resources such as sheltering, meals, emergency first aid, bulk distribution of emergency relief items, emergency food assistance, support and services for functional needs populations, emotional support, housing, pet sheltering and disaster wellbeing inquiry.



State of Kansas Aging Needs Assessment



**All KDADS staff email signature image used for distribution of survey link.*

State Listening Tour

KDADS Aging Services utilized innovation and technology during the unforeseen pandemic in order to organize the first virtual listening tour for Kansas. The purpose of the tour was to gather input from older Kansans, family caregivers and stakeholders and identify needs and goals for the State Plan. Four (4) listening sessions were held between September 30 and December 9, 2020. Participants were able to join via video conference and were offered the option to call in via telephone. In addition, the sessions were recorded, transcribed and made available to the public on the [KDADS website](#). The listening tour was promoted primarily on Facebook through the creation of a public event. Many stakeholders shared this information on their Facebook pages, listservs as well as in newsletters and other publications for their current customers, such as home-delivered meal program participants. KDADS shared the listening tour information with the AAAs, nutrition providers, committees and other stakeholders to promote throughout the network, taking advantage of every opportunity available to announce the state plan listening sessions.

The listening tour was attended by various members of the public, including stakeholders, aging advocates, family caregivers and older Kansans. Many individuals expressed concern regarding the aging population and using technology, including the barriers associated with it. Attendees discussed social isolation and loneliness and the impact this has on

INPUT FROM OLDER KANSANS



“I think there should be a program to keep people healthy and moving.”

“I guess I would say as far as the meals, kind of the same thing that's already been said, I feel like I've been seeing a lot more dietary restrictions. So people or people having food allergies, or certain foods they can't eat. So people are declining the meals because of that.”

INPUT FROM OLDER KANSANS



“So, it has been a big shock for me to have these changes take place with virus and affecting my social life. So, yes, I think it's great if you're doing some support for caregivers. With the Northeast, Kansas Senior group very helpful and they have a great relationship. My mother feels like she can call her at any time too. If she has a concern.”

“I would just say making information easily digestible or understandable. A lot of times the elderly parents are not able to interpret things by themselves. Sometimes the information isn't always consistently presented from county to county and so then you're on the phone call and versus something down on a website, so, to the degree that there could be some consistency on what is presented and how it's presented.”

the aging population, including mental health, especially among individuals residing in nursing homes who have Alzheimer's or dementia. The COVID-19 pandemic and all the challenges it has caused was a topic of discussion as well. A major concern that arose was accessing

information and knowing what services are offered for the aging population in Kansas. Lastly, senior nutrition services were discussed regarding the quality of food and options available, specifically for individuals with needs for medically tailored meals.

State Survey Monkey

KDADS Aging Services sought feedback from older Kansans and caregivers and the first statewide Aging Survey was developed. This consisted of 32-questions which focused on general community needs of older Kansans, mental health, nutrition and health promotion specific topics, caregiver needs and basic demographics. The purpose of the survey was to supplement the virtual listening tour and gather input on a variety of needs among older Kansans. The survey included

INPUT FROM OLDER KANSANS



“Some of the questions about barriers or gap in services related to like the social isolation and loneliness. So many programs involve the internet, and computers in technology, are there any aging network programs that would help address training for seniors or providing the computers or the technology itself providing that to our seniors?”

“Social isolation during COVID times has been exacerbated. A lot of people, especially those with Alzheimer's or dementia are struggling, some are not even aware what is happening with COVID. Visitation has been restricted for quite a while in long term care communities.”





various question types including multiple choice, ranking and open-ended response. The average time spent completing the survey was less than 13 minutes, and the completion rate was 90 percent. SurveyMonkey was the online platform used with options to also have a printed survey. Responses were received from all over the state, and among the respondents who provided demographic information, 78 of 105 Kansas counties and one tribe were represented. In total, the survey received 819 responses.

The Aging Survey information was shared with the AAAs, nutrition providers, listservs, committees and other stakeholders to promote throughout the aging network. KDADS took advantage of every opportunity available to announce the survey. KDADS also created a graphic aging survey link that was placed with the employee signature line on emails. This allowed for promotion of the survey with an array of stakeholders and community members. If the link was clicked it would take individuals directly to the survey.

This method of gathering public input allowed KDADS to reveal data trends in a meaningful and thorough way. Ultimately, the results of the survey provide better perspective and reveal how Kansas aging services are viewed by the public. The results of the survey are a valuable and accurate source of information, though KDADS acknowledges that there is significant work to be done in years to come to address complex systematic issues that impact older Kansans. The findings from the survey lay the groundwork for setting realistic goals and starting conversations to improve the lives of older Kansans.

Comprehensive results from the survey may be viewed in APPENDIX G.

State Quality Assurance COVID-19 Survey

KDADS Aging Services along with the Quality Improvement team created and implemented nine (9) additional questions to be asked during the quarterly Older Americans Act customer interviews. These questions were asked via phone to randomly selected seniors. The questions were added as a proactive response to the pandemic concerns and due to its success, the data collection is ongoing. Comprehensive results from the COVID-19 QA survey for state fiscal year quarters one through three may be viewed in APPENDIX G.

Area Plans on Aging, 2018-2021

Each area agency on aging submitted a summary of unmet needs and priority areas for their planning and service area, citing local and regional surveys, public hearings, staff or provider feedback and unfulfilled requests for services. Five prominent themes emerged in 2017, shown below along with the corresponding 2022-2025 state plan goal and objective. AAA needs assessments for the upcoming area plan period are still underway.

<ul style="list-style-type: none"> • In-home services. The need for in-home services that allow older Kansans to age in place outweighs the amount of funding available through the OAA. 	<p>Goal 1. Provide advocacy for older Kansans. (Objective 1)</p>
<ul style="list-style-type: none"> • Nutrition services. Food insecurity is prevalent among older Kansans, and food deserts in both rural and urban areas exacerbate this. • Evidence-based health promotion and disease prevention programs. Demand for prevention programs outweighs the amount of funding available through the OAA, especially with the high cost of training leaders to provide evidence-based programming. • Family caregiver services. Kansas caregivers are stretched thin and feeling alone, stressed and isolated. Demand for caregiver services, such as respite, outweighs the amount of funding available through the OAA. 	<p>Goal 3. Engage with the Aging Network and community partners to advance Older Americans Act programs. (Objectives 1-3)</p>
<ul style="list-style-type: none"> • Financial prescription assistance. Older Kansans are concerned about the high cost of medication, which can in part be addressed through Medicare grants and OAA evidence-based health promotion and disease prevention programs. 	<p>Goal 3. Engage with the Aging Network and community partners to advance Older Americans Act programs. (Objective 2)</p> <p>Goal 5. Ensure maximum service utilization for home and community-based services, as well as Medicare. (Objective 2)</p>

Needs Assessment Findings

The State Plan Draft was posted to the KDADS website for public comment from May 5 to May 19, 2021.





Needs Assessment Findings	KDADS Goal
<ul style="list-style-type: none">• Senior Transportation• Safe and Affordable Senior Housing• In-Home Services to Support Aging in Place• Mental Health• COVID-19 Pandemic Recovery	Goal 1. Provide advocacy for older Kansans.
<ul style="list-style-type: none">• Access to Information on Aging Services• Consistency in Aging Services Across All Regions• Long-term Service and Support Options	Goal 2. Inform aging Kansans of systems and supports that encourage self-sufficiency, with emphasis on those with the greatest economic or social need.
<ul style="list-style-type: none">• Senior Nutrition Services• Health Promotion and Disease Prevention• Socialization Opportunities for Seniors	Goal 3. Engage with the Aging Network and community partners to advance Older Americans Act programs.
<ul style="list-style-type: none">• Legal Services• Advocacy for Kansas Seniors	Goal 4. Educate and advocate for the prevention of elder abuse, neglect and exploitation.
<ul style="list-style-type: none">• Quality Health Insurance for Seniors• Affordable Health Insurance• Information About Health Insurance Enrollment	Goal 5. Ensure maximum service utilization for home and community-based services, as well as Medicare.

