




Agenda for Community Supports & Health Services Domain of Age-Friendly Louisville

May 4th, 2021, 3 - 4 pm

Facilitators: Sarah Teeters, Pam Yankeelov, & Kelly Nason

LOCATION: Zoom

Item		Discussion	Action to accomplish	Person Responsible
1.	Welcome/Introduction			
	<ul style="list-style-type: none"> Update Names & Emails by signing in VIA CHAT Introductions 	<ul style="list-style-type: none"> Five Participants: Sarah, Kelly, Avery, Kim, Sameera, Peggy, Mona, Sheila, Ali, David, Kevin, Pam, Carolina 		Everyone :)
2.	Housekeeping			
	<ul style="list-style-type: none"> Today's Minute Recorder will be: Avery Meeting photographers will be: Kelly, Pam or Sarah? Minutes can also be found at agefriendlylou.com Future meeting reminders will come from AmeriCorps VISTA member, Avery Crews Photo and social consent: https://louisvillekent.az1.qualtrics.com/jfe/form/SV_7QlpNUZQVbrqEiV 	<p>Photo/social media release</p> 	<p>Take Minutes Take Pics</p>	<p>Avery Avery</p>

3.	Review Agenda & Goals of Meeting			
	<ul style="list-style-type: none"> - Objectives of this meeting <ul style="list-style-type: none"> i. Overview of February meeting; - See minutes <ul style="list-style-type: none"> ii. Quick review of strategic plan <ul style="list-style-type: none"> 1. Clearinghouse, 1st responders and residents to be prepared on job and to care at home, health promotion resources and opioid resources iii. Peggy Ward from Relay Kentucky came and presented on the services this organization provides for kentuckians that are deaf or hard of hearing <ul style="list-style-type: none"> 1. She discussed the roots for the need for relay services 2. Types: <ul style="list-style-type: none"> a. TTY. Voice Carry Over, Speech to Speech (TBI/ALS/etc.), Hearing Carry Over, Deaf/Blind Services, Spanish Relay Services, Captioned Telephone Services b. 711 is the universal Relay number across the United States iv. Fact Sheets: Where are we? <ul style="list-style-type: none"> 1. 1st responder and community residents prepare to care overview/update <ul style="list-style-type: none"> a. Current status 2. Edits for this resource 	<ul style="list-style-type: none"> • Relay Services: How can you get approved for these services? <ul style="list-style-type: none"> ○ KTAP: Kentucky Telecommunication Access Program: must have verification from a health care provider verifying that the individual is in need of these services (if visually impaired reach out and this can be addressed) ○ Phone: (502)-573-2604 ○ They do also offer services on training businesses to be Relay friendly and to make contact more accessible for these individuals ○ 911 Dispatch Trainings are completed as well • Fact Sheets: Sent out to anyone who said they might want to review them. <ul style="list-style-type: none"> ○ Discussion of three new students that will be working on the First Responder Fact Sheets (Haley, 	<p>Avery/ALL</p> <p>Peggy will be sending additional information on these services to the workgroup facilitators</p> <p>Pam discussed how Relay KY could be incorporated into our project goal to make First Responders more Age-Friendly</p> <p>We could also have Peggy come and speak at some of our community partners: ElderServe, TeleHealth Programs, etc.</p> <p>Avery has been compiling a</p>	<p>Pam will reach out to Peggy about setting up a presentation with the Trager students and possibly set up a way to include individuals in the Trager tablet program (for stroke patients, etc.)</p> <p>Reach out to contacts within the community about possible trainings and possibility of these trainings being centered at Trager: We need other eyes on the FR Factsheets in order to meet the project goals</p>

