

**KANSAS DEPARTMENT
FOR AGING AND
DISABILITY SERVICES**



KANSAS STATE PLAN ON AGING



FEDERAL FISCAL YEARS 2018 - 2021

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Verification of Intent

The State Plan on Aging for the period October 1, 2018 through September 30, 2021 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 elderly in the state.

This plan is hereby approved by the Kansas Secretary on 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.

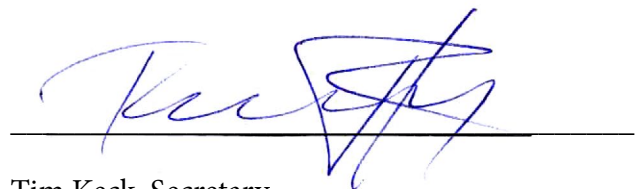
The State Plan hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

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.

6/30/17

Date



Tim Keck, Secretary

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. This plan describes the agency’s vision and purpose, including the goals and strategies to achieve this vision. Development of the plan was accomplished through interaction with the Kansas Aging Network.

The Kansas Department for Aging and Disability Services 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, addictions, and disability services. The Department achieves this through licensing, certification, and the evaluation adult care homes, and by overseeing community mental health programs and Home and Community Based Services (HCBS) for older adults and persons with disabilities.

KDADS’ staff continues to assess shifting demographics to evaluate the increasing percentage of Kansas seniors in an effort to determine current and future needs. The population of Kansans 65 years of age and older was 583,421 in 2014,⁴ which represents 20.1% of Kansas’ total population,⁴ compared to 14.5% nationally.¹

Although the population of Kansas is aging, it is at a slower pace than the rest of the U.S. As of 2014, the median age in Kansas was 36.1 years of age,⁵ compared to the national median age of 37.7 years.⁶ Between 2010 and 2015, the population of Kansans age 65 and older increased by 10%, and the state’s population age 85 and older increased by 4.5%.^{2,7}

By 2040, it is estimated the U.S. will have 82.3 million older persons, double their number in 2000.¹⁰ The 65 and older population represented 14.9% of the population in 2015, but it is expected to grow to be 21.7% by 2040.¹⁰ In 2014, slightly more than 14% of the older population was 85 and older.¹⁰ By 2040, that proportion is projected to triple from 6.2 million in 2014 to 14.6 million.¹ These statistics show the critical nature of coordination of service needs for older Kansans receiving services under the Older Americans Act. In order to meet the needs of the growing population, it is essential to utilize resources efficiently to sustain all programs.

Kansas’ State Plan on Aging covers the years of 2018 through 2021 and outlines the goals that KDADS has for the services and programs that serve the aging population. KDADS’ goals for the 2018-2021 State Plan on Aging were developed by the Commission on Aging with input from the Kansas Aging Network and most importantly, Kansas Seniors who rely on these services and programs.

KDADS 2018 - 2021 State Plan Goals

- 1 KDADS will; promote the right care at the right time in the right place through person-centered care**
- 2 KDADS will work to increase awareness and prevention of elder abuse, neglect and exploitation**
- 3 KDADS will engage with the local aging network and strive to develop new community partnerships**



KDADS' first goal of providing the right care at the right time in the right place through person-centered care is essential to optimizing the aging process. The objective of person-centered care is in place to ensure the client is at the center of the decision-making process for his or her own care. Agencies who assess and develop the plan of care for the client will work with the client to ensure that all options are discussed and that the plan is developed with the client being the key decision maker. KDADS believes this goal will enable Kansas Seniors to improve the quality of their experience with the aging process and be more accepting of the services and programs that have been developed to enhance their lives.



KDADS' second goal of working to increase the awareness and prevention of elder abuse, neglect, and exploitation (ANE) is critical to ensuring that Kansas' aging population is able to reside in any home and receive the dignity and respect to which they are entitled. For this State Plan on Aging, KDADS will work to increase the awareness of ANE through ongoing interaction with the public and its community partners. KDADS will provide direct outreach to the aging population through the work of our Medicare Grants' Senior Health Insurance Counselors for Kansas (SHICK), Senior Medicare Patrol (SMP), and Medicare Improvements for Patients and Providers (MIPPA) programs, as well as the Kansas Long-Term Care Ombudsman, the Prevention of Elder Abuse, Neglect, and Exploitation (PEANE) Grant, and collaboration with the aging network. Objectives, such as increasing the awareness and prevention of elder abuse, are important for KDADS, as we look to ensure the security of Kansas' aging population.



KDADS' third goal of engaging with the local aging network and striving to develop new community partners is vital as the aging population continues to increase at a higher rate than the overall population. This increase in the aging population means that KDADS and the aging network will need to work to develop new and innovative services that are not only effective, but also cost-efficient. KDADS and the Kansas Aging Network currently offer a wide variety of services and programs to seniors, but it is KDADS' belief that complacency is not acceptable. Therefore, KDADS will continue to seek and develop the best care for our aging Kansans.

KDADS' Mission has evolved to promote the right care, at the right time, in the right place, while protecting seniors from abuse, neglect, and exploitation, as well as continuing to build and enhance the Kansas Aging Network. KDADS envisions communities that empower older adults and persons with disabilities to make choices about their lives. To foster this mission and vision for Kansas seniors, the agency is committed to the established Administration on Aging goals. KDADS will continue to provide a variety of services and programs to meet the changing needs of Kansas Seniors. KDADS will monitor the programs and services that are provided to seniors to ensure their quality, sustainability, and effectiveness. Utilizing demographics and service data, along with input from seniors, caregivers, and Aging Network members, KDADS will continue to monitor and update the State Plan goals to ensure that aging Kansans remain a priority.

Overview of the Kansas Aging Network

Kansas Department for Aging and Disability Services' Vision and Purpose

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 created specifically for the aging population. On July 1, 2012, the Kansas Department for Aging and Disability Services (KDADS) was established as a result of Governor Sam Brownback's Executive Reorganization Order that merged the former Department on Aging with the Disability and Behavioral Health Services Division that was formerly administered by the Department for Social and Rehabilitation Services, in addition to elements of the Health Occupations Credentialing Division that was formerly administered by the Kansas Department of Health and the Environment.

On July 1, 2013, under Executive Reorganization Order No. 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 then renamed the Kansas Department for Aging and Disability Services (KDADS).

KDADS' mission is committed to the ideal of, "Providing the right care, at the right time, in the right place." 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. By offering high quality community services and supports, KDADS envisions a community that empowers older adults and persons with disabilities to be actively involved in the person-centered planning process.

KDADS utilizes funding from multiple sources in order to accomplish agency goals and advance its mission. Funding from the Older American's Act Title III is managed by KDADS and dispersed to our local Area Agencies on Aging who provide (but are not limited to) the services of: access, in-home services, congregate meals, home delivered meals, caregiver support, and legal assistance. Along with OAA services KDADS manages the Senior Care Act (SCA) which is funded by the state of Kansas. The SCA program was established by the Kansas Legislature to assist older Kansans who meet the Medicaid Long Term Care functional eligibility threshold, but who are financially ineligible for Medicaid funded Services. As with the OAA funded services, SCA funding is dispersed to the local AAAs who provide services and contract with local providers.

KDADS is also responsible for managing the 1915(c) Home and Community Based Services (HCBS) waiver programs for older adults and people with disabilities that are funded by Medicaid, including the Frail Elderly (FE) waiver, Physical Disability (PD) waiver, Traumatic Brain Injury (TBI) waiver, and Intellectual and Developmental Disability (IDD) waiver. These waiver programs are essential to the vision of KDADS, since they provide life sustaining in-home services that allow aging and disabled Kansans to remain in their homes with services and supports; thereby, creating a delay in hospitalization or nursing home placement, which at one time was their only option.

Office of the Secretary

The Kansas Department for Aging and Disability Services 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 programs. Reporting directly to the Secretary are the Special Assistant to the Secretary, Director of Human Resources, Legislative/Policy Director, Communications Director, Chief Counsel, KanCare Ombudsman, State Hospital Superintendents (5 State Hospitals and 4 Superintendents, as Osawatomic

State Hospital and Rainbow Mental Health Facility share the same Superintendent), Commissioner for the Financial and Information Services Commission, Commissioner for the Commission on Aging, Commissioner for the Community Services & Programs Commission, and Commissioner for the Survey, Certification, and Credentialing Commission. (See Appendix B for KDADS's Organization Chart.)