State of Kansas Aging Goals and Objectives



1

Goal 1: Provide advocacy for older Kansans

OBJECTIVE 1: Re-establish State Advisory Council on Aging to explore and discuss unmet needs of older Kansans.

- **Strategy 1:** Initiate reestablishment of State Advisory Council on Aging with KDADS Leadership and the Governor of the State of Kansas by November 2022.
- **Strategy 2:** Propose identified unmet needs from 2022 State Plan on Aging Needs Assessment to the council, including: transportation, housing, aging in place, mental health and social isolation.
- **Strategy 3:** KDADS will provide supporting documentation and data as requested by the State Advisory Council on Aging.
- **Strategy 4:** KDADS will ensure that the council abides by Kansas Statutes 75-5911 through 75-5914.

2

Goal 2: Inform aging Kansans of systems and supports that encourage self-sufficiency, with an emphasis on those with the greatest economic or social need.

OBJECTIVE 1: *Actively engage with the Aging Network to ensure that transparent, accurate and current information on aging services is available to all Kansans.*

- **Strategy 1:** KDADS will update the website to reflect current aging services offered and enhance user friendliness by September 2022.
- **Strategy 2:** KDADS will develop a comprehensive document in English and Spanish to educate Kansans on available aging services by September, 2022.
- **Strategy 3:** KDADS will make the printable informational document available on the KDADS website by September 2022.



Goal 2 ... continued

- **Strategy 4:** KDADS will print and distribute the informational document to the Aging Network, with emphasis on non-traditional community partnerships across the State by September 2023.
 - Increase the number of non-traditional community partnerships.
 - Value: Non-traditional community partnerships established
 - Data Source: Aging Services State Plan Tracking 2022-25
 - Reported: Annually
 - Increase the proportion of counties reached.
 - Numerator: Kansas counties provided informational document
 - Denominator: 105 Kansas counties
 - Data Source: Aging Services State Plan Tracking 2022-25
 - Reported: Annually
- **Strategy 5:** KDADS will participate in community outreach by attending two (2) events as an exhibitor annually.
 - Value: Number of events (e.g. health and senior fairs, KS State Fair, conferences and expos) attended
 - Data Source: Aging Services State Plan Tracking 2022-25
 - Reported: Annually
- **Strategy 6:** KDADS will engage the public on social media platforms by posting monthly.
 - Value: Number of posts
 - Data Source: Aging Services State Plan Tracking 2022-25
 - Reported: Annually

OBJECTIVE 2: *Educate the Aging Network to provide comprehensive options counseling to empower individuals and families to make informed choices about their services and supports.*

- **Strategy 1:** KDADS will update the options counseling form by September 2022.
- **Strategy 2:** KDADS will develop options counseling training for the Kansas Aging and Disability Resource Centers (ADRCs) by September 2022.
- **Strategy 3:** KDADS will provide bi-monthly options counseling training to the Aging Network staff.
 - Value: Number of trainings
 - Data Source: Aging Services State Plan Tracking 2022-25
 - Reported: Annually
- **Strategy 4:** KDADS will develop an evaluation tool for attendees by September, 2022.
- **Strategy 5:** KDADS will monitor options counseling training and provide annual summary of outcomes to Leadership.
 - Value: Number of trainings, attendees and evaluation results
 - Data Source: Aging Services State Plan Tracking 2022-25
 - Reported: Annually



Goal 3: Engage with the Aging Network and community partners to advance Older Americans Act programs.

OBJECTIVE 1: *Provide educational opportunities to stakeholders to enhance awareness of nutritional and socialization needs of older Kansans.*

- **Strategy 1:** KDADS Aging Services will develop educational nutrition content for webinars by September 2022.
- **Strategy 2:** KDADS Aging Services will provide quarterly nutrition webinars starting September 2022.
- **Strategy 3:** KDADS Aging Services will develop annual calendar and promote nutrition webinars bi-monthly via the aging network and social media.
- **Strategy 4:** KDADS Aging Services will develop an evaluation tool for attendees by September 2022.
- **Strategy 5:** KDADS Aging Services will provide an annual summary of outcomes to Leadership.
 - Value: Number of attendees, evaluation results
 - Data Source: Webinar platform, evaluation tool
 - Reported: Annually
- **Strategy 6:** KDADS Aging Services will share one monthly nutrition post via KDADS social media.
 - Value: Number of posts
 - Data Source: Aging Services State Plan Tracking 2022-25
 - Reported: Annually

OBJECTIVE 2: *KDADS, in coordination with the AAAs, will maximize Title IIID Health Promotion and Disease Prevention funding to improve health and well-being and reduce disease and injury among older Kansans.*

- **Strategy 1:** In collaboration with other State agencies and partners, KDADS will boost existing evidence-based programs by facilitating training opportunities for providers by September 2025.
- **Strategy 2:** KDADS will analyze person and financial data from the State Program Report (SPR) to establish a baseline for evidence-based program outcomes by September 2025.
 - Increase the number of persons served through the Kansas Health Promotion and Disease Prevention program.
 - Value: Unduplicated Persons Served
 - Data Source: State Program Report, II.A
 - Reported: Annually
- **Strategy 3:** KDADS will internally monitor Title IIID monthly expenditures to ensure continuous service delivery.





Goal 3 ... continued

OBJECTIVE 3: *Ensure uniform tracking of Title III E Family Caregiver Support Program data to demonstrate the needs of Kansas caregivers.*

- **Strategy 1:** KDADS will develop III E data training for stakeholders by September 2023.
- **Strategy 2:** KDADS will provide semi-annual III E training to stakeholders.
 - Value: Number of trainings
 - Data Source: Aging Services State Plan Tracking 2022-25
 - Reported: Annually
- **Strategy 3:** KDADS will monitor III E training and provide annual summary of outcomes to Leadership
 - Value: Number of trainings, attendees
 - Data Source: Aging Services State Plan Tracking 2022-25
 - Reported: Annually

OBJECTIVE 4: *Strengthen partnerships with Kansas tribal organizations to seize collaborative opportunities.*

- **Strategy 1:** KDADS will establish contact with three (3) Title VI Tribal Organizations by September 2025.



Goal 4: Educate and advocate for the prevention of elder abuse, neglect and exploitation

OBJECTIVE 1: *Enhance KDADS' partnerships with elder justice stakeholders and explore opportunities for growth to assure older Kansans are protected and understand their rights.*

- **Strategy 1:** KDADS Aging Services will schedule bi-annual Kansas Legal Services (KLS) meetings in April and October.
- **Strategy 2:** KDADS Aging Services and KLS will discuss the KLS semi-annual report during the bi-annual meetings.
- **Strategy 3:** KDADS Aging Services will analyze KLS reports and provide annual summary of outcomes to Leadership.
- **Strategy 4:** KDADS Aging Services and Quality Assurance will meet quarterly with the Kansas Long-Term Care Ombudsman to review reports.

