

**The Commonwealth of Virginia
State Plan for Aging Services
October 1, 2007 – September 30, 2011**



**The Virginia Department for the Aging
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VERIFICATION OF INTENT

The Virginia State Plan for Aging Services, funded under Title III and Title VII of the federal Older Americans Act of 1965 (as amended in 2006), covers the period from October 1, 2007, to September 30, 2011. The Virginia Department for the Aging has been given the authority to administer the Title III and Title VII programs in accordance with all requirements of the Older Americans Act, and is primarily responsible for the coordination of all state activities related to the purposes of the Act including the development of comprehensive and coordinated systems for the delivery of supportive services and nutrition services, and to serve as an effective and visible advocate for the older citizens of the Commonwealth.

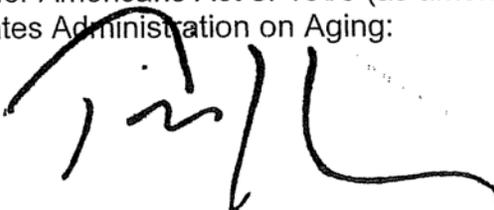
The Virginia Department for the Aging will conduct the activities outlined in this Plan in accordance with the Older Americans Act, as amended, and with the regulations, policies, and procedures established by the Assistant Secretary for Aging of the United States Administration on Aging.



Julie Christopher, *Commissioner*
Virginia Department for the Aging

Date 7/10/07

I hereby approve this State Plan for Aging Services funded under the federal Older Americans Act of 1965 (as amended) and authorize its submission to the United States Administration on Aging:



The Honorable Tim Kaine, *Governor*
The Commonwealth of Virginia

Date 08/03/07

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The Commonwealth of Virginia State Plan for Aging Services October 1, 2007 – September 30, 2011

INTRODUCTION

The Virginia Department for the Aging (VDA) develops a State Plan for Aging Services every four (4) years. This Plan is required by the federal Older Americans Act of 1965 (as amended in 2006), and its purpose is twofold: 1) to help structure the Department's provision of services to older Virginians and 2) to serve as Virginia's application to receive federal funds under Titles III and VII of the Older Americans Act. The Plan includes assurances that federal funds will be administered in accordance with current federal laws. This Plan covers a four-year period: October 1, 2007 through September 30, 2011.

This 2007 – 2011 State Plan is based, in part, on input from older Virginians, their families, service providers, policy makers, advocates and others who participated in nine Community Conversations on Aging held throughout Virginia in the Fall of 2006 and the Spring of 2007; and in part by the coordinated efforts of the staff of VDA who are charged with assuring the provision of services and programs for older Virginians with the greatest social and economic needs.

This Plan serves as the framework for the provision of aging services within the Commonwealth and reflects the areas of need identified by Virginia's 25 local Area Agencies on Aging (AAAs), Virginia's Commonwealth Council on Aging, and the participants of the Community Conversations on Aging. In administering, managing, and coordinating programs and services for older Virginians, preference is given to individuals who are low-income, minority, limited English speaking, and/or live in rural, geographically isolated communities.

This Plan provides information on the aging network in Virginia and includes the system of services available to Virginia's older citizens, the distribution of funds to support these services, and the challenges and future directions to meet the demands that confront an aging Commonwealth.

PLAN OVERVIEW

The State Plan is organized into nine (9) sections:

Section I, Community Voices: Needs and Issues presents an overview of the feedback that Commissioner Christopher received during nine Community Conversations on Aging that were held throughout the Commonwealth in the Fall of 2006 and the Spring of 2007.

Section II, The Silver Tsunami provides information about the unprecedented growth in Virginia's aging population.

Section III, A Vision for Aging in Virginia provides ideas for what the Commonwealth should begin to do to address the needs of, as well as take advantage of the opportunities presented by, the aging of our population as described in Section II.

Section IV, Virginia's Aging Network provides an overview of the aging network including the roles of VDA, AAAs, and three advisory boards.

Section V, State and Community Programs Impacting Older Virginians provides an overview of the basic services and programs provided through our AAAs as well as the new, innovative, and best practices found in our network including Virginia's pilot Aging and Disability Resource Centers (ADRCs) and award winning No Wrong Door initiative.

Section VI, Virginia Initiatives Addressing Program Goals Established by the Federal Administration on Aging provides a description of programs and services that addresses the following federal program goals: 1) Choices for Independence and 2) Ensuring the Rights of Older People.

Section VII, Vulnerable Elder Rights Protection provides an overview of how Virginia's aging network addresses elder rights protection.

Section VIII, Targeting provides information about how Virginia's aging network targets older individuals 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.

Section IX, Virginia's Intrastate Funding Formula will describe VDA's formula for distributing federal and state funds among the 25 local AAAs.

The Plan includes a number of *Appendices* that include the "assurances" required by the federal Administration on Aging, a list of the 25 local AAAs, and a map of the AAAs.

MISSION STATEMENT

VDA's mission is to foster the independence, security, and dignity of older Virginians by promoting partnerships with families and communities. VDA's ultimate goal is to improve the quality of life for older persons and to foster the development of a comprehensive and coordinated approach to the provision of a community-based system of services. The challenge for Virginia is to provide its older citizens with a consistent message of available long-term services and supports, no matter where they come into the system. Virginia's *No Wrong Door* initiative is designed to harness technology by creating a web portal to serve as a one-stop resource for both consumers

and service providers. Our goal is to enhance the ability of older individuals to live as independently as possible, actively participating in and contributing to their communities.

While we are dedicated to providing services to those in greatest need as described in Section 305 of the Older Americans Act of 1965 (amended in 2006), a significant percentage of Virginia's elders may not fit into one or more of the specific target groups. Virginia's 25 local AAAs provide assistance to many older individuals who have short-term needs, or require help which is intermittent in nature. As a result, thousands of elders are able to maintain their independence because of ongoing case management, transportation services, nutrition services, and other programs that may not be crisis driven, but are focused on prevention and preserving functional abilities. Without these programs, many older Virginians would eventually be at greater risk for deteriorating health and economic status, and become at-risk for premature institutionalization.