Silver Haired Legislature

The Kansas Silver Haired Legislature (SHL) is a body of individuals, age 60 and older, who are elected by their peers to develop bills and resolutions that are of interest to Kansas elders and their families. The SHL representatives then work with the Kansas Legislature to introduce their bills and resolutions 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 our constituents and legislators.
- 3) Participate and be involved as an advocate for senior citizen issues.

State Advisory Council

The State Advisory Council (SAC) is a statutorily created body, representing different geographical, social, and ethnic groups, with at least half of the membership falling into the 60 years of age and older bracket. The Council meets at least twice a year to provide advocacy for the aging in the affairs of the Kansas Department for Aging and Disability Services (KDADS), the Governor's Office, and other public and private, state, and local agencies affecting aging issues. They also serve as the advisory committee as required by the Kansas statute and have the duty to review and comment upon various activities of KDADS.

SAC Older Americans Act Subcommittee

The Older Americans Act Subcommittee is comprised of 10-15 people and includes members of the advisory council, KDADS staff, and additional volunteers. Additional volunteers are drawn from the following individuals, groups, and organizations: In-home/meal site participants, Aging and Disability Resource Centers (ADRC), nutrition providers, Senior Center staff, and Kansas Association of Counties. The sub-committee provides specific input regarding aging issues that impact Older Americans Act programs including, but not limited to, in-home and supplemental services, nutrition, caregiver services/supports, information and assistance, legal services, transportation, and health promotion.

Duties:

- Review the program structure and current funding streams and how the Older Americans Act-Nutrition program may be re-prioritized.
- Develop a plan with strategies for encouraging culture change in senior centers/meal sites along with strategies for meeting the needs of a younger aging population.

SAC Nursing Facility Subcommittee

The Nursing Facilities Subcommittee is comprised of 10-15 people, including members of the advisory council, KDADS staff, and additional volunteers. Additional volunteers are drawn from the following individuals, groups, and organizations: Kansas Long-Term Care Ombudsman, Kansas Adult Care Executives (KACE), Kansas Health Care Association (KHCA), LeadingAge Kansas, Kansas Hospital Association (KHA), and Kansas Advocates for Better Care (KABC). The goal of this sub-committee is to advance the quality of long-term care while also encouraging Kansas residents to plan for possible long-

term care needs. The sub-committee provides specific input regarding consumer education and ideas on how to encourage consumers and families to begin preparing for aging issues and long-term care needs. This includes specific discussion regarding the development of ideas to help consumers determine the best way to select a nursing facility, finance long-term care, and help consumers and families understand their rights as residents and family members.

Duties:

- Identify relevant information and educational materials for consumers and families to assist in planning for aging and long-term care.
- Gather or facilitate the development of information about person-centered care and other quality initiatives.
- Develop strategies for distributing information about long-term care planning and quality expectations to consumers and families.

SAC KanCare Subcommittee

The KanCare Subcommittee is comprised of 10-15 people and includes members of the advisory council, KDADS staff, and additional volunteers. Additional volunteers are drawn from the following individuals, groups, and organizations: Aging and Disability Resource Centers (ADRC), nursing facility trade associations, Adult and Protective Services (APS), Governor's Behavioral Health Services Planning Council and Subcommittee on Aging, Kansas Hospice Association, Frail Elderly waiver providers, and the KanCare Ombudsman. The sub-committee provides specific input regarding aging issues that impact KanCare including, but not limited to, dual-eligible beneficiaries, the Frail Elderly Home and Community Based Services (HCBS) Waiver program, behavioral health issues, nursing facilities, nursing facilities for mental health, assisted living, hospice, and acute care.

Duties:

- Develop a communications plan targeted towards aging consumers that will provide education about what KanCare is and how it works
- Develop strategies for how the State can optimize health care for dual-eligible beneficiaries.
- Review the work of the Governor's Behavioral Health Services Planning Council Subcommittee on Aging and make recommendations to the Secretary regarding that work and how it will integrate with KanCare.

Local Area Agencies on Aging

Kansas' 105 counties are served by a division of 11 Area Agencies on Aging (AAA), serving as Planning Service Areas (PSA) (Appendix D: Kansas Area Agencies on Aging Map). Each AAA is either a unit of county government or a 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 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

- Provide services which 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

Aging and Disability Resource Center (ADRC)

The Aging and Disability Resource Centers (ADRC) in Kansas are a service that Kansas has currently contracted with the 11 local Area Agencies on Aging (AAA). The 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 choices about their services and supports. Staff at the ADRC provides objective information and assistance to help people access private or publicly funded service programs. The Kansas ADRC network currently provides the following services:

- **Assessments**
 - Home and Community Based Services (HCBS) for the Frail and Elderly (FE), Physical Disability (PD), and Traumatic Brain Injury (TBI) Medicaid waivers.
 - The Program of All-inclusive Care for the Elderly (PACE)
 - Money Follows the Person (MFP)
 - Client Assessment, Referral, and Evaluation (CARE)
- **Information, Referral, and Assistance**
 - Statewide Call center
 - Community resource information
- **Options Counseling**

Elder Abuse Neglect and Exploitation Prevention

The Kansas Department for Aging and Disability Services (KDADS) is actively involved in protecting our aging Kansans from abuse, neglect, and exploitation (ANE) through agency technology and productive collaborations with other state and federal agencies. To illustrate, KDADS provides ANE education and resources to customers, families, and professionals involved in the aging network through the Prevention of Elder Abuse, Neglect, and Exploitation (PEANE) grant program. This special project grant is awarded to a variety of agencies and organizations and is designed to provide education, training, and research for the prevention of elder abuse, neglect, and exploitation. PEANE will be sponsoring a presentation for the first time at the Kansas County District Attorneys Association (KCDAA) Conference in 2017 where they intend to define what constitutes elder abuse, neglect, and exploitation, as well as present available community resources and provide state and federal investigative resources for those prosecuting incidents of elder abuse.

KDADS and the Aging Network strive to identify and report instances of ANE on the customers they serve and take appropriate action in a timely manner. For instance, the Uniform Assessment Instrument (UAI), completed for individuals seeking assistance from an Area Agency on Aging (AAA) for Older Americans Act and Senior Care Act

(SCA) services, evaluates a variety of environmental and behavioral factors like abuse, neglect, and exploitation. To ensure service providers are properly educated, all trainings offered by KDADS include an objective to discuss ANE definitions, issues, and reporting requirements. Additionally, KDADS maintains close contact with Adult Protective Services (APS), a unit within the Kansas Department for Children and Families (DCF), to address ANE issues and report concerns.

KDADS makes a point to explore new technology other states have implemented that is helping to safeguard their elderly populations. For example, KDADS has discovered that the Georgia Division of Aging Services has developed an abuse, neglect, and exploitation “web app.” If a similar app was developed for Kansans, it could create some valuable benefits, such as providing immediate access and information on elder abuse laws to law enforcement, community agencies, and the general public, as well as making it easier than ever to report these crimes when they occur, since a convenient, “Report it” option would be included within the app.

KDADS has been fortunate in establishing several, vital partnerships through the years on the state and national levels. A few examples include the Kansas Sheriffs’ Association, Kansas Association of Chiefs of Police, Kansas Attorney General’s Fraud and Abuse Litigation Division, Kansas County and District Attorneys Association, and Kansas Prosecutors Training and Assistance Institute. The Kansas Attorney General’s Office has teamed up with KDADS and APS in developing Elder Abuse Training, focusing primarily on physical and financial abuse that will be offered in full-day, half-day, and one-hour increments. This training will be available for law enforcement, prosecutors, Human Service Professionals, and the general public. This collaboration will also produce public service announcements and radio ads to create more awareness on elder abuse throughout the state. Several state agencies and KDADS commissions also have staff members who participate on the U.S. Attorney’s Elder Justice Task Force. These members work towards providing education to Kansans about the detection, prevention, and reporting of elder abuse by sharing information and resources on various fraudulent activities that have been reported to assist in the prosecution of individuals who are accused of abuse.