OBJECTIVE 2: *KDADS will educate and create awareness among Kansans to prevent elder abuse, neglect and exploitation.*

- **Strategy 1:** KDADS will conduct a statewide public education program via radio broadcast, airing for 90 seconds a day during FFY 2022.
- **Strategy 2:** KDADS will reinstate the special project grant opportunity for stakeholders to apply for PEANE funds during FFY 2023, starting October 2022.



Goal 4 ... continued

OBJECTIVE 3: *KDADS will educate and create awareness among Kansans to prevent fraud, waste and abuse of the Medicare program.*

- **Strategy 1:** KDADS' Senior Medicare Patrol (SMP) team will distribute fraud alerts and information as they arise to stakeholders and the public via email, the website and social media.
 - Value: Number of fraud alerts
 - Data Source: Aging Services State Plan Tracking 2022-25
 - Reported: Annually



Goal 5: Ensure maximum service utilization for home and community-based services, as well as Medicare.

OBJECTIVE 1: *Actively engage with the AAAs to monitor utilization and ensure all individuals on the waiver meet eligibility.*

- **Strategy 1:** Identify trends and analyze newly enrolled FE and PD waiver participants.
 - Value: Number of newly enrolled FE and PD waiver participants
 - Data Source: KAMIS
 - Reported: Annually
- **Strategy 2:** Increase proportion of newly enrolled FE and PD waiver participants who were determined to meet level of care requirements prior to receiving HCBS services.
 - Numerator: Number of FE and PD waiver participants who were determined to meet LOC requirements prior to receiving HCBS services
 - Denominator: Total initial enrolled FE and PD waiver participants
 - Data Source: HCBS Program Evaluation
 - Reported: Annually

OBJECTIVE 2: *Monitor contacts and recruitment of qualified volunteers to maximize the impact of KDADS Medicare programs.*

- **Strategy 1:** Develop a quarterly report and provide to Medicare sub-grantees by September 2023.
- **Strategy 2:** Increase number of contacts by 2% each year of the State Plan.
 - Value: Medicare beneficiary one-on-one contacts
 - Data Source: STARS, SIRS
 - Reported: Annually
- **Strategy 3:** Recruit five new counselors per grant year.
 - Value: Number of new volunteers
 - Data Source: Semi-annual and annual subgrantee narratives
 - Reported: Annually



Appendix A: State Plan Assurances and Required Activities

State Plan Guidance Attachment A STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

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

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

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

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

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

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

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

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

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

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

...

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the

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

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

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

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

- (1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in

the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

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

(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;

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

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

(4) (A)(i)(I) provide assurances that the area agency on aging will—

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

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

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

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older

individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i),

and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

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

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

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

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

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

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

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

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

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

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

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

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

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

(H) in coordination with the State agency and with the State agency

responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

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

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

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

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

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

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

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

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

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

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

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

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

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

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

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

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

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

(iv) is located in a rural area and obtains a waiver of the requirements

described in clauses (i) through (iii);

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

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

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

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

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

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

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

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

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

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

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

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

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result

of a contract or commercial relationship that is not carried out to implement this title;

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

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

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

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

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

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

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

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

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

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

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

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

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

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and

service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

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

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

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

- (1) The plan shall—
 - (A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
 - (B) be based on such area plans.
- (2) The plan shall provide that the State agency will—
 - (A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
 - (B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and
 - (C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).
- (3) The plan shall—
 - (A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of

section 305(d) (concerning intrastate distribution of funds); and

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

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

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

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

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

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

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

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

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

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

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

(B) The plan shall provide assurances that—

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

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

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

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

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

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

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

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

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

(9) The plan shall provide assurances that—

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

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

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

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

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

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

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

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

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

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

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

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

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

(B) Such assessment may include—

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

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

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

older individuals in the State; and

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

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

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

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

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

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

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

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle

for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order...

Signature and Title of Authorized Official

Date

APPENDIX B: Information Requirements

State Plan Guidance Attachment INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

KDADS requires a standard form of “Older Americans Act Assurances of Compliance” submitted with each original Area Plan in the planning cycle submitted. Within the form, the legally authorized official of the grantee which assures that the Area Agency on Aging will comply with, “any and all assurances and/or provisions provided in Sections 306 and 307 of the OAA.” With each original area plan submitted, Area Agencies on Aging are required to submit determination of needs, to describe and explain (1) how the area agency established its priorities, (2) why the agency selected these services, (3) the relationship between the needs identified and the services funded with particular attention to low income older adults, low-income minority older adults, older Native Americans, and older Kansans with limited English proficiency; and (4) how the area agency took into consideration the number of older individuals with the greatest social and economic need, with particular attention to low-income individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Section 306(a)(6)(I)

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

KDADS requires a written assurance from each Area Agency through standard form of “Older Americans Act Assurances of Compliance” submitted with each original Area Plan in the planning cycle submitted. Within the form, the legally authorized official of the grantee which assures that the Area Agency on Aging will comply with, “any and all assurances and/or provisions provided in Sections

306 and 307 of the OAA.” An area plan is not considered complete until a signed assurance form is submitted.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

KDADS requires a written assurance from each Area Agency through standard form of “Older Americans Act Assurances of Compliance” submitted with each original Area Plan in the planning cycle submitted. Within the form, the legally authorized official of the grantee which assures that the Area Agency on Aging will comply with, “any and all assurances and/or provisions provided in Sections 306 and 307 of the OAA.” An area plan is not considered complete until a signed assurance form is submitted.

Section 307(a)(2)

The plan shall provide that the State agency will —...
(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

Adequate proportion for OAA IIIB services have been modified to reflect the minimum percentage highlighted in the chart below for the fiscal years of this plan:

Service	Funding Source	Minimum Percentage
Access	OAA III B	9%
In-home	OAA III B	20%
Legal	OAA III B	5%
Any one or a combination of the service categories listed above	OAA III B	5%
Total	OAA III B	39%

Section 307(a)(3)

The plan shall—
...
(B) with respect to services for older individuals residing in rural areas—
(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

Assurance provided with signature included below.

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

Rural population statewide for Kansas is 25.8 percent of all of the state. Total allocation for each service statewide, based on adequate proportion, projected costs of providing services to the rural population for each fiscal service years 2022-2025 are indicated below:

Each PSA defines service needs specific to their assigned region and methods used to satisfy needs of all populations with special attention to older individuals residing in rural communities. To support the efforts of the Area Agencies providing services to rural areas, the intra-state funding formula for Kansas provides a base allocation of \$150,000 to each planning and service area (PSA) from the OAA III B social services allotment. This base allocation takes into consideration the special needs of the rural planning and service areas.

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

Section 307(a)(10)

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

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

Section 307(a)(14)

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

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

Total statewide minority population considered for the preceding fiscal year plan was 33,457. This number is multiplied by 2 in the intrastate funding formula to account for low minority population and meet their service needs.

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

needs of low-income minority older individuals with limited English proficiency.

Each PSA defines service needs specific to their assigned region and methods used to satisfy needs of all populations with special attention to low-income minority older individuals within each area plan submitted. The Intra-state funding formula is designed to support the needs of low-income minority older individuals across the state including components to account for the total population over the age of 60, low income, and minority for each service area.

Section 307(a)(21)

The plan shall —

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

Assurance provided with signature below.

Section 307(a)(27)

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

(B) Such assessment may include—

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

Section 307(a)(28)

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

This is detailed below in Section 307(a)(29).

Section 307(a)(29)

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

KDADS coordinates activities and has developed long-range emergency preparedness plans with the 11 AAAs, other state agencies, local governments, local emergency response agencies, relief organizations, and other institutions that have responsibility for disaster relief service delivery. AAAs and licensed adult care homes are required to establish an emergency response plan, including procedures to follow in the event of a disaster.