SECTION I COMMUNITY VOICES: NEEDS AND ISSUES

The Virginia Department for the Aging (VDA) could not develop a comprehensive State Plan for Aging Services without input from a variety of individuals, agencies, organizations, and stakeholder groups. VDA used two main strategies for eliciting input from the broader community: 1) VDA solicited input on the draft Plan for Aging directly from organizations and stakeholders and, 2) VDA conducted nine (9) *Community Conversations on Aging* across the Commonwealth.

Comments on Draft Plan

VDA notified a wide variety of individuals, agencies, organizations, and stakeholders that a draft of the State Plan was available for review and comment. Copies of the plan could be downloaded from the VDA website (www.vda.virginia.gov) or a hard copy could be requested by calling the VDA's toll free number (1-800-552-3402). The following comments were received:

- Mike Guy, executive director of the District Three Senior Services Agency on Aging, stated: We appreciate the hard work that...VDA staff members have put into the draft State Plan for Aging Services. We support the document as presented.
- Thelma Gilley, a member of the Commonwealth Council on Aging from Big Stone Gap, made several comments including: The State Plan covers those senior citizens in low income situations. Many of the senior citizens in [my] area are just above this income level and there is nothing for them. I have been in contact with many who would be interested in the services provided by [the local Agency on Aging] if there was a sliding scale so they could get services.
- Dr. Linda Redman with the Virginia Board for People with Disabilities had several comments including: The term 'tsunami' may be too strong. The data on the baby boomers may not support this 'destructive' adjective. VDA needs to take a more in-depth look at the demographics, particularly for immigrants, rural areas, and people with disabilities as these sectors will have an impact on services and programs. VDA should focus more effort on the health care workforce issue.

Community Conversations on Aging

As part of Virginia's planning and development process for the State Plan, Julie Christopher, the Commissioner for Aging, held nine (9) *Community Conversations on Aging* across the Commonwealth. These events were designed to elicit input from older Virginians, their families, and from community-based service providers, organizations and agencies. More than 800 Virginians participated in these Conversations and shared their concerns and ideas about Virginia's aging programs and services.

Norfolk, VA – November 2, 2006

More than 90 persons participated in the Community Conversation on Aging held at the Norfolk Senior Center (7300 Newport Avenue) from Noon until 2 PM. These participants divided into three discussion groups and developed the issues listed below:

Overarching Issue – Need for additional federal, state, and local funding for programs and services to assist older Virginians to remain independent in their own homes and to avoid more costly nursing home care.

Workforce Issues –

- Need more training for Certified Nurse Aides (CNAs) to deal with dementia and behavioral (mental health) issues in both the client's home and the nursing home.
- Need to create a "career ladder" that will improve the pay and respect for CNAs by increasing Medicaid reimbursement for nursing homes.
- Need to provide scholarships or other incentives for medical and nursing students to encourage them to specialize in geriatrics.
- Need to provide scholarships and other incentives to encourage Social Work students, Occupational Therapy students, and Physical Therapy students to consider careers in aging.
- Need to establish staffing ratios in nursing homes and other specialized institutional settings to assure quality of care.

Safe and Affordable Housing

- Need tax breaks to encourage developers to build "elder friendly" housing.
- Need additional funding for HUD programs that provide housing options to low-income Virginians.

Case Management (Care Coordination) Services

- Need additional funding to provide case management services to older Virginians and their families to assist them in navigating Virginia's long-term care services system.
- Need specialized training and reimbursement for Geriatric Care Managers.

Support for Family Caregivers

- Need additional funding to provide training and support for family and informal caregivers.
- Need to consider ways to pay informal caregivers to provide care to older persons so they can remain in their own homes. This type of "consumer directed" care is being piloted in other states.
- Need funding for additional services such as adult day care that provide respite (relief) to family and informal caregivers.

Medicare Part D – Prescription Assistance

- Need additional funding for Area Agencies on Aging to provide information and counseling to assist Medicare beneficiaries to choose a Part D drug plan.

- Need additional trained and knowledgeable persons to staff the federal toll-free numbers that provide information about Medicare Part D.

Tax Issues

- Government needs to be more creative in how they spend tax dollars on services and programs.
- Government needs to avoid duplication and waste in human services.

Transportation

- Need additional funding to expand affordable, accessible, and reliable community transportation services to take older and disabled persons to the doctor, pharmacy, grocery store, bank, etc.
- Need reliable “on demand” public transportation services seven days a week for those who cannot drive.
- Need to consider the development and funding of a voucher or “smart card” system for providing transportation through the existing bus, taxi, and wheelchair van programs already available in local communities.
- Need to pass legislation that would make volunteers who provide transportation in their own vehicles exempt from liability claims in case of an accident.

Personal Responsibility

- Need to educate middle-aged and younger Virginians to begin now to prepare for their older years. Encourage them to plan for a physically active and financially secure old age.
- Need affordable long-term care insurance policies that low and medium-income families can afford to purchase.

Medicare Reimbursement for Physicians

- Need to increase, not reduce, Medicare reimbursement to physicians who accept Medicare as payment for their services.
- Need to encourage Virginia’s physicians to accept Medicare patients by offering state incentives.

Aging in Place

- Need funding to support those older individuals living independently in apartments and HUD projects who require some in-home support services to maintain their independence and avoid nursing home placement.

Mental Health Services

- Need to increase funding for community mental health services targeted to isolated, depressed older citizens.
- Need to increase funding for alcohol/substance abuse prevention services for older Virginians.
- Need to continue to fund institutional-based services for those older persons whose behavioral problems make them unsuitable for community-based services or routine skilled nursing home care.

Medicaid Beds for Dementia and Behavioral Problems

- Need Medicaid funding for specialized beds to serve persons with dementia and/or behavioral problems.
- Need to require specialized training for staff who work with patients in these specialized beds.
- Need to establish staffing ratios for residents of specialized beds to assure quality of care.