Kansas Aging Demographics

According to the U.S. Census Bureau, the total population in the U.S. in 2014 was 318.9 million⁴. Kansas had a population of 2.9 million⁴ at this time, representing 0.9% of the national population. Utilizing census data collected below, Kansas can provide assurance that preference will be given to older individuals with the greatest economic and social needs.

The population of Kansans 65 years of age and older was 583,421 in 2014,⁴ which represents 20.1% of Kansas' total population,⁴ compared to 14.5% nationally.¹ Although the population of Kansas is aging, it is at a slower pace than the rest of the U.S. As of 2014, the median age in Kansas was 36.1 years of age,⁵ compared to the national median age of 37.7 years.⁶ Between 2010 and 2015, the population of Kansans age 65 and older increased by 10%, and the state's population age 85 and older increased by 4.5%.^{2,7}

By 2040, the U.S. will have about 82.3 million older persons, double their number in 2000.¹⁰ The 65 and older population represented 14.9% of the population in 2015, but it is expected to grow to be 21.7% by 2040.¹⁰ In 2014, slightly more than 14% of the older population was 85 and older.¹⁰ By 2040, that proportion is projected to triple from 6.2 million in 2014 to 14.6 million.¹ These statistics show the critical nature in the coordination of service needs for older Kansans receiving services under the Older Americans Act. In order to meet the needs of the growing population, it is essential to utilize resources efficiently to sustain all programs.

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. Utilizing the data collected allows KDADS to review regions of where the greatest needs reside and set a funding formula with expectations to serve those individuals. Each area plan submitted by the Area Agencies on Aging are required to include outreach efforts to each of the population sets identified above and assurances of priority given to those customers.

Geographic Distribution

In 2014, 17.4% of the total Kansas population lived in rural areas and cities with populations of less than 5,000.³ However; there has been a shift in the rural population to urban areas, which is expected to continue. With the expected shift in population, there continue to be assurances through the Area Plan and Intrastate Funding Formula processes that 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/Living Arrangements

According to 2015 estimates, of all occupied housing units in the U.S., 24.5% were owned by people age 65 and older⁹. In 2015, 23% of the Kansas population age 65 and older owned their homes, which is slightly lower than the national average.⁸

According to the U.S. Census Bureau, 45.9% of Kansans age 65 and older lived alone in 2014,⁸ which is higher than the U.S. percentage of 29%¹ and almost half of older women (46%) age 75 or older lived alone.¹⁰ Of the group age 65 and older, 14,525 residents in 2015 lived in nursing homes or other institutions in Kansas.⁴

Racial and Ethnic Composition

In 2015, 22% of older Americans 65+ accounted for a portion of the ethnic and racial minority populations – 9% were African American, 4% were Asian or Pacific Islander, 0.5% were Native American, 0.1% were Native Hawaiian/Pacific Islander, and 0.7% age 65 and over identified as being two or more races with persons of Hispanic origin accounting for 8% of the older population.¹⁰

Kansas had a total population of 2,892,987 in 2015 where 14% of the adults were 65 and older.⁸ To get a better understanding of the demographic makeup of Kansans by race and ethnicity, please refer to the table below:

2015

**Total Population of
Kansas 2,892,987**

**65 & Over in Kansas
404,295**

Race and Hispanic or Latino Origin	Percentage of Total Population	Percentage of 65+ Population
White	85.2	93.0
Black or African American	5.8	3.5
American Indian and Alaska Native	0.8	0.5
Asian	2.6	1.3
Native Hawaiian & Other Pacific Islander	0.1	0.0
Two or More Races	3.3	1.0
Hispanic or Latino Origin	11.2	3.1
White along, not Hispanic or Latino	77.0	90.7

Table 1⁸

Language Use and English-Speaking Ability

According to the U.S. Census Bureau's 2015 Report, 11.3% of Kansans speak a language other than English at home⁸, compared to the 21.5% national average⁹. In addition, 5% of Kansans age 65 and older speak a language other than English at home,⁸ compared to the 14.9% national average.⁹ Of Kansans who speak a language other than English, 4.5% speak English less than “very well,”⁸ compared to 8.6% nationally.⁹

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 have the ability to serve all older adults and their caregivers and families. In areas that serve a predominant number of older individuals, who are of limited English-speaking ability, AAAs employ staff who are fluent in that language to provide outreach to customers in the area.

Disability and Activity Limitations

Some form of disability (sensory, physical, or mental) was reported by 35% of men and women age 65 and older in 2015, according to, “A Profile of Older Americans: 2016” 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.¹⁰ In 2013, 28% of community-resident Medicare beneficiaries age 65+ reported difficulty in performing one

or more activities of daily living (ADL) and an additional 12% reported difficulty with one or more instrumental activities of daily living (IADL).¹⁰ By contrast, 95% of institutionalized Medicare beneficiaries had difficulties with one or more ADLs and 81% of them had difficulty with three or more ADLs.¹⁰ Using an assessment tool that measures each of these aspects allows services to be provided based on specific customer need.

The following table compares Kansans age 65 and older with disabilities to the rest of the U.S., as reported in the American Consumer Survey:

2015	Disabled Kansans	Disabled Kansans +65	Disabled Americans	Disabled Americans +65
Civilian noninstitutionalized population	2,833,872	385,701	316,450,569	46,437,022
With Any Disability	12.4%	36.2%	12.6%	35.4%

Table 2^{8,9}

Poverty

According to a report entitled “A Profile of Older Americans: 2016” published by the Administration on Aging, approximately 4.2 million elderly individuals (8.8%) were below the poverty level in 2015, with older women at a higher poverty rate (10.3%) compared to older men (7%). Older individuals living alone were much more likely to be poor (15.4%) than were older persons living with families (5.7%). The highest poverty rates were experienced among older Hispanic women (40.7%).¹⁰ In 2015, 7.4% of Kansans who were 65 and over were estimated to be living below the poverty threshold compared to 9% nationwide.⁹

Grandparents Raising Grandchildren

In 2015, of the 7.4 million grandparents in the United States, 5% of grandparents 65 years of age and older lived with their grandchildren and 1.2% in that age group were responsible for grandchildren under 18 years of age.⁹ In Kansas, of the 404,295 grandparents in the state, who were 65 years of age and older, 12,533 (3.1%) of those grandparents lived with their grandchildren and 4,447 were also responsible for grandchildren under 18 years of age.⁸ It should also be noted that among the 3.6 million people with Intellectual and Developmental Disabilities (I/DD) living with a family caregiver in 2015, 24% had caregivers who were age 60 or over.¹⁰

Sources:

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KDADS Aging Programs

Older Americans Act

The state of Kansas, through the Kansas Department for Aging and Disability Services (KDADS) continues to manage Title III of the Older Americans Act (OAA). OAA assessment and case management is provided to Kansans by the 11 local Area Agencies on Aging (AAA) who work with their individual network of providers to ensure that all OAA services are provided in an appropriate and cost-effective manner.

The Aging Network in Kansas is constantly striving to improve service delivery to ensure the satisfaction of the client and to continue to provide the right care at the right time in the right place. For the next 4-year cycle, Kansas will continue to manage OAA services under Titles: IIIB (Supportive Services), IIIC (Nutrition Services), IIID (Disease Prevention and Health Promotion), and IIIE (National Family Caregiver Support Services). KDADS believes that an essential element to the success of these programs is the ability of the client to take ownership of his or her care. Ensuring that person-centered care is provided to Kansas seniors is a key goal of KDADS.

KDADS recognizes the immense importance of these programs to seniors, but also understands the current and future budget limitations due to the rapidly increasing senior population in Kansas. KDADS, along with the aging network in Kansas, will strive over the next 4 years and beyond to look for new innovations, ideas, and supports. KDADS will work to create new community partners and research new providers and

services that can be utilized by the local AAAs to help provide services funded by OAA. Additionally, KDADS will continue to emphasize the importance of OAA funds being used to directly support clients and caregivers through policy, education, and outreach.