KDADS has a memorandum of understanding with each of the 11 AAAs to provide emergency services to older Kansans. These agreements require each AAA to prepare for an emergency or disaster by developing plans and procedures for responding to emergencies, and to involve local agencies and organizations that are part of the emergency response network. These emergency plans must include, among other requirements, the development of a communication system for staff, providers, the general public, and emergency management team; education and training of AAA and service program staff, including volunteers to fulfill designated responsibilities during an emergency; and conducting training events for seniors at congregate dining, senior centers, and other community events regarding emergency preparedness. KDADS assists the AAAs by applying for federal disaster funding, if needed when a disaster occurs.

KDADS is the lead and coordinating agency for the Kansas Emergency Support Function 6 (ESF-6). Following a state or federally declared disaster, ESF-6 partners and collaborates with multiple agencies and organizations to assist disaster survivors in obtaining mass care resources such as:

- 1. Sheltering*
- 2. Meals*
- 3. Emergency first aid*
- 4. Bulk distribution of emergency relief items*
- 5. Emergency food assistance*
- 6. Support and services for functional needs populations*
- 7. Emotional Support*
- 8. Housing*
- 9. Pet Sheltering and*
- 10. Disaster wellbeing inquiry*

KDADS is the state agency responsible for oversight of the Kansas State Crisis Counseling Plan that provides crisis counseling in the event of a disaster. KDADS contracts with HealthSource Integrated Solutions (HIS) to implement the All Hazard's Behavioral Health Plan and the Crisis Counseling Plan. HIS

provides statewide disaster planning for the Community Mental Health Centers (CMHCs) in the form of technical assistance for writing disaster response plans, tabletop exercises, and FEMA Core Trainings.

KDADS and AAA Disaster and Emergency Plans are cross walked with federal, state, and local emergency operation plans. The Kansas Division of Emergency Management (KDEM) is the state agency responsible for coordinating disaster response by all state agencies during a state or federally declared disaster. KDEM has developed the Kansas Emergency Operations Plan, which is implemented when a disaster is declared by the Governor of Kansas. This plan includes duties and responsibilities for all state agencies and works directly with the Federal Emergency Management Agency (FEMA). KDADS regularly participates in KDEM-directed planning meetings, graded and ungraded disaster drills and training exercises.

Section 705(a) ELIGIBILITY —

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

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

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

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-

- (i) public education to identify and prevent elder abuse;*
- (ii) receipt of reports of elder abuse;*
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*

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

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

- (i) if all parties to such complaint consent in writing to the release of such information;*
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
- (iii) upon court order.*

Appendix B: Interstate Funding Formula and Allocation of Funds

Intrastate Funding Formula

Base Allotment

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

Remaining Allotment

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

Using best available data, each PSA shall be allotted an amount based on 40 percent of the population age 60 and older, plus 40 percent of the low-income population age 60 and older, plus 10 percent of the minority population age 60 and older, plus 10 percent of the population age 75 and older in the PSA.

OR

$$\frac{[(40\%A) + (40\%B) + (10\%C) + (10\%D)]}{[(40\%E) + (40\%F) + (10\%G) + (10\%H)]} = \text{PSA allocation percentage}$$

A = PSA's age 60 and older population

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

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

D = PSA's age 75 and older population

E = State's age 60 and older population

F = State's minority age 60 and older population

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

H = State's age 75 and older population

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

Allocation of Funds

PSA	Percent of Total
1	9.07%
2	20.08%
3	4.71%
4	10.03%
5	8.69%
6	7.98%
7	3.71%
8	11.12%
9	3.58%
10	8.08%
11	12.97%
	100.00%

Reallocation of Unearned Federal Funds (Carryover)

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

APPENDIX C: Profile of Older Kansans



The estimated population of Kansans 60 years of age and older was 629,825 in 2019,¹ which represents 21.6 percent of Kansas' total population,¹ compared to 21.8 percent nationally.¹ As of 2019, the median age in Kansas was 36.7 years of age,² compared to the national median

age of 38.1 years.² Between 2014 and 2019, the population of Kansans aged 60 and older increased by more than 13 percent, and the state's population age 85 and older increased by .25 percent.^{3,1,4, 5}

The year 2030 marks a turning point for demographics of the United States. Starting in 2030, all baby boomers will be older than 65 years of age⁶. This expansion in older population will mean that one in every five Americans is projected to be of retirement age⁶. Furthermore, by 2034, we expect older adults to outnumber children for the first time in U.S. history⁶. Past 2030, the U.S. population is projected to age significantly and become more racially and ethnically diverse.⁶ By 2060, the number of people aged 65 and older is expected represent one quarter of the population.⁶

Using the standard assessment tools for all services received under the Older Americans Act allows agencies to collect data of individuals with the greatest social and economic needs and make services for those individuals a priority. The data collected allows KDADS to evaluate regions where individuals with the greatest needs reside and set a funding formula with intent to serve those individuals. Each area plan submitted by the Area Agencies on Aging is required to include outreach efforts to each of the population groups identified in the Act, as well as assurances that priority is given to those individuals.

Geographic Distribution

According to the 2010 decennial Kansas census data, 25.8 percent of the total Kansas population lives in a rural geographic area according to the Census Bureau's urban-rural classification.^{7,8} However, between 2010 and 2019, Kansas experienced a dramatic shift in the overall population with a 5.5 percent increase in the urban population, as well as a 4.7 percent decrease in the rural population.⁹ This trend is expected to continue, and assurances throughout the Area Plan and Intrastate Funding Formula ensure the special needs of older adults residing in rural areas will be taken into consideration. Rural population is a factor for funding and the Area Agencies on Aging serving rural communities work hard with local providers to ensure needs are met.

Housing and Living Arrangements

According to 2019 U.S. Census Bureau estimates, 42.2 percent of Kansans age 60 and older live alone,¹ which is higher than the U.S. percentage of 39.8 percent¹ and 42 percent of older women age 75 or older lived alone.¹² Of the group age 60 and older, 20,068 residents in 2016 lived in nursing homes or other institutions in Kansas.⁴ In 2016, 20,068 persons 60+ in Kansas lived in nursing homes or other institutions, representing 3.3 percent of the older population.¹³ In 2017, older individuals living alone were much more likely to be poor (16.7 percent) than were older persons living with families (5.7 percent).¹⁵

Racial and Ethnic Composition

Kansas had a total population of 2,910,652 in 2019 where 22 percent of the adults were 60 and older.¹ To get a better understanding of the demographic makeup of Kansans by race and ethnicity, please refer to the table below:

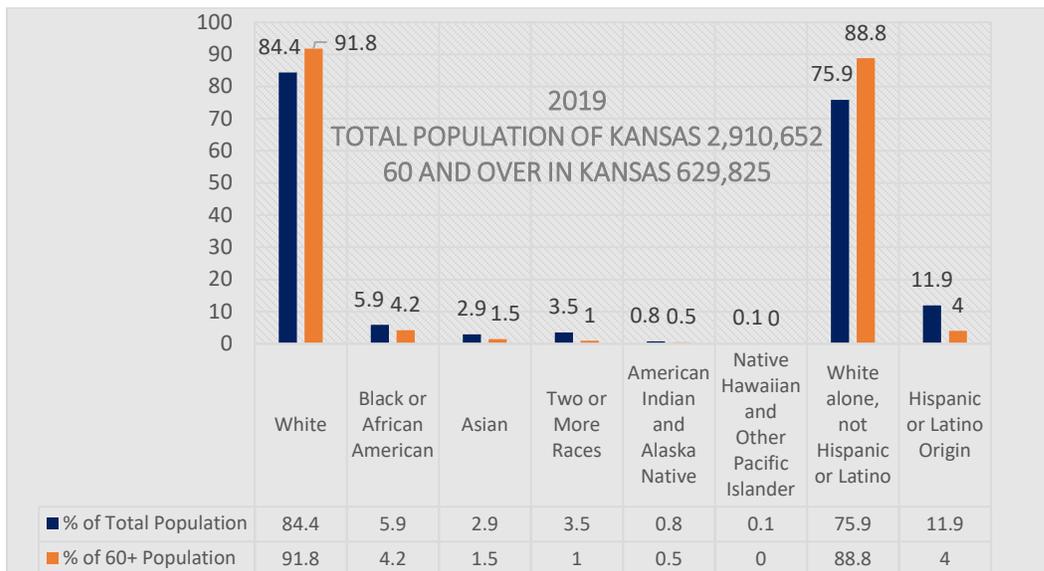


Chart 1¹

Language Use and Limited English Proficiency

Language-use data specific to the general population is important to be included due to outreach of assistance for older adults. Each Area Agency on Aging (AAA) assures that any customer seeking any service who speaks another language will be offered an interpreter. Through the “language line” offered through KDADS, all agencies can serve all older adults and their caregivers and families. In areas that serve a predominant number of older individuals who are of limited English proficiency, AAAs employ staff who are fluent in that language to outreach and provide information and assistance to customers in the area.



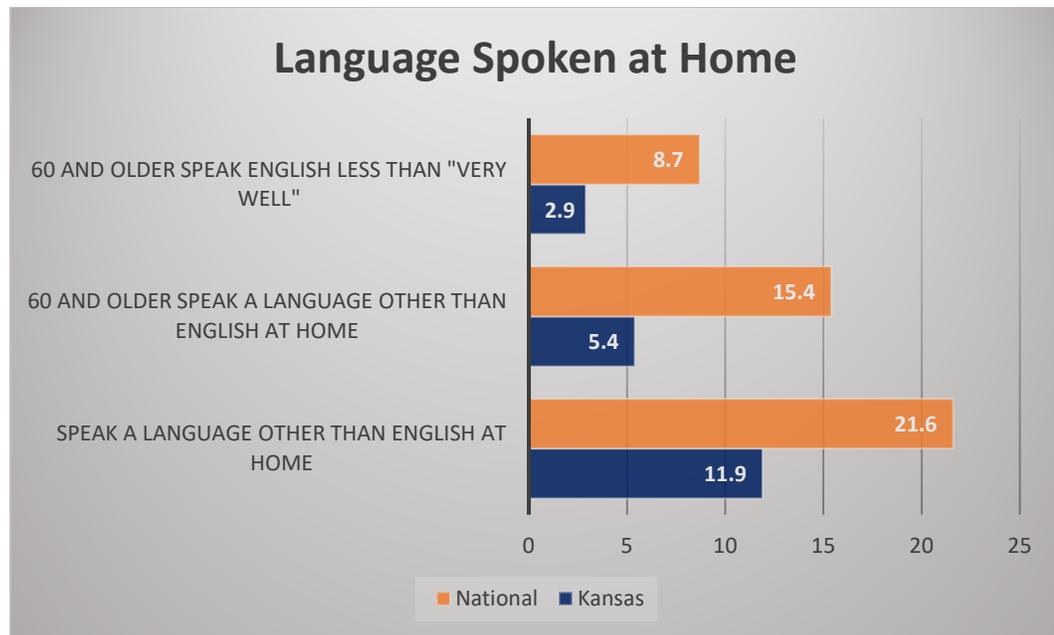


Chart 2¹

Disability and Activity Limitations

Some form of disability was reported by 34 percent of persons age 65 years and older in 2018 in the United States according to, "A Profile of Older Americans: 2019" published by the Administration on Aging. While some of these disabilities may be relatively minor, others cause people to require assistance to meet important personal needs.¹⁴

The following table compares Kansans age 60 years and older with disabilities to the rest of the U.S., as reported in the *American Consumer Survey*. Kansas demographics are comparable with national data for persons with disabilities:

2019	Civilian non-institutionalized population	With Any Disability
Disabled Americans	319,706,872	12.6%
Disabled Americans 60+	69,423,619	30.3%
Disabled Kansans	2,851,831	13.5%
Disabled Kansans 60+	649,084	29.7%

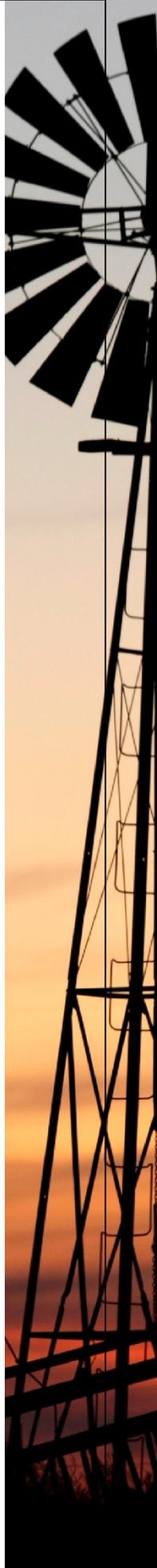
Table 2¹

Poverty

Approximately 5.1 million individuals age 65 years and older (9.7 percent) were living below the poverty level in 2018. In 2019, 9.6 percent of Kansans who were 60 years and older were estimated to be living below the poverty threshold compared to 13.4 percent nationwide.¹

APPENDIX D: Demographic References

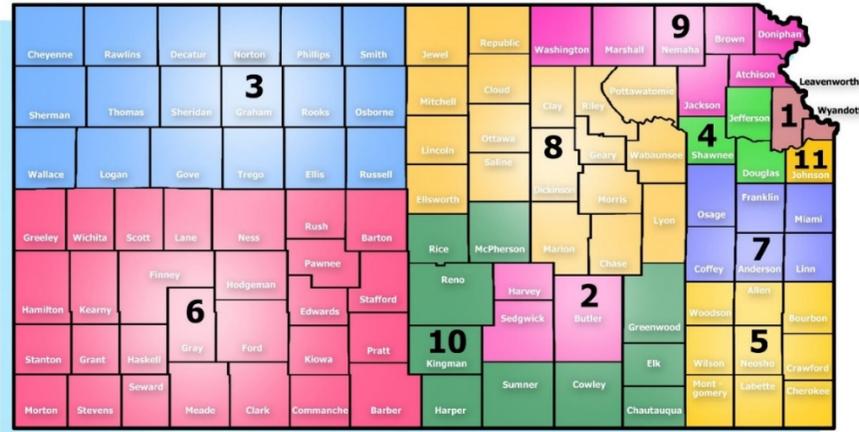
- 1) U.S. Census Bureau (2019). *Population 60 Years and Over in the United States, 2010-2019 American Community Survey 5-Year Estimates*. Retrieved from <https://data.census.gov/cedsci/table?q=Kansas&t=Populations%20and%20People&g=0400000US20&tid=ACSST5Y2019.S0102&hidePreview=false>
- 2) U.S. Census Bureau (2019). *Age and Sex, 2010-2019 American Community Survey 5-Year Estimates*. Retrieved from <https://data.census.gov/cedsci/table?q=Kansas&t=Populations%20and%20People&tid=ACSST5Y2019.S0101&hidePreview=false>
- 3) U.S. Census Bureau (2014). *Population 60 Years and Over in the United States, 2010-2014 American Community Survey 5-Year Estimates*. Retrieved from <https://data.census.gov/cedsci/table?q=Kansas&t=Populations%20and%20People&tid=ACSST5Y2014.S0102&hidePreview=false>
- 4) U.S. Census Bureau (2014). *ACS Demographic and Housing Estimates, 2010-2014 American Community Survey 5-Year Estimates*. Retrieved from <https://data.census.gov/cedsci/table?q=age%20and%20sex%20kansas&tid=ACSDP5Y2014.DP05&hidePreview=false>
- 5) U.S. Census Bureau (2019). *ACS Demographic and Housing Estimates, 2010-2019 American Community Survey 5-Year Estimates*. Retrieved from <https://data.census.gov/cedsci/table?q=age%20and%20sex%20kansas&tid=ACSDP5Y2019.DP05&hidePreview=false>
- 6) U.S. Census Bureau (2020). *Demographic Turning Points for the United States: Population Projections for 2020 to 2060*. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf>
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[s&t=Populations%20and%20People&q=0400000US20&tid=ACSST5Y2019.S2502&hidePreview=true](https://www.census.gov/data/tables/time-series/demo/families/adults.html)