Newport News, VA – November 2, 2006

More than 75 persons participated in the Community Conversation on Aging held at St. Paul's Baptist Church (12716 Warwick Boulevard) in Newport News from 4 PM until 6 PM. These participants divided into two discussion groups and developed the issues listed below:

Overarching Issue – High cost of long-term care services both in the home as well as in facilities.

Work Force Issues

- Need to create a “career ladder” that will improve the pay and respect for Certified Nurse Aides (CNAs).
- Need to recruit and train additional CNAs to meet the growing need for care in both facilities and home settings.
- Need to train service providers to more effectively deal with dementia and/or behavioral problems.

Home-Based services

- Need additional funding for home-based services that will allow older persons to remain independent in their own homes and avoid more costly institutional care.
- Need to address the low rate of reimbursement for Medicaid-funded home-based services.

Medicare Reimbursement for Physicians

- Need to increase, not reduce, Medicare reimbursement to physicians who accept Medicare as payment for their services.
- Need to encourage Virginia's physicians to accept Medicare patients by offering state incentives.

Support for Family Caregivers

- Need to consider ways to pay informal caregivers to provide care to older persons so they can remain in their own homes. This type of “consumer directed” care is being piloted in other states.

Legal Assistance

- Need funding to educate older persons about the dangers of fraud, scams, and financial abuse particularly through the standard Power of Attorney document.
- Need funding to provide legal services to low-income older persons who have been the victims of scams, fraud, and financial abuse.

Mental Health Services

- Need to increase funding for community mental health services targeted to isolated, depressed older citizens.
- Need to train caseworkers, outreach workers, and other direct care staff to identify and refer older persons with dementia or behavioral problems.
- Need specialized services to address depression and suicide among older persons.

Personal Responsibility

- Need to offer tax incentives for employers to offer affordable long-term care insurance as one of the benefits that employees may choose.
- Need to educate persons about the need to plan for their future by purchasing long-term care insurance.
- Need to increase Medicare reimbursement for disease prevention and health promotion activities aimed at keeping persons healthier into old age.

Transportation

- Need additional funding to expand affordable, accessible, and reliable community transportation services to take older and disabled persons to the doctor, pharmacy, grocery store, bank, etc.

Case Management (Care Coordination) Services

- Need additional funding to provide case management services to older Virginians and their families to assist them in navigating Virginia's long-term care services system.

Long-Term Care Ombudsman

- Need to increase funding for Virginia's local long-term care ombudsman to conform to the national Institute of Medicine's recommendation that there be 1 ombudsman for every 2,000 beds. Virginia averages 1 ombudsman for roughly every 4,000 beds.

Assisted Living Facilities

- Need to develop and fund additional affordable assisted living options.

Safe and Affordable Housing

- Need to mandate the concept of "visitability" in the construction of new housing to assure accessibility for persons with disabilities and to allow persons to age in place.
- Need to provide funding for communities to develop affordable housing options for low-income older persons.

- Need funding to build safe and affordable wheelchair ramps that meet code requirements. Lobby Congress to redirect HUD funds to build ramps.

Nursing Homes

- Need to provide additional oversight of nursing homes to assure quality of care.
- Need to adopt staffing ratios.
- See workforce issues above.

Health Care Insurance

- Need to provide affordable health care insurance. Require employers to offer health coverage.

Sterling, VA – November 16, 2006

More than 90 persons participated in the Community Conversation on Aging held at the Cascades Senior Center (21060 Whitfield Place) in Sterling from 2 PM until 4 PM. These participants divided into three discussion groups and developed the issues listed below:

Overarching Issue – How can we plan for the Baby Boomers when we are not providing sufficient support to our current older citizens?

Support for Family Caregivers

- Need program that can intervene and prevent caregiver burnout.
- Need more adult day care programs.
- Need more services that provide respite to family caregivers.
- Many low-income older persons only survive by living with their adult children.

Institutional-based care

- Need affordable continuing care retirement communities (CCRCs).
- Need affordable assisted living facilities (ALFs) for lower-income seniors.
- Need ALFs that allow pets.
- ALFs and other institutional settings should provide good lighting and storage space.
- Virginia needs to raise the Auxiliary Grant rate to encourage more facilities to participate in this program.
- Need affordable nursing home and ALF beds in Northern Virginia so families are not forced to send their frail relatives to facilities in rural counties.

Medicare Part D – Prescription Assistance

- Need Part D plans that provide more coverage.

Medicaid and Medicare

- Need to reduce the age of eligibility so more people can receive Medicare.
- Medicare should cover hearing aids and dentures or other critical dental work.

- Virginia needs to increase the Medicaid reimbursement rate for home care providers.

Transportation

- Need additional funding to expand affordable, accessible, and reliable community transportation in the evenings and on weekends.
- Need additional transportation so more seniors can take advantage of community senior centers and congregate meal sites.
- Need additional vehicles with wheelchair lifts.
- Need “assisted” transportation services that will help persons get to and from the vehicle.

Safe and Affordable Housing

- Need affordable and accessible housing for low-income persons.
- Need assistance to help frail, low-income homeowners maintain their homes (lawn care and handy man services).
- Need to encourage civic groups and clubs to provide free handy man services to older home owners.
- Require builders to build single-story homes for an aging population.
- Require builders to construct accessible housing that will allow people to age in place.
- Provide additional assistance to help low-income seniors heat and/or cool their homes.
- Cluster affordable housing for seniors around services and amenities (pharmacy, grocery store, etc.).
- Virginia needs to encourage the development of communal-living options for seniors at all economic levels.

Home & Community-Based Services

- Need additional funding for home-based services that will allow older persons to remain independent in their own homes and avoid more costly institutional care.
- Need to get information about services and programs into the immigrant (non-English speaking) communities.
- Need more social workers to help low-income and poorly educated older persons apply for benefits and programs.
- Need special outreach to seniors with hearing loss to ensure that they apply for and receive services.
- Need all these services to be affordable so individuals and families can afford to obtain the help they need.