Nutrition Program Services

Through congregational and home-delivered meal programs, Kansas strives to decrease the burden and prevalence of senior hunger, food insecurity, malnutrition, and isolation, in addition to promoting health and wellness and engaging seniors within their communities with the goal of increasing the time they are in their homes, thus, delaying the need for placement in nursing homes or more costly medical interventions. Healthy and nutritious congregational and home-delivered meals along with nutrition education are services offered by our Area Agencies on Aging (AAA) to promote better health for Kansans. Good nutrition is a key factor in helping preserve the health of our susceptible, older adults, such as, decreasing malnutrition, lowering fall risk, reducing hospital stays, and cutting hospital readmission rates. There is a wealth of research which demonstrates how proper nutrition lowers the risk of many common diseases such as diabetes, heart disease, osteoporosis, and certain types of cancer.

KDADS provides technical assistance and nutrition support to the Area Agencies on Aging and their nutrition providers by helping them meet nutrition program guidelines, maintain cost-effectiveness, and offer quality services. In Fiscal Year 2016, KDADS (per 2016 State Program Reporting) and the Aging Network were able to provide home-delivered meals to 11,498 Kansans through meal providers, such as, but not limited to, Meals on Wheels and Mom's Meals. The home-delivered meal programs offer a safety net for our aging population, since this may be the only time of the day that our seniors have any interaction with the outside world. Additionally 23,648 Kansans received congregational meals through a variety of settings including senior centers, central meal sites, central kitchens, and



approved sites for the Choosing Healthy Appetizing Meal Plan Solutions (CHAMPSS) voucher program. These dining sites serve hot, nutritionally-sound meals in a social setting, that not only offer a safe, clean environment in which to enjoy conversations during meals, but these sites also provide a gathering place for seniors where education on health and wellness topics can be presented by professionals.

Senior Care Act (SCA)

The Kansas Senior Care Act (SCA) was established by the Kansas Legislature to provide in-home long-term care services for Kansans age 60+ who meet the Medicaid long-term care functional eligibility threshold, but would be ineligible for Medicaid, typically due to possessing excess income or resources. The SCA is a fee-for-service program in which the cost is determined by a sliding-fee scale. The SCA sliding-fee scale is based on income, resources, household size, and the federal poverty guidelines. The primary focus of the SCA is to provide person-centered in-home services to seniors who fall into the gap between Medicaid eligibility and the ability to private pay for 100% of long-term care services. SCA services are invaluable as a tool to allow seniors to age with dignity and security in their home while receiving the right care at the right time in the right place.

The SCA works hand-in-hand with the OAA, since both programs provide in-home services, so seniors are assessed for both programs with the Uniform Assessment Instrument (UAI). While both programs focus on person-centered care, the Senior Care Act encourages clients to self-direct their care. Clients who self-direct their SCA services are essentially the employer of their service provider and would be responsible for hiring the attendant/worker, setting the schedule within the limits in which they agreed on their plan of care, and managing the care they receive from the provider. Encouraging SCA clients to self-direct their care is at the core of person-centered care, which aligns directly with KDADS' goal of having the client receive the right care at the right time in the right place.

Senior Care Act services are limited by the funding that

KDADS receives from the State of Kansas through the State General Fund. In order for these services to remain viable and available for as many aging Kansans as possible, KDADS will work to engage new community partners, agencies, and program service providers. KDADS will work with these partners to research new, innovative, and cost-effective services that can be utilized for SCA clients. As the Kansas aging population continues to increase, the importance of finding more cost-effective and innovative services for SCA clients will increase, as well. By creating new community partners and providing new service information to the Area Agencies on Aging, KDADS will ensure the largest number of eligible Kansans will be able to receive services funded by the Senior Care Act.

Quality Improvement

The Quality Improvement (QI) program is a part of the Community Programs Commission. There are currently three QI staff around the state that go into the AAAs/ADRCs and customer homes to perform quality reviews. KDADS participates in several quality assurance initiatives for the purpose of enhancing the quality and effectiveness of services and improving access to cost-effective waiver programs.

The purpose of the review process is to enhance the effectiveness for customers, ensure choices are offered, improve access to services, review cost-effectiveness of the waiver programs, ensure quality and accuracy of customer case files that reflect eligibility and involvement and determine if needs are being met. QI also determines customer satisfaction with the quality of services, ensures accurate notifications to the customers for changes in their Plan of Care, and determines if rights and responsibilities have been discussed with the customer while on the programs. QI is performed for waiver criteria, as well as OAA and SCA programs.

The process gives continuous feedback to KDADS and to each of the AAAs/ADRCs on a quarterly basis. There are two steps to the review process. The first step is a case file review, and the second step is a visit with the customer in his or her home. The review consists

of eligibility, informed choice, and consistency of forms. The interview with the customer is completed to determine satisfaction with services and quality of care, as well as consistency of services offered in comparison to the Plan of Care.

Each quarter there is a random selection list pulled from the KAMIS (Kansas Aging Management Information System). The reviewer checks for accuracy of the list and then schedules reviews with the AAA and the customer. The AAAs/ADRCs do not have advanced notice of the names that are pulled for review for the quarter. Once completed, the compliance review is shared with the AAAs/ADRCs staff. The findings are entered into a database. If there are any concerns with the reviews, the staff is provided guidance or additional training, if necessary, on how to correct the issue and move forward.

Upon completion of the case file reviews, the customer interviews are scheduled. The protocol interview questions are recorded and entered into the database. Upon completion of this process, the quarterly data is shared with the AAAs/ADRCs. If compliance issues arise, then the survey staff is provided the proper Referral & Response form describing the issue that was found and giving the recipient a couple days to respond and address the issue.

Ongoing QI quarterly activities include, in-home services, CARE reviews, Nutrition site reviews, in addition to other reviews that are completed during different quarters throughout the review year:

- January—OAA Legal Services
- July—AAA & SCA compliance
- October—OAA Caregiver program

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 otherwise would need a nursing home level of care. PACE was created as a way to provide consumers, their families, caregivers, and professional health care providers flexibility to meet

health care needs and to help consumers continue living in the community. The PACE program provides another option for clients to receive the right care in the right place at the right time. It covers all medical and social services for older adults who qualify for nursing home care. PACE uses Medicare, Medicaid, and private pay funds to cover all medically-necessary care and services. Consumers can have either Medicare or Medicaid, or both, to join PACE. They can also pay for PACE privately, if they do not have Medicare/Medicaid.

Every PACE organization is focused on helping older adults remain 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, assesses the person's needs and helps residents make decisions to ensure a good quality of life. The consumer and their family plays an active role as the team develops and updates the Plan of Care and goals in the program. PACE provides caregiver training and offers support groups and respite care to help families keep their loved ones in the community.

The Kansas Department for Aging and Disability Services is working to expand the state's current PACE program, which now includes three markets covering 22 counties and involving over 500 participants. KDADS hopes to expand the program to include an additional 36 counties, bringing the PACE program to a total of 58 counties. This process includes the procurement for a six-county expansion, which is currently underway, as well as plans for the future expansion of existing PACE organization services to additional counties.

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, Assistive Technology, Comprehensive Support, Enhanced Care Service, Financial Management Services, Home Telehealth, Medication Reminder, Nursing Evaluation Visit, Oral Health

Services, Personal Care Services, Personal Emergency Response, and Wellness Monitoring. 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. Currently, functional eligibility for the FE waiver is determined by ADRC assessors with the Functional Assessment Instrument (FAI); however, KDADS, in coordination with the ADRC and the Managed Care Organizations (MCO) will soon be launching the Medicaid Functional Eligibility Instrument (MFEI) as the assessment tool. The MFEI has been designed to increase the accuracy of assessments and will serve as a tool to ensure that Kansans received the right care. As with many of KDADS programs, the FE waiver serves as a program to not only ensure that older Kansans receive the right care, at the right time, and in the right place, but it also provides an assurance that they can age in their current setting with dignity.