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- 15) Administration for Community Living, Administration on Aging, U.S. Department of Health and Human Services (2019). *2018 Profile of Older Americans*. Retrieved from <https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2018OlderAmericansProfile.pdf>.

APPENDIX E: Area Agencies on Aging Map



- 1 Wyandotte – Leavenworth**
 849 North 47th Street
 Kansas City, KS 66102
 (913) 573-8531
 (888) 661-1444
[Website](#) [Facebook](#)
- 2 Central Plains**
 2622 W Central, Room 500
 Wichita, KS 67203-3725
 (316) 660-5120
 (800) 367-7298
[Website](#) [Facebook](#)
- 3 Northwest KS**
 510 W 29th Street, Suite B
 Hays, KS 67601-3703
 (785) 628-8201
 (800) 432-7422
[Website](#)
- 4 Jayhawk**
 2910 SW Topeka Blvd.
 Topeka, KS 66611
 (785) 235-1367
 (800) 798-1366
 Fax (785) 235-2443
[Website](#) [Facebook](#)

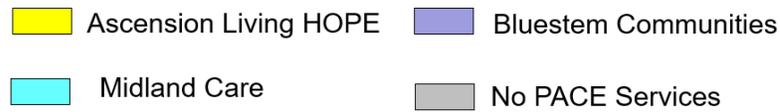
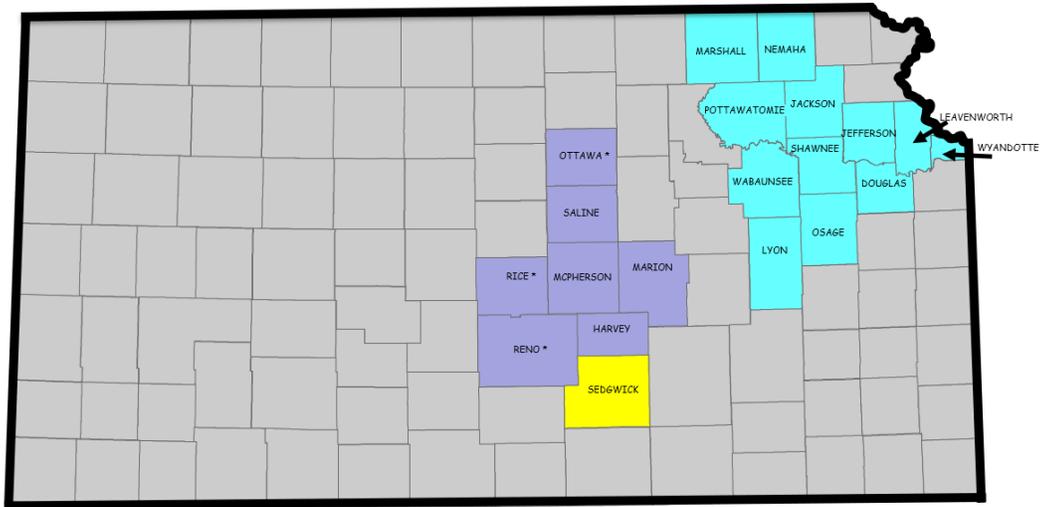
- 5 Southeast KS**
 1 West Ash
 Chanute, KS 66720-1010
 (620) 431-2980
 (800) 794-2440
 Fax (620) 431-2988
[Website](#) [Facebook](#)
- 6 Southwest KS**
 236 San Jose Avenue
 Dodge City, KS 67801
 (620) 225-8230
 (800) 742-9531
 Fax (620) 225-8240
[Website](#) [Facebook](#)
- 7 East Central KS**
 1117 S Main
 Ottawa, KS 66067
 (785) 242-7200
 (800) 633-5621
 Fax (785) 424-7202
[Website](#) [Facebook](#)
- 8 North Central Flint Hills**
 401 Houston
 Manhattan, KS 66502
 (785) 776-9294

- (800) 432-2703
 Fax (785) 776-9479
[Website](#) [Facebook](#)
- 9 Northeast KS**
 1803 Oregon
 Hiawatha, KS 66434-2222
 (785) 742-7152
 (800) 883-2549
 Fax (785) 742-7154
[Website](#) [Facebook](#)
- 10 South Central KS**
 304 S Summit
 Arkansas City, KS 67005
 (620) 442-0268
 (800) 362-0264
[Website](#)
- 11 Johnson County**
 11811 S Sunset Drive,
 Ste # 1300 Olathe, KS
 66061-7056
 (913) 715-8861
 (888) 214-4404
 Fax (913) 715-8825
[Website](#) [Facebook](#)

**ADRC Statewide Call Center:
 855-200-ADRC (2372)**

APPENDIX F: PACE Service Area Map

Program of All-Inclusive Care for the Elderly (PACE) Service Map



Ascension Living Hope
2622 West Central Ave
Wichita, KS 67203
P: 316-858-1111

Bluestem Communities
113 S. Ash
McPherson, KS 67460
P: 844-588-7223

[Ascension Living HOPE | Ascension](#)

[Bluestem PACE | Bluestem Communities](#)

Midland Care
200 SW Frazier Circle
Topeka 66606
P: 800-726-7450

[Midland Care Program of All-inclusive Care for the Elderly \(PACE\)](#)

APPENDIX G: Survey Monkey Results

The 2022 Kansas State Plan on Aging Survey ran from November 2020 through March 2021 and included three open-ended responses. The results of the qualitative survey analysis are below, and due to the nature of these questions, they were analyzed separately from the survey results detailed in the link.

FOR FULL RESULTS, PLEASE CLICK HERE.

Question one asked, **“What is most important for you to see in a program serving community-residing seniors in Kansas?”** 685 responses

were analyzed, and several trends emerged. The most common responses were concerning nutrition services for older Kansans. Responses highlighted the need for nutritious, affordable meals, as well as general food insecurity and access to healthy foods. The next most common responses were concerning transportation for older Kansans.

Respondents emphasized the need for reliable, affordable transportation to medical appointments and to access essential services. The third and fourth most common responses revealed the need for quality, affordable in-home services and the desire of older Kansans to age in place. The definition of aging



The fact seniors are eating healthy meals and the onsite meals seniors have a chance to be with other seniors.



Nutritious meals through the CHAMPSS program, Meals-on-Wheels for those who can't get out, and community dinners for those who can and would like companionship.