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> a. Next Goal: Informal review by 1st responders including police b. FR Factsheets were spread out for edits within the workgroup 3. Where are we with the new students? 4. Avery has been working on a new FR Factsheet that deals with Compassion Fatigue, Self Care, and Stress Management <ul style="list-style-type: none"> a. A first draft of this resource has been sent to the workgroup facilitators for edits v. Continue to work to push AARP Prepare to Care: How can we achieve this? How do we calculate if we have improved usage in any way? <ul style="list-style-type: none"> 1. Getting groups involved and defining resources specific to each domain workgroup 2. AARP Strategic Plan Report for AARP going forward (Due in Sept for each workgroup) 3. AARP Prepare to Care and how we are working to expand this in the community vi. Avery has been working on an alternative pain management resource based off a video created by Trager and by these presentations from Trager's Project ECHO on Opioid Risk Management and Integrative Pain Management Strategies 	<p>McClain, Savannah)</p> <ul style="list-style-type: none"> ○ New topics: LGBT Elders, immigrants, trauma, dementia, sensory impairment ● Discussion led by Pam about where we are and how to go forward with getting this information out to the community <ul style="list-style-type: none"> ○ Pam will do a final run through of these FR Factsheets and determine where to go forward with this ○ Go to state via Pam for EMS ○ Contact firehouses and see about interest in the trainings or at least receive the training resources ○ Sheila mentioned a group of Chaplains at firehouses that she might be able to get us in contact with some smaller fire departments <ul style="list-style-type: none"> ■ Get this information from Sheila ○ Subcommittee of Sheila, Avery, Kelly, Pam so we can see how we can act of dispersing this 	<p>resource on these videos/presentations to meet the need for this part of the strategic plan</p> <p>Draft will be sent out soon</p>	<p>Resource Avery</p>
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	<ol style="list-style-type: none"> 1. https://www.youtube.com/watch?v=zXVJk-yPHbw&feature=emb_title 2. Avery will give an update of what she has accomplished so far with this resource <ol style="list-style-type: none"> a. A third Draft has been created and will be sent out for edits <ul style="list-style-type: none"> • Pam reviewed where we are in terms of the chart sent out to collect information on our action plan: <ul style="list-style-type: none"> ○ pull together resources regarding health promotion within the community ○ Increase outreach to the populations that these resources serve 	<p>information and getting EMS and Fire involved</p> <ul style="list-style-type: none"> • Discussion of the Alternative Pain Management Resource: <ul style="list-style-type: none"> ○ Avery discussed the edits she has made and the direction that the edits are pushing the resource in ○ Avery has introduced an additional draft that will be introduced for edits by the group • Discussion of chart sent out by Pam on the insurance benefit aspect of things: <ul style="list-style-type: none"> ○ Carolina had a few comments and she will reach out to Pam 		
4.	Any announcement from our members?			

		<ul style="list-style-type: none"> • My Health Matters • AARP: Prepare to Care • Welcare • Medicaid Open Enrollment Meetings and Eligibility: AARP • 8 May WellCare is having a Health Promotion Parade • 26 May is National Senior Health and Fitness Day (Sana @ElderServe is your contact point for this) 		
5.	Next Workgroup Meeting location?	Zoom, June 1st @ 3pm		

Next Community Supports & Health Services (CS&HS) Meeting: June 1st, 2021, 3 to 4 pm

NOTE: CS&HS Meetings are always the 1st Tuesday of each month, 3-4 p.m.

Resources from Relay Kentucky Presentation:



KentuckyRelay.com

Haga la llamada con Kentucky Relay

Kentucky Relay hace posible que personas sordas, con problemas de audición, sordos-ciegos, o que tengan dificultad para hablar puedan hacer y recibir llamadas telefónicas. Cuando se conecte con Kentucky Relay, un asistente de comunicación (AC), le facilitará su llamada - puntual, profesionalmente, con exactitud y de forma confidencial.

Las llamadas retransmitidas tradicionales se basan en la TTY (también conocida como la TDD o como teléfono de texto). Sin embargo, hay muchos tipos diferentes de llamadas de retransmisión que acomodan las preferencias individuales para hacer llamadas.

TTY (teléfono de texto) les permite a las personas que son sordas o que tienen dificultades de audición a comunicarse a través del teléfono, escribiendo su mensaje y leyendo la respuesta de la otra parte.

VCO (Voz) es un servicio efectivo para las personas que tienen pérdida de audición y usan su voz en el teléfono.

HCO (Audición) es especialmente útil para personas que pueden escuchar, pero que regularmente a veces tienen dificultad para hablar por teléfono.

DBS (Servicio Sordo y Ciego) les permite a las personas con pérdida combinada de audición y de visión a hacer y a recibir llamadas telefónicas.

STS (Voz a Voz) es para individuos que tienen dificultad para hablar o ser entendidos por el teléfono.

Teléfono de subtítulos (CapTel) les permite a los usuarios a escuchar sus conversaciones telefónicas mientras leen textos palabra por palabra de lo que se les dice a ellos.