Client Assessment, Referral, and Evaluation (CARE) Program

The CARE Program's primary responsibility is to manage the statewide Pre-admission Screening and Resident Review (PASRR) of applicants needing or considering nursing home services. Hospitals and ADRCs 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 ADRC also provides the service of Options Counseling to empower the individual through person-centered services, which allows the customer to make an informed choice about their placement options. The program has expanded its objectives to include assisting customers in returning to the community, when possible. Often a person who is admitted to a nursing facility is able to recover and return home with supportive services. In accordance with the Older Americans Act, the ADRC/AAA coordinates efforts to facilitate a return to the community for the customer through the Community Transitions Opportunity (CTO) program.

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 are not moved into a nursing home if they could be served in a less restrictive setting. This aligns with KDADS' goal to ensure that individuals receive care in the right place. In addition to compliance with the federal PASRR law, the CARE program works with individuals to discover their preferences, make referrals to appropriate long-term care resources, based on Options Counseling sessions conducted during an interview, evaluate data on unmet service needs, and recommend areas for expansion of services in Kansas based on these unmet needs.

Money Follows the Person

KDADS and DCF implemented Money Follows the Person into law in 2008, allowing funding to follow individuals who wish to leave a nursing facility and move back into the community and receive services provided under the Home and Community Based Services (HCBS) Waiver program, which allows the client to receive the right care in the right place. These individuals may include the frail elderly, persons with physical disabilities, persons with traumatic brain injury, or the intellectual/developmentally disabled populations qualifying for services through Medicaid.

Kansas also implemented a federal Money Follows the Person (MFP) five-year rebalancing demonstration program that not only permits nursing facility funding



to follow the person to the most appropriate Medicaid HCBS waiver, but includes assisting Kansans in making long-term care decisions by providing information and the opportunity to discuss their choices and learn how they can be served in the community as an alternative to nursing facility care. The MFP demonstration program provides services available to the individual applicable to the waiver and also includes enhanced services called, “Transition Services,” allowing for the payment of utility deposits and other expenses to re-establish a residence.

This program is helping to shift Medicaid’s traditional emphasis on institutional care to a system offering greater choices that include HCBS and is eliminating barriers that prevent residents from transitioning back into the community. This service remains an option for individuals wishing to return to a community setting under new KanCare operations with service coordination completed by Managed Care Organizations.

Medicare Grants Division

KDADS currently receives funding for three Medicare grants. In an effort to maximize resources and create greater efficiency and effectiveness we have recently moved to a new model combining the SHICK, MIPPA, and SMP programs into one unit. Training development, oversight, and grants management is handled at the State level.

Senior Health Insurance Counseling for Kansas (SHICK)

CMS 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 sponsoring organizations, 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. In addition to helping beneficiaries understand their options and select plans of their choice, SHICK staff has taken a lead role in helping beneficiaries resolve problems with their Part D coverage.

Medicare Improvements for Patients and Providers Act (MIPPA)

On July 15, 2008, Congress enacted into law the Medicare Improvements for Patients and Providers Act. MIPPA is a multi-faceted piece of legislation that contains several important provisions that directly change the Medicare program. These changes include suspended payment cuts to health care providers, changes in the asset and income limits for Low Income Subsidy Plans and Medicare Savings Plans, new accountability measures for Medicare Advantage programs, and increased access to preventive and mental health services. In addition, through MIPPA, the federal government allocated funding for increased outreach to Medicare beneficiaries, the bulk of which is targeted at coordinating, educating, and enrolling low-income Medicare beneficiaries.

In 2013, KDADS received a grant through the Administration for Community Living (ACL) to promote outreach and assistance for Medicare beneficiaries eligible for Medicare Part D Extra Help and Medicare Savings Programs. This act also provided funding to promote Medicare Part D counseling and assistance in rural areas, as well as funding to promote 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, SHICK Sponsoring Organizations, and Kansas State Research

and Extension. These organizations have gone across the state to promote Medicare Part D to rural areas, 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 has received a three-year grant to continue educating Kansas Medicare and Medicaid beneficiaries about Medicare fraud, errors, and abuse. As one of the Senior Medicare Patrol (SMP) projects funded by the Administration for Community Living (ACL), KDADS collaborates with community-based organizations across the state to recruit retired professionals and other interested individuals and train them as volunteer educators. Together with partner organizations, these volunteers create a statewide network of fraud experts 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 January of 2016. The program has created a physical red file that individuals keep on their refrigerator, containing emergency medical information. The information that the file provides 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 3 Medicare Grants. As of 06/21/2017, KDADS has launched Operation Red File in 19 of the 105 Kansas counties through kick-off events and coordination through local emergency responders. The Operation Red File has already seen increased interest in presentations and kick-off events with 15 events already in the planning and pending stages (Appendix E: Operation Red File Map). Coordination with emergency responders is essential to the success of the program as the files are being used to assist their care of the clients.



State of Kansas Unmet Needs

State Listening Tour

In preparation for Kansas' State Plan on Aging 2018-2021, a statewide listening tour was completed to solicit input and feedback from Kansas' aging population, as well as our aging network and partners. This tour was conducted throughout the month of March 2017 and consisted of one-hour meetings in Goodland, Topeka, Kansas City, Paola, and Wichita (Appendix C: Listening Tour Press Release). These tour stops were chosen to specifically cover the full state from east to west, and to ensure feedback from our urban and rural populations. KDADS coordinated these tour dates with our local AAAs and the staff at the tour sites. KDADS publicly announced the tour dates on March 3, 2017, and the local AAAs were able to promote the tour dates through local and social media. KDADS OAA program manager was also interviewed about the listening tour by the local CBS affiliate, WIBW, on March 8, 2017. KDADS' press release also provided older adults and stakeholders information to provide feedback directly to KDADS if they were unable to attend the tour date. These tour stops were attended by seniors who did and did not receive services, AAA directors, service providers, community partners, and members of the Kansas Silver Haired Legislature. Based on feedback provided during the tour stops, unmet needs have been addressed within KDADS' goals and objectives listed below:

Unmet Needs

Unmet Need	KDADS Objective	KDADS Goal
Transportation: At all 5 state tour sites KDADS received feedback from seniors who stated that their major concern going forward was the lack of transportation options and funding sources.	KDADS will work with the aging network to research and explore new methods of providing transportation services to aging Kansans.	1
Person-Centered: Older Kansans expressed interest in wanting to take an active role in their aging process. They want to have some control over the services they receive.	KDADS will promote person-centered care through the Aging Network.	1
Information and Outreach: Older Kansans from the western portion of the state stated they felt isolated from the eastern portion of the state and KDADS. They expressed a desire to receive more information and have more contact with KDADS.	KDADS will strive to strengthen the existing coordination between agencies and community partners while working to create new relationship.	3

Unmet Need	KDADS Objective	KDADS Goal
Alzheimer's/Dementia: A state tour attendee wanted to know more about Alzheimer's and dementia programs that were available from the State for sufferers and caregivers. After further research, it was determined that Alzheimer's and Dementia supportive services are an unmet need for aging Kansans.	KDADS will collaborate with community partners and the aging network to expand Alzheimer's disease and dementia supportive services programs that enhance person-centered care in the state of Kansas.	1
Elder Abuse: Kansans throughout the state, as well as feedback from the Silver Haired Legislature, indicated that many seniors are aware of elder fraud, abuse, neglect, and exploitation; but they fear that many in their communities remain at high risk.	KDADS Medicare Grants will provide support to the local AAAs and volunteer networks who work directly with Kansas' aging population to combat elder abuse, neglect, and exploitation.	2
Elder Abuse: Continued	KDADS will work with the aging network and community partners to promote the prevention of the abuse, neglect, and exploitation of seniors.	2
KanCare: Seniors expressed a great deal of frustration when working with KanCare to receive Medicaid benefits. Many spoke to the difficulties of navigating the KanCare system.	KDADS will coordinate with the Kansas Long-Term Care Ombudsman and KanCare Ombudsman to ensure the rights of Kansas' aging population are protected	2



KDADS 2018 – 2021 State Plan on Aging Goals

Goal 1 – KDADS will promote the right care at the right time in the right place through person-centered care

Objective 1:

Promote person-centered care throughout the Kansas Aging Network.