Tax Issues

- Need to provide property tax relief for older homeowners so they can afford to remain in their homes.
- Need to reduce the overall tax burden on older people who have been paying taxes all their adult lives.

Medicare Reimbursement for Physicians

- Doctors should be required to accept Medicare.

Workforce Issues

- Need more trained and certified home care workers to meet the growing demand for services.
- Need to pay home care workers and Certified Nurse Aides a decent wage so they can afford to live and work in Northern Virginia.

Alexandria, VA – March 14, 2007

More than 80 persons participated in the Community Conversation on Aging held at the Lincolnia Senior Center (4710 North Chambliss Street) from 10:00 AM until Noon. These participants divided into three discussion groups and developed the issues listed below:

Overarching Issue – Mobility and housing.

Safe and Affordable Housing

- Need more affordable assisted living facilities and other residential options.
- Need special programs to assist older and disabled persons with affordable home modifications.
- Government needs to develop incentives for developers to build affordable, accessible housing units.
- Need support for public/private partnerships to develop affordable housing options.
- Need to connect community services with HUD-funded housing projects.
- Need to promote the concept of “universal design” or “visitability.” In housing construction.
- Medicaid needs to pay for assisted living for low-income persons.
- Virginia should consider some type of tax deduction for persons residing in assisted living facilities.
- Need programs to provide grants to low-income homeowners to retrofit their homes to allow for aging in place.
- Virginia needs to encourage the support the development of intergenerational living communities where younger families can provide companionship and support to older residents.

Transportation

- Need reliable Medicaid-funded transportation services.
- Need affordable and accessible fixed-route transit.
- Need more transportation services available on weekends and evenings.
- Need a specialized “assisted” or “escorted” transportation service that includes an aide to actually accompany the person to and from their appointments.

- Need to promote pedestrian safety and make communities “pedestrian friendly”.
- Need more transportation services for persons in wheelchairs or who have limited mobility.
- Virginia needs to reform or replace the current “broker” model for funding non-emergency transportation.
- Northern Virginia needs to better coordinate transportation services across the region to increase efficiency and better serve older and disabled residents.

Home and Community-Based Services

- Need to educate families so they are prepared to age in place.
- Need more services that allow persons to remain independent in their own homes.
- Need affordable home-delivered meals available on weekends and holidays.
- Home-delivered meals must be culturally sensitive and support specific medical conditions.
- Need the full range of services to be culturally and linguistically sensitive and appropriate.
- Need a service to help older persons “de-clutter” their homes and prepare to move to a smaller and more manageable living situation.
- Need more affordable and dependable “handyman” services (lawn mowing, snow shoveling, small home repairs, etc.) to help people age in place.
- Need more programs to help older persons manage their finances.
- Need specialized programs that provide transportation and personal assistance so that older persons can do their own shopping, go to the pharmacy, etc.
- Need programs and services targeted to those older persons who have too much income to qualify for Medicaid, but are still too poor to purchase services that allow them to age in place.
- Need to promote the use of care management tools on service provider websites.
- Need to place written information about services and programs in every doctor’s office, pharmacy, grocery store, and other locations where older and disabled persons may go.
- Need more outreach services for the deaf and hard of hearing to provide them with information about programs and services.
- Need more outreach services to socially and linguistically isolated persons to provide them with information about programs and services.

Mental Health Services

- Need more mental health services provided to seniors in their homes.
- Need more services to address alcohol and medication abuse among depressed older persons.
- Need services to address the social isolation that many older and disabled persons experience.
- Lack of specialized supportive housing options for older persons with mental health or mental retardation problems.

- Need an inpatient geriatric mental health facility in Northern Virginia.

Medicaid and General Healthcare Issues

- Need affordable and accessible healthcare for those not covered by Medicare or eligible for Medicaid.
- Need an increase in the personal care allowance for persons in nursing homes.
- Need specialized assistance to help persons safely take their medications.
- Need higher Medicaid reimbursement for all services.
- Need to raise the income eligibility limits for Medicaid.
- Need to lower the eligibility levels for admission to nursing homes, thus increasing the numbers of persons who could take advantage of Medicaid waived services.

Personal Responsibility

- Need to make life-long learning opportunities available to older persons.
- Need to promote “senior leadership” programs.
- Need more training programs to teach older persons how to use the computer.
- Need a program to help low-income older persons purchase and use computers.
- Need to educate baby boomers about long-term care and the need to plan for their old age.

Aging-Friendly Communities

- Virginia needs to support the development of aging-friendly communities that can benefit persons of all ages and abilities.
- Need to make sidewalks accessible for wheelchairs, scooters, and other personal transportation devices.
- Need to develop neighborhoods that are pedestrian friendly and have grocery stores, pharmacies, libraries, etc. within walking distance.

Fraud and Abuse

- Need more educational programs to alert older persons to scams, frauds, and other forms of financial abuse.
- Need to provide specialized assistance to vulnerable older persons to help them manage their finances and avoid becoming a victim of fraud or exploitation.

Other

- Virginia needs to repeal the “Dillon Rule” and allow local governments more flexibility in generating revenue that can support critical services for older citizens.
- Need to pay Certified Nurse Aides and other direct care providers a living wage, provide health and retirement benefits, and create a career ladder.
- Need more funding to provide public guardianship services.
- Need affordable long-term care insurance policies.
- Need support for older parents who are caring for their adult disabled children.

- Need funding to provide additional case management services for individuals and families to help them navigate the complex long-term care system.
- Need more support for local Virginia Insurance Counseling and Assistance Programs (VICAP) to make reliable insurance and Medicare counseling services available to more older persons.

Danville, VA – March 29, 2007

More than 55 persons participated in the Community Conversation on Aging held at the Ballou Recreation Center (760 West Main Street) from 4:00 PM until 6:00 PM. These participants divided into three discussion groups and developed the issues listed below:

Overarching Issue – Mobility and housing.