Para realizar una llamada a través de Kentucky Relay, sólo tiene que marcar el 711 o llamar al número de teléfono siguiente sin cargo:

Español: 866-557-5762

TTY: 800-648-6056

Voz: 800-648-6057

Voz a Voz: 888-244-6111

Si tiene sugerencias, comentarios o inquietudes, por favor, póngase en contacto con Servicio al Cliente de Kentucky Relay:

Correo Electrónico (E-mail): kyrelay@hamiltonrelay.com

Llame al: 866-744-7471 Voz/TTY

Visite: www.KentuckyRelay.com





KentuckyRelay.com

Kentucky Relay Speech-to-Speech (STS)

Speech-to-Speech is especially useful for individuals who have difficulty speaking or being understood on the phone.

Speech-to-Speech (STS) involves specially-trained Communication Assistants (CAs) who are familiar with a wide variety of speech patterns of callers with cerebral palsy, stroke complications, voice disorders or other speaking difficulties. The CA repeats the STS user's side of the conversation as needed, to ensure that the entire conversation is understood.

Making a call:

1. Dial 711 and request STS, or dial the toll-free STS number for Kentucky, 888-244-6111.
2. Give the CA the number to call.
3. The CA will ask the STS user about his/her call preferences relating to repeating either everything the STS user says or remaining in the background until assistance is requested.
4. The STS user may provide any other special instructions to the CA during the call.
5. The CA will repeat three- to four-word phrases unless requested otherwise.

Tips for STS Users

- You are in charge of your call. You may request a male or female CA, and as long as one is available, your request will be honored.
- Give the CA as much information as possible about your call prior to them dialing. For example, if you know you are calling an automated system that requires you to select from a number of different options, let the CA know which options you want before the call is placed.
- Once the call is connected, everyone on the call will be able to hear each other. You can choose

whether or not the person on the other end hears your voice.

- It is helpful if you pause while the CA repeats what you've said.
- You or the person you are calling may request that the CA remain in the background. If you need the CA to begin repeating what you've said at any time during the call, you must request the CA to do so. This approach is especially helpful when calling family, friends or others who are familiar with your speech.
- If you reach an answering machine, the CA will get your full message and then call back to leave that message.
- Do not be concerned with the length of time a call may take. There is no time limit, and you may make as many consecutive calls as you like.

To learn more about Speech-to-Speech:

Call 888-662-2406, email kyrelay@hamiltonrelay.com or visit KentuckyRelay.com





KentuckyRelay.com

Make the Call with Kentucky Relay

Kentucky Relay makes it possible for individuals who are deaf, hard of hearing, deaf-blind, or have difficulty speaking to make and receive telephone calls. When you connect with Kentucky Relay, a Communication Assistant (CA) will facilitate your call - promptly, professionally, accurately and confidentially. Several relay service options are available to accommodate the needs of various users. Primarily, calls are conducted through the use of an assistive communications device such as a TTY, deaf-blind communicator or other specialized equipment.

TTY (Text Telephone) allows individuals who are deaf or hard of hearing to communicate over the phone by typing their messages and reading the other party's responses.

VCO (Voice Carry Over) is an effective service for people who have hearing loss and use their voice on the phone.

HCO (Hearing Carry Over) is especially useful for people who can hear, but who regularly or occasionally have difficulty speaking over the phone.

DBS (Deaf-Blind Service) allows people with combined hearing and vision loss to place and receive telephone calls.

STS (Speech-to-Speech) is for individuals who have difficulty speaking or being understood on the phone.

Captioned Telephone (CapTel®) allows users to listen to their phone conversations while reading word-for-word captions of what's said to them.

Spanish Relay allows Spanish-speaking relay users to access all relay call types. Calls can be translated between Spanish and English if you and the person you are calling are both within the state.