Strategies:

1. KDADS will provide person-centered care information through KDADS and the aging networks social media presence.
2. KDADS will develop Options Counseling training to ensure that Options Counseling is person-centered and interactive.
3. KDADS will support the increased usage of evidence-based disease and disability prevention programs, which promote the health and independence of the aging population.
4. KDADS will work with the local AAAs and the aging network to look for new opportunities and programs that can be provide through OAA Title III (Supportive services, nutrition, disease prevention/health promotion, and caregiver programs), OAA Title VI, OAA Title VII, Senior Care Act, and Medicaid.

Measures:

1. Number of KDADS informational social media posts relating to person-centered care.
 - Starting with FFY 2018, KDADS will work to provide four (4) informational person-centered care posts annually.
2. Options Counseling training is created by Dec 31, 2017.
 - Training will be created through collaboration between the Older Americans Act program manager, the ADRC program manager, the local AAAs, and the aging network.
3. The amount of OAA funds budgeted for evidence-based disease and disability prevention in AAA area plans.
 - Through promotion and policy initiatives, KDADS will look to increase evidence-based disease prevention and promotion by 4% over the course of this state plan. This will be monitored annually through the area plan submission process.
4. Number of clients who receive evidence-based prevention planning services.
 - KDADS will monitor the number of clients receiving these services compared to the amount of funding budgeted by the AAA. KDADS will attempt to increase the total number of individuals served by 4% over the course of this state plan. This will be monitored annually through AAA end of year reporting to KDADS.
5. Number of new programs opportunities provided to local AAAs by KDADS.
 - KDADS will continue to look for new aging services through local, state, and national collaborations. KDADS will provide five (5) new potential services to the statewide AAAs, annually, based on the FFY.

Objective 2:

KDADS will implement the Medicaid Functional Eligibility Instrument (MFEI). This Medicaid LTC functional assessment tool will be used by the ADRC and the Managed Care Organization for the assessment of Clients and the development of the person-centered Plan of Care.

Strategies:

1. KDADS will work in conjunction with Wichita State University to complete software updates and waiver renewals that are required by CMS.
2. KDADS will identify up to three (3) ADRCs to participate in MFEI training and a soft rollout.
3. KDADS will determine a statewide start date for the MFEI.
4. KDADS will work with the ADRCs and Managed Care Organization (MCOs) to monitor the soft rollout, provide feedback to the developers, and assess the accuracy of the tool.
5. MFEI will launch statewide.

Measures:

1. Date of Medicaid waiver renewal approval
 - December 31, 2017
2. Date of soft rollout
 - February 1, 2018
3. Statewide rollout
 - July 1, 2018

Objective 3:

KDADS will collaborate with community partners and the aging network to expand Alzheimer's disease and dementia supportive services programs that enhance person-centered care in the state of Kansas.

Strategies:

DADS will develop new relationship with organizations that support Alzheimer's sufferers and their families.

1. KDADS will research available Alzheimer's disease support services programs and grants and share that information to the local aging network.
2. KDADS social media will promote Alzheimer's awareness and support services.

Measures:

1. Number of new Alzheimer's-based relationships that KDADS creates.
 - KDADS will work to create four (4) new relationships by the end of FFY 2018, 09/30/2018.
2. Number of new Alzheimer's disease support services programs provided to the AAAs by KDADS.
 - KDADS will work to provide four (4) new ADSSP to the AAAs, annually, based on the FFY.
3. Number of KDADS social media posts related to Alzheimer awareness and support services.
 - KDADS will work to provide four (4) informational posts regarding ADSSP and awareness, annually, based on the FFY.

Objective 4:

KDADS will work with the Aging Network to research and explore new methods of providing transportation services to aging Kansans.

Strategies:

1. KDADS will reach out to other state units on aging to discuss successful strategies for providing transportation services to clients.
2. KDADS will share new transportation programs and services to the AAAs for consideration in their area plans.
3. KDADS will participate in the national conversation on aging transportation needs and services.

Measures:

1. Number of State Units on Aging (SUA) the KDADS communicates with about aging transportation.
 - KDADS will work to reach out to four (4) new SUA annually based on the FFY.
2. Number of new transportation programs and services shared with the aging network for their consideration.
 - KDADS will work provide four (4) new potential transportation programs per year to the aging network.
3. Number of national or regional conference calls/meetings on transportation issues for the aging populations in which KDADS participates.
 - KDADS will work to attend two (2) national or regional conference calls/meetings, annually, based on FFY 2018. This measure will be reevaluated, annually, based on the availability of meetings.

Outcome: Kansas seniors will receive the right care in the right place at the right time while being empowered to self-direct their care through a person-centered process.

Goal 2 – KDADS will work to increase awareness and prevention of elder abuse, neglect, and exploitation.

Objective 1:

KDADS Medicare Grants will provide support to the local AAAs and volunteer network who work directly with our aging population to combat elder abuse, neglect, and exploitation.

Strategies:

1. Medicare SHICK coordinators will work to provides training to volunteers and AAAs throughout the state. They will be able to work with clients to provide awareness of financial abuse that is found during the counseling process.
2. Senior Medicare Patrol will work with community based organizations across the state to recruit retired professionals and others to train as SMP volunteers. These community partners and volunteers create a statewide network of fraud and abuse experts.
3. KDADS will expand Project Red File throughout Kansas counties though kickoffs and coordination with local emergency responders.

Measures:

1. Number of SHICK volunteers trained annually.
 - KDADS will work to increase the yearly number of volunteers by 1%. KDADS will reevaluate this percentage of increase prior to the beginning of year two (2019) of the state plan and appropriate adjustments will be made.
2. Number of SMP volunteers trained annually.
 - KDADS will work to increase the yearly number of volunteers by 1% KDADS will reevaluate this percentage of increase prior to the beginning of year two (2019) of the state plan and appropriate adjustments will be made.
3. Number of new SMP community partners.

KDADS will work to create 4 new SMP community partners.

4. Number of counties in which Operation Red File has been implemented.
 - KDADS will work to have Project Red File Implemented in all Kansas Counties by the end of FFY 2021.

Objective 2:

KDADS will coordinate with the Kansas Long Term Care Ombudsman to ensure that the rights of Kansas' aging population are protected.

Strategies:

1. KDADS will coordinate with the Title VII funded Kansas Long Term Care Ombudsman to combat new and ongoing issues of abuse, neglect, and exploitation for Kansas LTC clients.
2. KDADS will monitor the LTC Ombudsman program to ensure final rule compliance.

Measures:

1. Number of contacts made with LTC Ombudsman.
 - KDADS will work to have coordination meetings with the LTC Ombudsman 4 times annually based on the FFY.
2. Number of final rule compliance reviews completed by KDADS.
 - KDADS will review the LTC Ombudsman programs final rule compliance annually.

Objective 3:

KDADS will work with the Aging Network and community partners to promote the prevention of the abuse, neglect, and exploitation of seniors.

Strategies:

1. KDADS' Prevention of Elder Abuse and Exploitation (PEANE) grant will provide information to law enforcement and the legal community.
2. KDADS will explore new technology and innovations in the field of elder abuse to assist with reporting and processing of elder abuse cases.
3. KDADS will work to create new relationships with community partners and continue to build strong relationships with law enforcement and the legal community.

Measures:

1. Number of PEANE-funded presentations presented.
 - KDADS will work to provide one (1) PEANE funded presentation annually based on the FFY. This would include the proposed presentation at the Kansas County District Attorneys Association conference. This is a new function of the PEANE grant in Kansas and will be reevaluated annually.
2. Number of new Abuse, Neglect, and Exploitation (ANE) programs researched.
 - KDADS will work to research four (4) new ANE programs annually to further develop our ANE programs.
3. Number of KDADS formal interactions with ANE community partners.
 - KDADS will work to have four (4) annual formal interactions with community partners in regards to ANE.

Outcome: KDADS will be able to increase the awareness and prevention of elder abuse, neglect and exploitation through collaboration with the aging network, law enforcement, and the legal community.

GOAL 3 – KDADS will engage with the local aging network and strive to develop new community partnerships.

Objective 1:

KDADS will strive to strengthen the existing coordination between agencies and community partners while working to create new relationships.