Lack of transportation in general, including for urban folks going to medical appointments, to access community services (other agencies, senior centers) and for individualized social activities (educational programs, museums).



Those who are unable to drive, whether it be due to health issues or financially can't afford a vehicle & maintenance.

in place, according to the Centers for Disease Control and Prevention (CDC) is, “the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level.”

Question two asked, **“What barriers to services for community-residing seniors can you identify?”** 671 responses were analyzed, and several trends emerged. The most common responses were concerning transportation services for older Kansans.

Respondents emphasized the need for reliable, affordable transportation to medical appointments and to access essential services. The next most common responses were concerning access to information about and public awareness of aging services for Kansans.

The third most common response revealed the need for technology, including inability to access to affordable internet and utilize technology for aging services due to a lack of knowledge or experience.



Transportation services that accommodate seniors even in senior living communities that do not provide essential transportation to doctors and other essential business needs.



Seniors living at home frequently need transportation services. Currently those are few to none. Many older seniors have Dr's appointments and scramble to find transportation to those appointments. Cabs are too expensive. They need affordable options.

Question eight asked, **“Social isolation and loneliness are prevalent among older Kansans. How can the Aging Network help address social isolation and loneliness?”** 585

responses were analyzed, and several trends emerged. The most common responses suggested wellness check-ins for older Kansans. Most respondents suggested phone call programs to combat social isolation and loneliness. Several other innovative ideas for regularly checking in on older Kansas were suggested. The next most

common responses were concerning making opportunities for socialization available to older Kansans. A variety of creative socialization opportunities were suggested by survey respondents. The third most common responses suggested utilizing technology to address social isolation and loneliness, though acknowledging the need for

training and improved access to internet and devices due to barriers previously mentioned. Lastly, the fourth most common response revealed, once again, that

Activities, companionship opportunities where volunteers visit, Zoom with, or call the elderly person so the isolated person has someone to talk to.

Supporting volunteer programs Where isolated elderly can be called or have drop in person to check on them.

One of the barriers to services for seniors in Kansas is the total lack of service for seniors living outside of the big cities. I live in a very small town and there are no amenities or opportunities for seniors to meet other seniors in the community.

Lack of knowledge about available services; complicated application requirements; inability of seniors to coordinate multiple service providers; inability to pay for services.

transportation would increase opportunities for socialization, therefore combating social isolation and loneliness among older Kansans.

KDADS' analysis of the survey responses revealed numerous additional needs and ideas for improving the lives of older Kansans that were not detailed here. However, KDADS is extremely grateful for the individuals who took the time to provide thoughtful responses to the open-ended survey questions. The results of the survey will be utilized for years to come.



Technology is a challenge. I didn't grow up with computers and keeping up with changes is hard.



Lack of financial resources to purchase WIFI connections or necessary equipment, and then training on how to access it with ease.



Make use of technology by having personnel available to set up and teach seniors to use FaceTime etc., to remain in contact with family and medical services.



Help seniors get Internet access at a reasonable cost. There doesn't seem to be any service discount and seniors can't afford the high cost.



I would think that exploring options for more localized events/activities within a smaller community/neighborhood to promote engagement and socialization.



Hold regular FUN events that will attract seniors of all ages and take into account that many seniors today are younger in mind and body than in previous generations, and have programs that appeal to them.



See the seniors to have the ability to remain in their home as long as possible with round the clock care in the home if necessary. This should include home delivered meals, transportation, tele-health, home health, therapy services in home, mental health services in home.



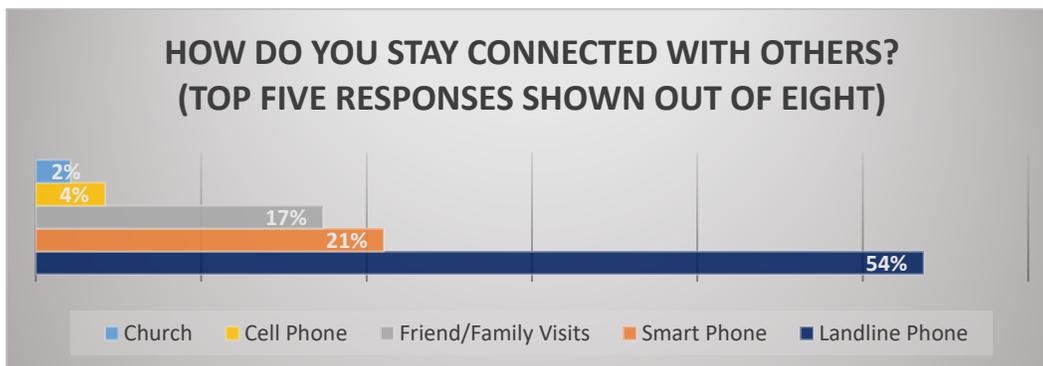
Keeping seniors in their homes as much as possible. Many poor seniors are living in homes that would be condemned if inspected by local building code inspectors. We can do better.

APPENDIX H: COVID-19 Quality Assurance Additional Customer Interview Question Findings

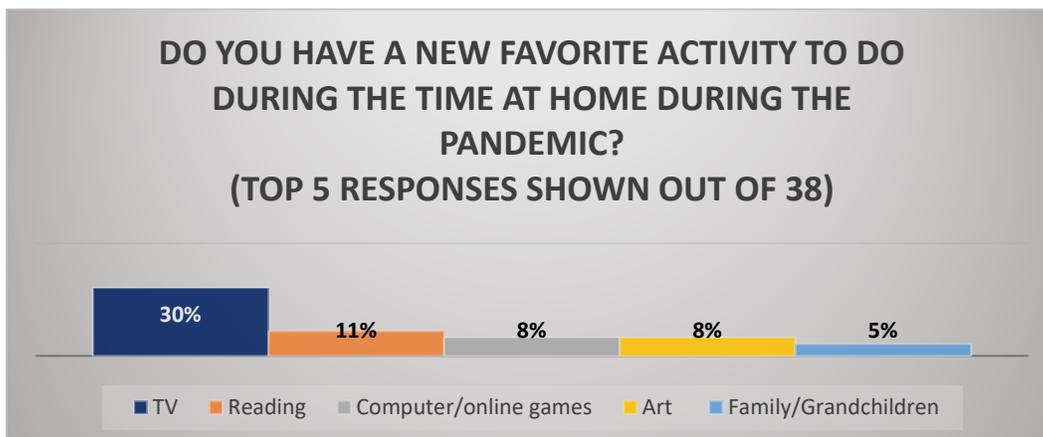
SFY Quarters 1-3

Social Isolation and Loneliness

QUESTION 1:

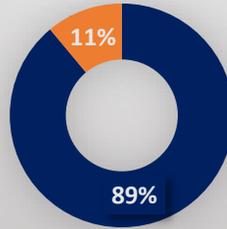


QUESTION 2:



QUESTION 3:

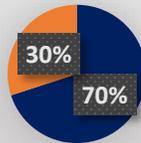
DO YOU KNOW HOW TO CONTACT YOUR AAA TO DISCUSS AVAILABLE RESOURCES IN YOUR AREA?



Technology

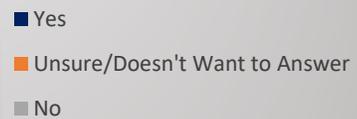
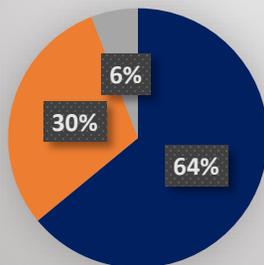
QUESTION 1:

DO YOU POSSESS A SMART PHONE, LAPTOP, DESKTOP OR TABLET?