To place a call through Kentucky Relay, simply dial 711 or call one of the toll-free numbers below:

TTY: 800-648-6056

Voice: 800-648-6057

STS: 888-244-6111

Spanish: 866-557-5762

If you have suggestions, comments or concerns, please contact **Kentucky Relay Customer Care:**

E-mail: kyrelay@hamiltonrelay.com

Call: 888-662-2406 Voice/TTY

Visit: www.KentuckyRelay.com



That's what I'm talking about.
HAMILTON
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Kentucky Relay
Powered by Hamilton Relay



**Telecommunications
Access Program
APPLICATION & CERTIFICATION**

APPLICANT INFORMATION

Applicant's First Name: _____ MI: _____ Last: _____ Maiden: _____
Date of birth: _____ Last four digits of Social Security Number: _____ (OPTIONAL)
Street address (Must be 911) or Residential: _____
City: _____ State: _____ Zip Code: _____
Mailing address (PO Box permitted): _____
Shipping Address (If different from street): _____
City: _____ State: _____ Zip Code: _____
Telephone: (_____) _____ or VP# (_____) _____
Email Address: _____

Hearing Status:

- ☐ Deaf
- ☐ Hard of Hearing
- ☐ Late-Deafened
- ☐ Severely Hard of Hearing
- ☐ Speech Impaired
- ☐ Deaf and Blind
- ☐ Deaf with Limited Vision
- ☐ Hard of Hearing with Limited Vision

KY resident more than one year? ☐Yes ☐No

Do you have power of attorney? ☐Yes ☐No

If yes, must provide copy of POA document.

Active Vocational Rehabilitation client? ☐Yes ☐No

If yes, must provide letter from VR.

STATEMENT OF UNDERSTANDING

I _____, attest and understand the following:
(PLEASE PRINT YOUR NAME)

All information on this application is true and I agree to notify the KCDHH Telecommunications Access Program (TAP) of any changes in my information. I can apply online using an electronic application and submit my verification electronically, if I choose, through KCDHH website: <https://www.kcdhh.ky.gov> I am unable to use regular telephone services without specialized telecommunications equipment (STE). If any information provided is false, I must return the equipment to the TAP and will be disqualified. If I sell, trade or gift the STE to another individual, I will be disqualified. I accept full responsibility for the equipment, accessories, supplies and all service bills associated with its use. The TAP has a limited amount of funds. There is a possibility that applicants may be placed on a waiting list due to a large number of applications. The STE shall be distributed on a nondiscriminatory, first-come, first-serve basis. Only one telecommunications device and one signaler per individual or household is distributed, depending on the STE selected.

Applicant's Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

(PARENT/GUARDIAN SIGNATURE REQUIRED IF APPLICANT IS AGE 5-17)

FOR OFFICE USE ONLY: Approved: _____ Date: _____ App #: _____

PROFESSIONAL CERTIFICATION

APPLICANTS DO NOT COMPLETE THIS SECTION.

The certification is to be completed by a licensed professional who serves deaf, hard of hearing and/or speech-impaired individuals. Applicants who are deaf-blind or deaf with limited vision must include additional certification on official letterhead from a licensed eye specialist to qualify for some equipment. Speech-impaired applicants must provide certification from a licensed speech-language pathologist.

Licensed Professional or Agency (prior approval required for agency head):

- | | |
|---|---|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Physician (Family, ENT or Internal Medicine) |
| <input type="checkbox"/> Speech-Language Pathologist | <input type="checkbox"/> Eye Specialist (for vision loss only) |
| <input type="checkbox"/> Hearing Instrument Specialist | <input type="checkbox"/> Physician's Assistant-Certified |
| <input type="checkbox"/> Advanced Practice Registered Nurse | <input type="checkbox"/> Director Public/Private Agency: (Requires preapproval) |

Name: _____ Title: _____
(PLEASE PRINT/TYPE)

Address: _____

City _____ State _____ Zip Code _____

Telephone: _____ State License # _____

"I certify that the applicant has a hearing loss, speech impairment or vision loss as verified which restricts the person's use of telecommunication services."

Professional's Signature _____

The person applying to receive specialized telecommunications equipment, which will enable them to access telecommunications, must verify their disability. Please verify whether the applicant's hearing loss, speech impairment or vision loss will prevent or cause a reduced ability to use telecommunication services. Attach any supporting documentation. *If you have any questions, please call the Kentucky Commission on the Deaf and Hard of Hearing at (800) 372-2907 (V/T).*

IF YOU DO NOT POSSESS A KENTUCKY MEDICAL LICENSE, VERIFICATION MUST BE SUBMITTED ON PROFESSIONAL LETTERHEAD AND YOUR STATE LICENSE NUMBER MUST BE LISTED ON THE LETTERHEAD.