Strategies:

1. KDADS will create a formalized meeting process with Kansas' Title VI grantees (Prairie Band Potawatomi Tribe, Iowa Tribe, and Kickapoo Tribe).
2. KDADS will create a formalized meeting process with the Silver Haired Legislature.
3. KDADS representatives will attend Kansas Association of Area Agencies on Aging (K4A) meetings at the discretion of the AAA directors.
4. KDADS will reach out to possible new community partners to grow the aging network and to create new collaborations for our aging population.

Measures:

1. Number of formalized meetings with Kansas Title VI grantees per year.
 - KDADS will work to have four (4) meetings per year with the Title VI grantees.
2. Number of formalized meetings with Silver Haired Legislature per year.
 - KDADS will work to have two (2) formalized meeting per year with the Silver Haired Legislature
3. Number of K4A meetings attended by KDADS representation per year.
 - KDADS will work to attend at least two (2) K4A meetings per year. KDADS understands that invitations to K4A will be at the discretion of the AAA directors.
4. Number of contacts made with new community partners.
 - KDADS will work to make contact with eight (8) new community partners by the end of FFY 2018. This measure will be reevaluated annually.

Outcome: KDADS will grow and strengthen the aging network in Kansas.

KDADS State Plan Appendix

Appendix A: State Plan Assurance and Required Activities

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2016

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 2016.

ASSURANCES

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)(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;

(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.

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(a), AREA PLANS

(a) Each area agency on aging...Each such plan shall--

(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) inhome services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

(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;

(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 –

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

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

Sec. 307, STATE PLANS

(a) . . . Each such plan shall comply with all of the following requirements:...

(3) The plan shall –

(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...

(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.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State LongTerm Care Ombudsman, a State LongTerm Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by

the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance 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.

(9) provide assurances that the area agency on aging, in carrying out the State LongTerm 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 2000 in carrying out such a program 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;

(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; 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.

(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, longterm 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;...

(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...

(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 Englishspeaking 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 Englishspeaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a fulltime 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 Englishspeaking

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 communitybased, longterm 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 longterm care facilities, but who can return to their homes if communitybased services are provided to them.

(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 (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.

(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, atrisk 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 inhome services under this title.

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

(27) 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.

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 (as numbered in statute)

(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...

State Plan Guidance

Attachment A (Continued)

REQUIRED ACTIVITIES

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 –

(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; and

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

...

Sec. 306 – AREA PLANS

(a) ... Each such plan shall— (6) provide that the area agency on aging will—

(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 health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(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;

Sec. 307(a) STATE PLANS

(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.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF 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; ...

(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).

Note: “PERIODIC” (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.

(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 an area agency on aging, by a 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.

(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

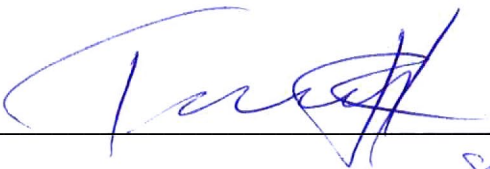
(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(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—

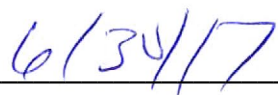
(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(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.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure.



Signature and Title of Authorized Official *Secretary*



Date

Appendix B: State Plan Guidance

Attachment B

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 grant-ee 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 elderly, low-income minority elderly, 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)(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 30% 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 2014-2017 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 --

(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.

Assurance provided with signature below

Section 307(a)(28)

(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

Section 307(a)(29)

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.

Section 307(a)(30)

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 Community Services and Programs Commission 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 Kansas Health Solutions (KHS) to implement the All Hazard's Behavioral Health Plan and the Crisis Counseling Plan. KHS provides statewide disaster planning for the Community Mental Health Centers (CMH-Cs) in the form of technical assistance for writing disaster response plans, table top 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% of the population age 60 and older, plus 40% of the low-income population age 60 and older, plus 10% of the minority population age 60 and older, plus 10% of the population age 75 and older in the PSA.

OR

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

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.

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%

Allocation of Funds Reallocation of Unearned Federal Funds (Carryover)

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



Appendix C: State Plan Listening Tour

New England Building
503 South Kansas Avenue
Topeka, KS 66603-3404

Timothy Keck, Secretary



Phone: (785) 296-4986
Fax: (785) 296-0256
wwwmail@kdads.ks.gov
www.kdads.ks.gov

Sam Brownback, Governor

For Immediate Release

March 03, 2017

For more information, contact:

Angela de Rocha

Director of Communications

Kansas Department for Aging and Disability Services

(785) 806-7482

Older Americans Act Listening Tour Scheduled

TOPEKA – Staff from the Kansas Department for Aging and Disability Services (KDADS) will be traveling the state this month for a listening tour. KDADS' Commission on Aging staff will gather input and suggestions regarding services funded by the Older Americans Act for Kansans who are 60 years of age or older.

Older Americans Act services include legal assistance, caregiver and in-home services, transportation, nutrition (such as Meals on Wheels), and more. The Older Americans Act also supports health promotion services grants to Kansas' Area Agencies on Aging. These grants fund nutrition counseling, health promotion programs, and physical fitness and exercise programs.

"We look forward to hearing from older adults in every corner of the state," KDADS Secretary Tim Keck said. "We want to know what services they need to remain independent and in their own homes for as long as possible."

KDADS is in the process of developing a four-year-plan that will be submitted to the Federal Administration for Community Living. This plan is a requirement to receive federal funding for the Older Americans Act programs in Kansas.

KDADS staff will stop in five cities between March 7 and March 31, 2017. Each meeting will be held from 10:30 to 11:30 a.m. Staff will stay for lunch following the meetings to allow more time for discussion. Those who would like to attend lunch should contact their senior center at least one day before the meeting. Please contact the senior center regarding the meal price.

The Kansas Department for Aging and Disability Services mission is to foster an environment that promotes security, dignity and independence for all Kansans.

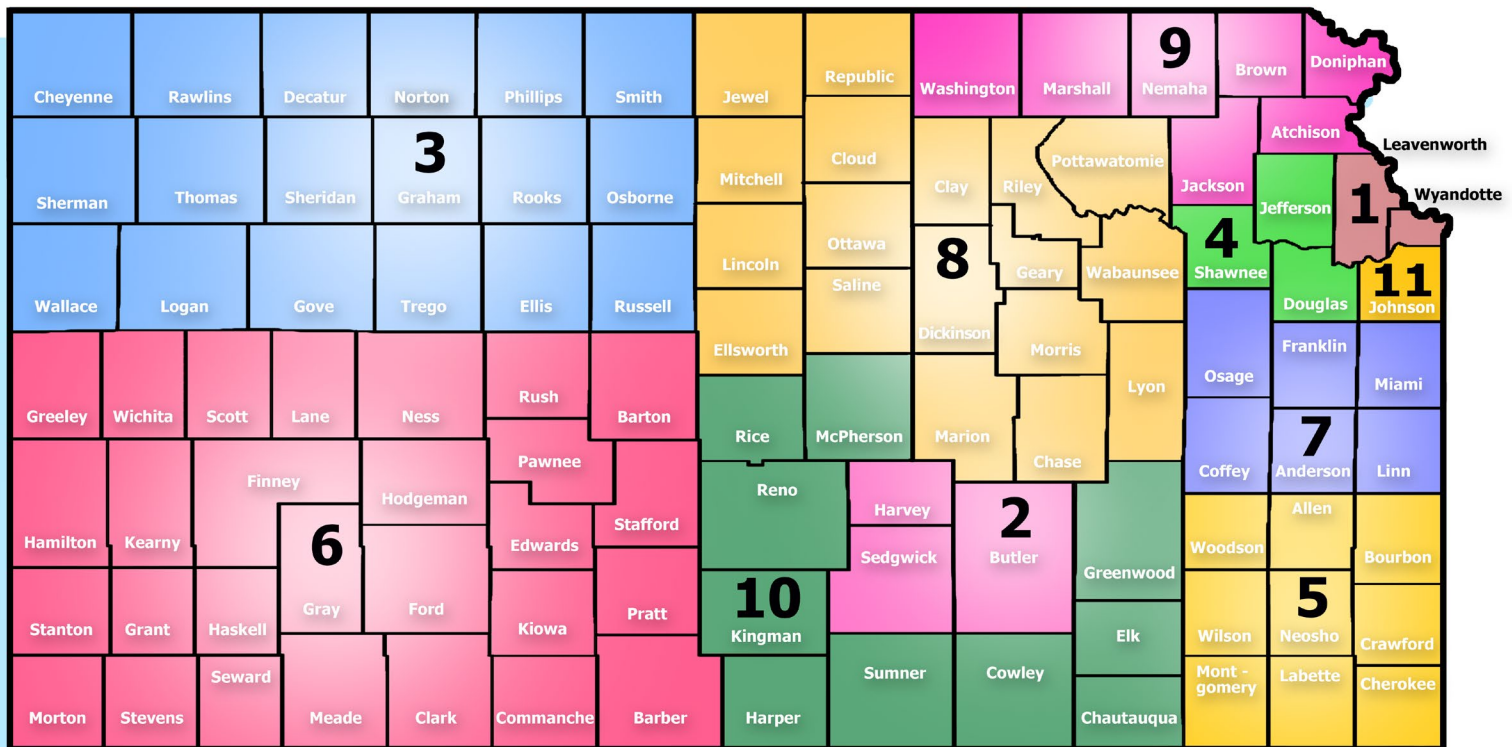
Older adults who are unable attend one of the sessions and would like to submit comments may call 800-432-3535 or email wwwmail@kdads.ks.gov. Written comments can also be sent by mail to Kansas Department for Aging and Disability Services, Attn: Commissioner on Aging Craig Kaberline, 503 S. Kansas Ave., Topeka, KS 66603. The deadline to submit feedback is April 15, 2017.