Safe and Affordable Housing

- Need affordable housing options for older and disabled persons currently living in expensive or unsafe housing units.
- Need to develop “cluster” housing and “shared” housing alternatives.
- Need to develop affordable housing that includes supportive services as well as socialization services.
- Virginia should levy a fee on all homeowner insurance policies sold in the Commonwealth to pay for housing services for low-income older persons.
- Virginia should develop a program to assist citizens (both homeowners and renters) in paying for their utility bills.
- Affordable housing options need to be developed next to bus lines or include transportation services.
- Need more HUD Section 8 and Section 202 housing projects. Also need the federal government to do a better job of inspecting and monitoring the Section 8 housing stock.

Transportation

- The region needs affordable and accessible transportation services.
- Need transportation services that include one-on-one assistance to help frail persons or persons suffering from dementia.
- Need on-demand transportation services as well as fixed-route transportation.
- The General Assembly should transfer some funding from highway building funds and mass transit funds to support specialized transportation for elderly and disabled persons.
- Need affordable transportation services to carry persons to Virginia’s specialty hospitals (University of Virginia and Medical College of Virginia, for example).

Nursing Home/Institutional Care

- Need affordable nursing homes.
- Need affordable assisted living facilities.
- Need better quality of care in nursing homes.

- Need mandatory staffing levels in nursing homes. We have these in adult day care programs...so we should also have them in nursing homes.
- Virginia should consider building more state-operated geriatric facilities for those older persons with mental illness and advanced dementia who cannot be adequately cared for in a standard nursing home.
- The federal government needs to increase reimbursement through the Medicaid program for institutional-based services.
- Need better training and salaries for Certified Nurse Aides who provide the bulk of the care in nursing homes.

Home and Community-Based Services

- Need affordable community services to allow people to remain in their homes for as long as possible.
- Need affordable and reliable home repair programs that can help older and disabled persons remain in their own homes.
- Need affordable adult day care programs in all counties and cities.
- Need additional funding for home delivered meals. In some places there is a long waiting list to receive these meals.
- Virginia should consider providing a tax incentive to companies and businesses that participate in the home-delivered meals program by providing meals and/or transportation.
- Need additional case management services to coordinate services for persons who choose to remain in their homes rather than move to an assisted living facility or nursing home.

Medicaid, Medicare, and General Healthcare Issues

- Need more information about Medicare and Medicaid programs, how to apply, and how to appeal if the applicant is turned down for benefits.
- The federal and state governments need to develop incentives for increasing the numbers of providers in the health and long-term care service system, especially geriatricians, geriatric nurses, and Certified Nurse Aides.
- The federal government should require Medicare to pay for adult day care services.
- Medicaid should pay family and informal caregivers chosen by the beneficiary to provide in-home services.
- The federal government should purchase prescription drugs in bulk to lower the cost of drugs through the Medicare Part D program.
- The federal government needs to simplify the Medicare Part D program.
- The federal government needs to reduce the paperwork burden on Medicaid and Medicare providers. This would encourage more agencies and individuals to become providers.
- Medicare should cover transportation costs for dialysis services.
- Need to close the gap (doughnut hole) in the Medicare Part D program.

Fraud and Abuse

- Need more educational programs to alert older persons to scams, frauds, and other forms of financial abuse.
- Need special protections for persons who have signed a Power of Attorney to protect them from unscrupulous family members or others.
- Some long-term care insurance companies, along with some prescription drug programs under Medicare Part D, use unscrupulous tactics to get older persons to sign-up for services.

Other

- Need more consumer information about the full range of services and programs available for elderly and disabled persons.
- Need additional opportunities for employment for older and disabled persons. The US Dept. of Labor needs to expand employment programs for this target population.
- Most Virginians prefer to remain in their own homes rather than move into an institutional setting.
- The federal and state governments rely too heavily on the internet as a means for getting information to older persons. Many, if not most, low-income older persons simply do not have access to the internet.
- Need more one-time-only assistance to help people deal with emergencies.
- Need more faith communities and private organizations to become involved in providing emergency services for elderly and disabled persons.

Richmond, VA – April 16, 2007

A small but vocal group of more than 35 persons participated in the Community Conversation on Aging held at the Bon Air Presbyterian Church (9201 W Huguenot Rd, Richmond, VA 23235) from 4:00 PM until 6:00 PM. Participants developed the issues listed below:

Overarching Issue – More State Funding for Home and Community-Based Services.

Accessible and Affordable Housing

- Both the federal government and Virginia’s General Assembly need to provide more funding to carry out home repairs and modifications that will allow older persons to remain safely in their homes for as long as appropriate.
- Virginia needs to provide incentives for faith communities and civic groups to provide home repair and modifications. Also encourage community groups to build ramps that will allow persons to remain in their homes.
- Virginia needs to provide funding for affordable housing for elderly and disabled persons that is close to grocery stores, pharmacies, and public transportation.
- Virginia needs to develop affordable housing that includes supportive services that will allow the resident to age in place.

Transportation

- Need affordable, accessible, and “easy-to-use” public transportation.

- Need both “on demand” as well as “fixed route” public transportation.
- Virginia’s contract with the Logisticare Medicaid non-emergency transportation provider does not provide adequate service.

Home and Community-Based Services

- Need to educate families so they are prepared to help their older and disabled relatives age in place.
- Need to educate family and informal caregivers about the supportive services available in the community that can help them cope.
- The Virginia General Assembly needs to provide sufficient funding for the Long-Term Care Ombudsman program to meet the National Institute of Medicine standard of one ombudsman for every 2,000 beds. In contrast with the recommendation by the Institute, Virginia averages approximately one ombudsman to every 4,000 beds – just over one half of the recommended level of coverage needed to operate an effective program.
- Virginia needs to fund adult day care programs. These programs can reduce unnecessary and premature institutionalization by supporting family caregivers.
- Virginia needs to develop an easy-to-use information & referral system that will allow older persons and their families to find the services they need.
- Virginia needs to encourage the federal government to increase the minimum amount of food stamps that an individual can receive. The current minimum of \$10.00 is not worth the effort and expense for many eligible food stamp recipients.
- Virginia needs to fund additional supportive services that can allow residents in Assisted Living Facilities to “age-in-place” and avoid moving to a more expensive nursing home.