APPLICANT STATUS

Have you applied for the Telecommunications Access Program (TAP) before? ☐ Yes ☐ No

Are you applying to replace the equipment you already received from this program? ☐ Yes ☐ No

If yes, why do you need to replace the equipment? **Please check one below:**

- ☐ It has been four (4) years or the equipment is non-functional.
(You must verify that the equipment is no longer functional.)
- ☐ A new and more appropriate device is available through this program.
(As determined by KCDHH staff.)
- ☐ Disability status has changed. (Professional verification letter is required.)
- ☐ STE was stolen or destroyed by natural disaster.
(Verification required as determined by KCDHH staff.)

***First time applicants are served before reapplicants
when considering first-come, first-serve priority.***

EQUIPMENT SELECTION

EQUIPMENT CANNOT BE EXCHANGED AFTER YOU RECEIVE IT, SO CHOOSE CAREFULLY!

LANDLINE APPLICANTS: You **MUST** attach a copy of your telephone bill. If the applicant's name is not on the telephone bill or the address is different from your application, you **MUST** attach a copy of your Kentucky Driver's License or other verification as approved by program staff.

WIRELESS APPLICANTS: You **MUST** submit a copy of a valid Kentucky Driver's License or other official ID showing legal Kentucky residency.

Complete this section by writing the name of the equipment you and your hearing, speech or vision loss professional recommended. Choose equipment from the brochure provided. Be **VERY** careful to write the correct name of equipment you wish to obtain, as you cannot exchange after receipt.

Telephone or Wireless Equipment

Signaler Equipment

Device Name _____

Device Name _____

Do you need training to use the above selected devices? ☐ Yes ☐ No

For more detailed information on devices,
PLEASE SEE OUR DEVICE LISTS ONLINE AT <https://www.kcdhh.ky.gov/oea/whatequip.html>

An Agency of the Education and Workforce Development Cabinet

TELECOMMUNICATIONS ACCESS PROGRAM

The 1994 Kentucky General Assembly enacted legislation which directed the Kentucky Commission on the Deaf and Hard of Hearing (KCDHH) to establish a program to distribute specialized telecommunications equipment (STE), to deaf, hard of hearing and speech impaired persons in Kentucky. The distribution program is funded through a surcharge on Kentucky telecommunication access lines. Household income is not considered when determining eligibility. This program increases the accessibility of the telecommunications system to persons who are deaf, hard of hearing, deaf blind or speech-impaired.

Applicants must meet the following criteria:

- Be a legal resident of the state of Kentucky for at least one year. Official identification shall be provided by the applicant, with a matching address as listed on the application, to establish residency.
- The minimum age of an applicant shall be five (5) years. For a wireless device the applicant shall be thirteen (13) years of age. In the case of applicants between five (5) and eighteen (18) years of age, parents or guardians shall apply on behalf of applicants and assume full responsibility for the equipment;
- Be deaf, hard of hearing, deaf blind or speech-impaired such that the applicant cannot use telecommunications equipment for communication without adaptive equipment. Applicants shall provide, at their own expense, professional verification that they are deaf, hard of hearing, deaf blind or speech impaired. A licensed physician; GP, IM, ENT or an APRN or PAC, or an audiologist, hearing instrument specialist, speech pathologist or eye specialist must provide this verification. Verification of vision loss shall be requested to qualify for some equipment.

Upon request, applicants shall provide a copy of the telephone bill that shows the *name*, *address*, and *telephone number* on the bill. If the name on the telephone bill does not match the name on the application, ID must be provided by the applicant with a matching address. Identification must be provided for wireless devices.

BEFORE SENDING IN THIS APPLICATION, PLEASE CHECK THE FOLLOWING:

- 👉 Did you fill out the application completely? Either hardcopy or online?
- 👉 Do you have all necessary signatures, including yours? (*Electronic accepted if applicable.*)
- 👉 Did you pick (write in) the equipment you want to receive?
- 👉 Did you enclose a copy of your most recent telephone bill, if requested?
(Send us a copy of the page that shows the name, address, and telephone number.)
- 👉 Did you provide an official ID that shows the address as listed on the application?
- 👉 If ordering a wireless device, enclose the signed TAP Wireless Agreement.
- 👉 You may submit an application and provide verification electronically if you choose.