All of the meetings will be ADA compliant and people with disabilities will have full access. If you need language accommodations, such as a sign language interpreter, please contact Tyler Steffes at 785-296-0385

Older American Act Listening Tour Schedule

Date	Location	Address	Time	Phone Number
Tuesday, March 7	Goodland Senior Center	208 W 15th Goodland,	10:30am - 11:30am	785-899-5082
Wednesday March 8	Papan's Landing Senior Center	619 NW Paramore St. Topeka,	10:30am - 11:30am	785-232-1968
Wednesday March 15	Paola Senior Center	121 W Wea St. Paola, KS	10:30am - 11:30am	913-294-4630
Thursday March 16	Plaza Towers	1200 N. 75th Place Kansas City	10:30am - 11:30am	913-299-4194
Tuesday, March 28	Downtown Senior Center	200 S Walnut St. Wichita	10:30am - 11:30am	316-267-0197

Appendix D: Kansas Area Agencies on Aging Map



1 Wyandotte – Leavenworth
Ruth Jones, Director
849 North 47th Street
Kansas City, KS 66102
(913) 573-8531 – (888) 661-1444

2 Central Plains
Annette Graham, Director
2622 W Central, Room 500
Wichita, KS 67203-3725
(316) 660-5120 – (800) 367-7298

3 Northwest KS
Michelle Morgan, Director
510 W 29th Street, Suite B
Hays, KS 67601-3703
(785) 628-8201 – (800) 432-7422

4 Jayhawk
Susan Harris, Director
2910 SW Topeka Blvd.
Topeka, KS 66611
(785) 235-1367 – (800) 798-1366
Fax (785) 235-2443

5 Southeast KS
Cindy Lane, Director
1 West Ash
Chanute, KS 66720-1010
(620) 431-2980 – (800) 794-2440
Fax (620) 431-2988

6 Southwest KS
Dave Geist, Director
236 San Jose Avenue
Dodge City, KS 67801-1636
(620) 225-8230 – (800) 742-9531
Fax (620) 225-8240

7 East Central KS
Elizabeth Maxwell, Director
1117 S Main Ottawa, KS 66067
(785) 242-7200 – (800) 633-5621
Fax (785) 424-7202

8 North Central Flint Hills
Julie Govert-Walter, Director
401 Houston
Manhattan, KS 66502
(785) 776-9294 – (800) 432-2703
Fax (785) 776-9479

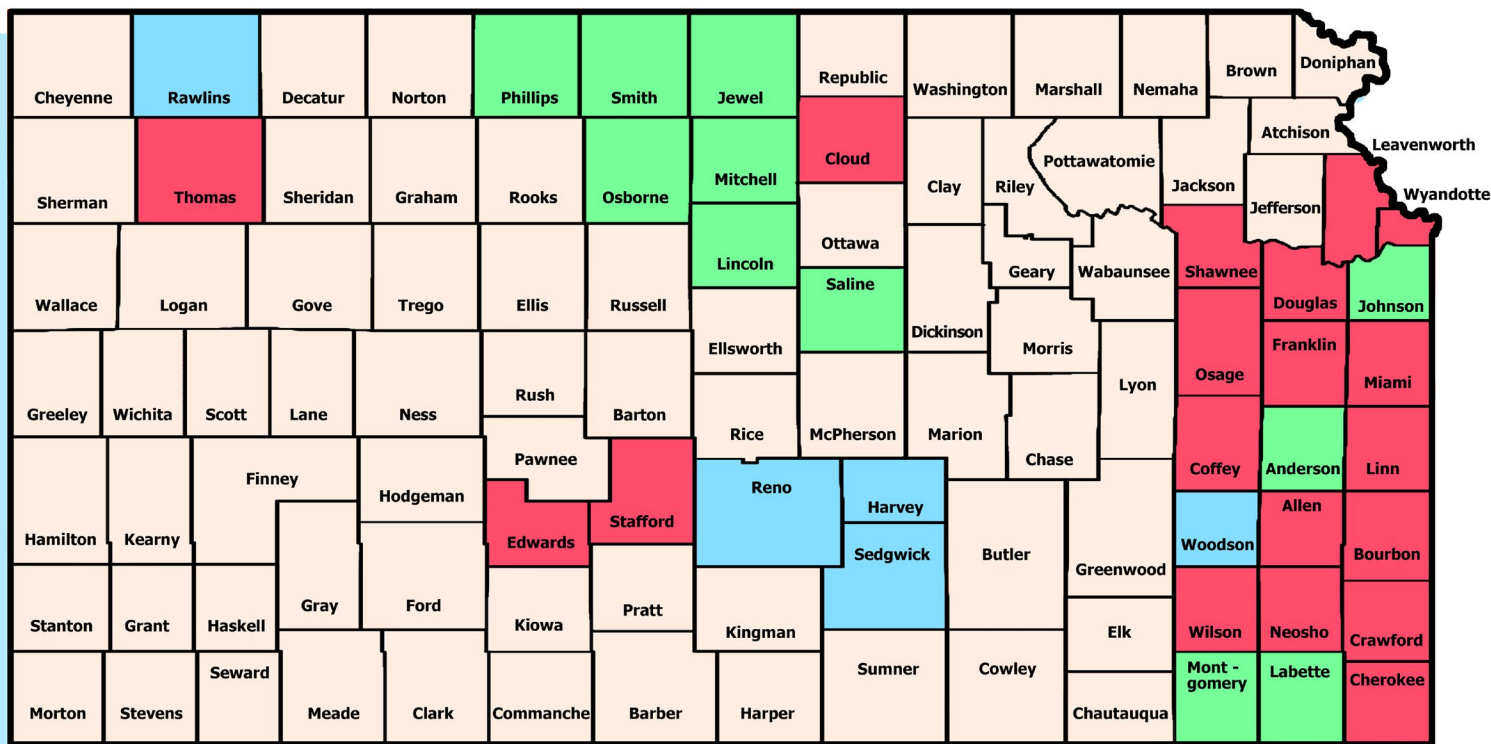
9 Northeast KS
Karen Wilson, Director
1803 Oregon
Hiawatha, KS 66434-2222
(785) 742-7152 – (800) 883-2549
Fax (785) 742-7154

10 South Central KS
Jodi Abington, Director
304 S Summit
Arkansas City, KS 67005
(620) 442-0268 – (800) 362-0264

11 Johnson County
Dan Goodman, Director 11811
S Sunset Drive, Ste # 1300
Olathe, KS 66061-7056
(913) 715-8861 (888) 214-4404
Fax (913) 715-8825

Appendix E : Operation Red File Map

RED FILE COUNTIES



Implemented
 Pending
 Planning