Mental Health Services

- Need more mental health services provided to seniors in their homes. Older persons are resistant to going to community mental health clinics, but will take advantage of counseling provided in their homes.
- Need more services to address alcohol and medication abuse among depressed older persons.

Aging-Friendly Communities

- Virginia needs to support the development of aging-friendly communities that can benefit persons of all ages and abilities.
- Virginia’s General Assembly needs to provide funding for senior centers that can provide recreation and socialization activities. These activities will reduce social isolation and depression among older persons.

Fraud and Abuse

- Need more educational programs to alert older persons to scams, frauds, and other forms of financial abuse.
- Need to provide specialized assistance to vulnerable older persons to help them manage their finances and avoid becoming a victim of fraud or exploitation.

Medicare, Medicaid, and Health Related Issues

- Medicare and Medicaid should pay for dental services. Dental problems can lead to nutrition issues and other health-related issues.
- Medicare and Medicaid should pay for eyeglasses and hearing aids.
- Virginia needs to encourage Congress to consider some type of national health plan to provide a minimum coverage for all Americans regardless of age.
- Congress must raise the reimbursement rates for physicians who accept Medicare assignment. Too many physicians are dropping out of the Medicare program.
- Medicare Part D is still too complicated and does not provide sufficient drug benefits for many older persons.

Other

- Virginia needs to provide more funding to support the Public Guardianship and Conservator program. Many low-income older and disabled persons have no friends or family members who can serve as their guardians and their income is too low to pay an attorney to fill this role.
- Need to be able to develop programs and information systems that can reach out to, and serve, persons with limited English speaking abilities.
- Virginia needs to develop meaningful volunteer opportunities for older, retired individuals so they can “give back” to their community.
- Virginia should develop regional TV stations that would provide up-to-date information about services and programs for older and disabled persons, their families, and their caregivers. These stations could also provide information about severe weather and other information of interest to home-bound and mobility impaired persons.

Roanoke, VA – May 9, 2007

More than 50 persons participated in the Community Conversation on Aging held at the Friendship Retirement Community, 397 Hershberger Road, NW from 4:00 PM until 6:00 PM. Participants presented the issues listed below:

Overarching Issue – So many needs but so little funding.

Accessible and Affordable Housing

- Need additional funding to provide affordable, accessible housing close to grocery stores, pharmacies, and public transportation for elderly and disabled persons.

Transportation

- Need affordable, accessible, and “easy-to-use” public transportation.
- Need both “on demand” as well as “fixed route” public transportation.
- Individuals can use the new “211” system to learn about local transportation services.

Home and Community-Based Services

- Need to educate families so they are prepared to help their older and disabled relatives “age in place”.
- Need to better educate families about the benefits of adult day care programs. Many day care slots go unfilled because people do not understand the benefits of these programs.
- Need to expand home and community-based programs such as personal care and senior companions.

Mental Health Services

- Need more mental health services provided to seniors in their homes.
- Need alternatives for the violently mentally ill so they are not placed in facilities alongside frail older or disabled persons.

Aging-Friendly Communities

- Virginia needs to support the development of aging-friendly communities that can benefit persons of all ages and abilities.
- Need alternatives such as the “Elder Friends” program to befriend and assist those older persons without family or friends.
- Need more programs to support the “club” sandwich generation: two or more generations providing caregiving to an extended family.

Fraud and Abuse

- Need more educational programs to alert older persons to scams, frauds, and other forms of financial abuse.

Medicare, Medicaid, and Health Related Issues

- Congress must raise the reimbursement rates for physicians who accept Medicare assignment. Too many physicians are dropping out of the Medicare program.
- Virginia’s Medicaid waivers for the elderly and disabled are not well publicized and are underutilized.
- Need to increase the personal care allowance for persons in nursing homes.
- Need to increase, once again, the Auxiliary Grant (AG) amount to encourage more assisted living facilities to participate in this program.
- Virginia needs to expand the Medicaid “bed hold” policy to assure that hospitalized persons can return to their nursing home bed.
- Virginia needs to develop a career ladder for Certified Nurse Aides that includes higher pay and recognition.
- Need to expand the number of doctors, nurses, therapists, etc. to meet the demands of a growing older population.

Other

- Virginia needs to provide more funding to support the Public Guardianship and Conservator program. Many low-income older and disabled persons have no

friends or family members who can serve as their guardians and their income is too low to pay an attorney to fill this role.

- Need communities to develop their economic base in order to be able to support all members of society including the aging population.
- Virginia needs to better market the benefits of an aging society so it is not perceived as being a burden or a problem.
- VDA and AAAs should target information on the human resource directors of business and industry to educate them about home and community-based services.
- Communities need to prepare to deal with frail elders and disabled persons during a disaster.
- Need to encourage more faith-based organizations to provide services.
- Need funding to assist low-income older persons to purchase computers.
- Need state funding to expand the VICAP program.
- Need regulations that would keep the dangerously mental ill persons and convicted felons from being placed in an assisted living facility or nursing home with frail elderly or disabled adults.

Harrisonburg, VA – May 16, 2007

More than 120 persons participated in the Community Conversation on Aging held in conjunction with a meeting of the regional ElderAlliance coalition at the James Madison University Festival Conference Center from 10:00 AM until Noon. Participants developed the issues listed below:

Overarching Issue – Increased community involvement.

Accessible and Affordable Housing

- Both the federal government and Virginia need to provide funding for affordable housing for elderly and disabled persons that is close to grocery stores, pharmacies, and public transportation.
- Virginia needs to develop affordable housing that includes supportive services that will allow the resident to age in place.
- Communities need to encourage developers to create more affordable housing for low-income and moderate-income older and disabled persons.
- Virginia needs to make affordable housing a priority concern.

Affordable Transportation

- Virginia needs to provide more assistance for older drivers to help them to continue to drive safely.
- Need affordable, accessible, and “easy-to-use” public transportation.
- Need both “on demand” as well as “fixed route” public transportation.
- Communities need to develop specialized “assisted” transportation services for persons with disabilities, with mental impairments, with Alzheimer’s disease, etc.