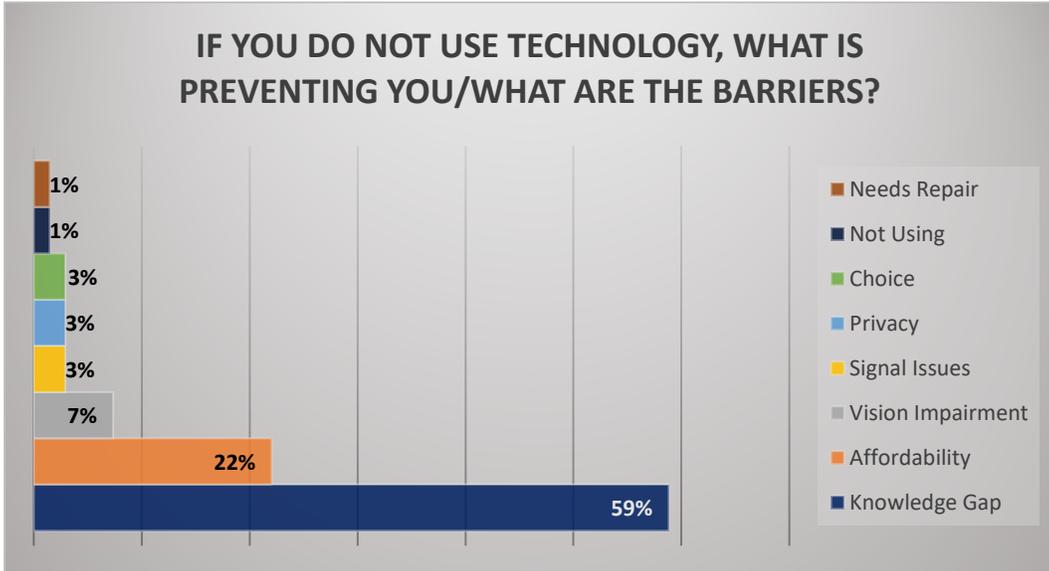


QUESTION 2:

ARE YOU COMFORTABLE USING YOUR SMART PHONE, LAPTOP, DESKTOP OR TABLET?

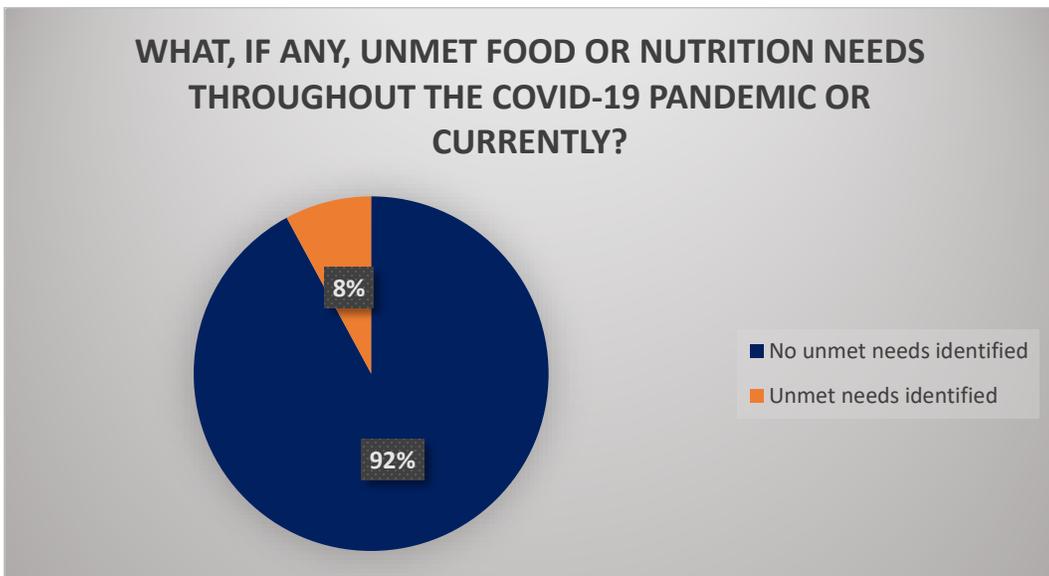


QUESTION 3:



Nutrition

QUESTION 1:

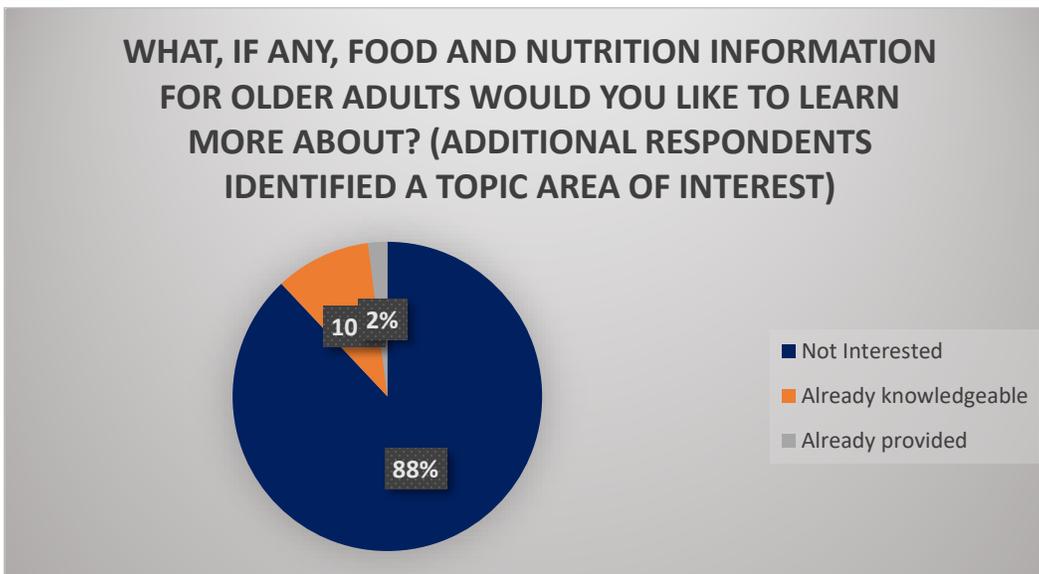


IDENTIFIED UNMET NEEDS
REQUESTING NUTRITION SERVICES
FOOD INSECURITY
SHOPPING DIFFICULTY
AFFORDING FRUITS AND VEGETABLES
DENTAL ISSUES
MORE FRUIT

QUESTION 2:

IIIC ONLY: WHAT IMPROVEMENTS WOULD YOU LIKE TO SEE RELATED TO FOOD AND NUTRITION FROM YOUR AAA OR (NUTRITION PROVIDER)? (TOP 4 RESPONSES SHOWN OUT OF 23)
Special diet accommodations
More fruits and vegetables
More variety
Better quality ingredients

QUESTION 3:



IDENTIFIED TOPICS
LOW SODIUM
DIABETIC
GENERAL INFORMATION
PUREED DIET
FOOD INSECURITY
CALORIE/PORTION CONTROL
DIETS
PLANT-BASED PROTEIN
VITAMIN D
INFLAMMATION
EYESIGHT AND BLOOD PRESSURE
HEALTHY EATING



The logo for the Kansas Department for Aging and Disability Services features a white arch containing a series of small white stars, positioned above the word "Kansas" in a large, white, serif font.
Kansas
Department for Aging
and Disability Services

*Protecting Kansans, Promoting Recovery and
Supporting Self-Sufficiency*