- Virginia needs to provide additional assistance to rural communities to help them provide transportation to geographically isolated persons. Transportation is the critical link to services for persons in rural communities.

Home and Community-Based Services

- Virginia needs to fund intergenerational adult day care programs and to modify the licensure requirements in order to encourage these types of program.
- Communities need to encourage more families to utilize adult day care services.
- Communities need to develop more affordable in-home service options. Perhaps using volunteers to supplement paid staff.

Mental Health Services

- Need more mental health services provided to seniors in their homes. Older persons are resistant to going to community mental health clinics, but will take advantage of counseling provided in their homes.
- Need mental health services delivered directly to persons living in assisted living facilities and nursing homes.

Aging-Friendly Communities

- Communities need to think outside the box to develop intergenerational communities that combine housing and supports for older persons as well as for young families with children. The Earth & Sky Coalition is working to develop an intergenerational housing community in the Harrisonburg area.
- Virginia needs a program similar to AmeriCorp to encourage young adults to volunteer in long-term care facilities.
- Virginia needs to address the aging developmentally disabled adult children whose parents are no longer able to keep them at home.
- Communities need to address ways to educate families about the variety of services and programs available to help them support their older and disabled family members.
- Rural communities need special assistance to assure access to services for geographically isolated seniors and person with disabilities.
- Need affordable retirement community options. Most continuing care communities are too expensive.

Fraud and Abuse

- Communities need to provide more access to low-cost legal assistance for older persons. Virginia needs to increase the minimum 1% federal spending requirement for the 25 local Area Agencies on Aging for this service.
- Communities need to provide more education to older and disabled persons about avoiding fraud and abuse.
- Virginia needs to increase funding for the Virginia Insurance Counseling and Assistance Program (VICAP).

Medicare, Medicaid, Insurance, and Health Related Issues

- Paperwork associated with insurance as well as federal and state programs is overwhelming for many older persons. Need government intervention to simplify this paperwork burden. Need more assistance from the VICAP program.
- Virginia needs to raise the Auxiliary Grant rate in order to encourage more assisted living facilities to accept low-income residents.
- Virginia's Medicaid program needs to reimburse nursing homes at a higher rate.
- Virginia needs to encourage more persons to seek training and employment in professions that will work with the aging population: physicians, nurses, nursing assistants, therapists, etc.
- Need to develop programs that will encourage and recruit high school students to seek training to work in the aging field.
- Virginia needs to rethink and update its Certificate of Public Need process to encourage the availability of more health services.
- Virginia needs to increase counseling available for persons trying to decipher the Medicare Part D Program.

Other

- Communities need to develop meaningful volunteer opportunities for older, retired individuals so they can "give back" to their community.
- Communities need to encourage people of all ages to volunteer in their local nursing homes and assisted living facilities.
- Communities need to explore a program that would allow volunteers to "bank" their volunteer hours in order to receive future benefits.
- Communities need to tap into the youth culture to find volunteers willing to provide community service in facilities as well as in older persons' homes.
- Communities need to develop more mediation services that will allow older persons and their families to resolve conflicts without resorting to the legal process.
- Communities need to encourage self-reliance and personal responsibility. Families cannot count on government to address all their needs. Families need to plan for their old age.

Abingdon, VA – May 22, 2007

More than 220 persons participated in the Community Conversation on Aging held in conjunction with the Seminar on Older Persons at the Southwestern Virginia Higher Education Center (1 Partnership Circle, Abingdon, VA) from 8:45 AM until 10:45 AM. Participants developed the issues listed below:

Overarching Issue – Community collaboration.

Accessible and Affordable Housing

- Southwestern Virginia needs additional funding to provide affordable housing options for elderly and disabled persons that are close to grocery stores, pharmacies, and public transportation.
- Southwestern Virginia has long waiting lists for subsidized housing.

- Virginia needs to develop affordable housing that includes supportive services that will allow the resident to age in place.
- Need specialized housing options for the severely mentally ill, the violent, and for convicted felons so that they are not placed in facilities with frail older or disabled persons.

Affordable Transportation

- Transportation is the number 1 requested service in many rural communities in Southwestern Virginia.
- Need affordable, accessible, and easy-to-use public transportation.
- Need both “on demand” as well as “fixed route” public transportation.
- Communities need to develop specialized “assisted” transportation services for persons with disabilities, with mental impairments, with Alzheimer’s disease, etc.

Home and Community-Based Services

- Federal and state governments need to provide more funding to develop a coordinated system of community-based care.
- Virginia needs to encourage the creation of more affordable adult day care centers and to educate families about the benefits of this service.
- Need specialized adult day services that can provide care for persons with dementia or severe disabilities.
- Virginia needs to provide more funding to the Virginia Department of Social Services to support additional companion care services to support older and disabled persons in their own homes.
- The federal and state governments need to provide additional funding to support home-delivered meals. Virginia’s aging network needs more funding to provide an additional 1 million meals.
- Need additional funding for home repair and renovation services to keep people, safe, warm, and dry in their homes.
- Need additional programs to support informal and family caregivers. This would go a long way to keep older and disabled persons independent and avoid unnecessary institutionalization.

Mental Health Services

- Need additional state funding for community-based mental health services particularly to address the results of alcohol and drug abuse.
- Need additional funding for public guardianship services to allow persons to move from mental health facilities back into the community.
- Need more services to support families caring for persons with Alzheimer’s disease.

Aging-Friendly Communities

- Rural communities need special assistance to assure access to services for geographically isolated seniors and person with disabilities.

- Need funding for geriatric assessment centers to serve the rural Southwestern portion of the Commonwealth.

Fraud and Abuse

- Need funding to increase the number of TRIAD programs that can reach out and educate seniors about avoiding frauds, scams, and abuse.
- Need to educate seniors about the risk that they face from children and grandchildren who will steal their prescription medications to sell on the street.

Medicare, Medicaid, Insurance, and Health Related Issues

- The federal government needs to lower the eligibility requirements for Medicaid-funded adult day health care programs to allow more persons to participate.
- Need to educate physicians about the harm that too many medications can cause for older persons.

Workforce Issues

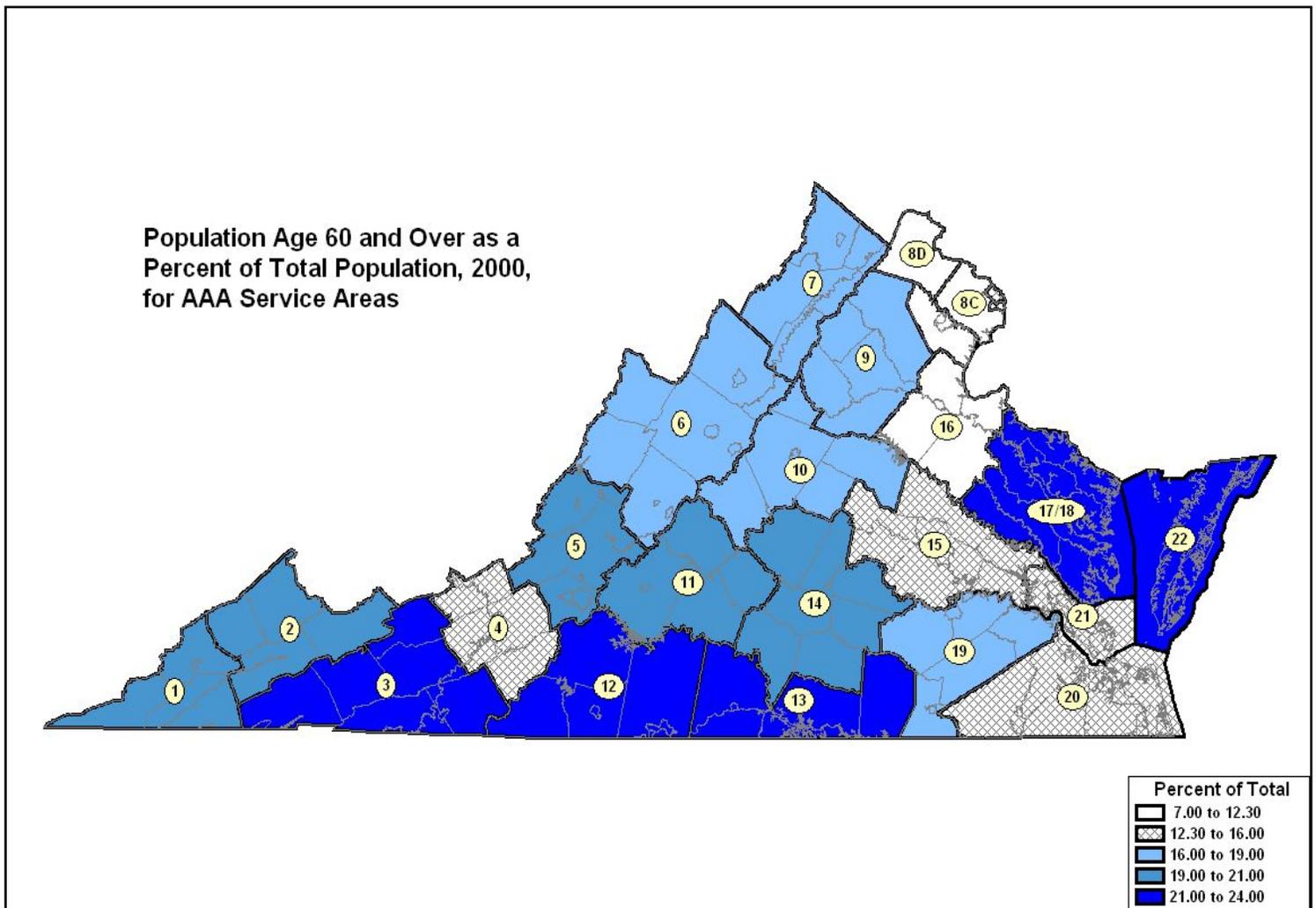
- Federal and state governments need to work with the private sector to develop more employment and training opportunities for older Virginians.
- Virginia needs to encourage more persons to become geriatricians, geriatric nurses, physical and occupational therapists, social workers, Certified Nurse Aides, and home-care providers to meet the needs of a growing older population.
- Virginia's colleges need more capacity to train the numbers of geriatricians, nurses, and Certified Nurse Aides that will be needed in the future.

Other

- Need a program to build ramps so that frail older or disabled persons in wheelchairs can remain in their homes.
- Need to encourage more persons to volunteer to help with community programs, particularly for home repair programs.
- Need to encourage businesses and faith communities to provide funding and volunteers for home repair programs.
- Need funding for programs that can support grandparents who are raising their grandchildren.

SECTION II THE SILVER TSUNAMI

Figure 1. Geographic Distribution of Older Virginians (2000 Census)



The Increase in the Number of Older Virginians Will Be Driven By the Aging of the “Baby Boom” Generation

A tidal wave is approaching Virginia! A virtual tsunami of aging citizens will sweep over the Commonwealth by 2030. The Baby Boom generation was born between 1946 and 1964, and the first members of this generation turned 60 in 2006. It is projected that by the year 2030 Virginia will have 1.3 million more older individuals than in 2000. This will be an increase of 120%. Today, older citizens comprise 15% of the Commonwealth’s population, but this will increase to 22% by 2020 and to 25% by 2030. This means that one in every four Virginians will be age 60 or older, with the greatest growth rate among those persons 80 years of age or older. To look at these changes in another way, in 2030 Virginia will have more seniors as a percentage of its population (24 percent) than Florida does today (22 percent).

Table 1. Older Virginians by AAA Region (Based upon the 2000 Census)

| AAA Region | Total Persons, All Ages | Total Persons, 60 & Over | Persons, 60 & Over, Percent of All Persons | Persons, Age 60 & over, in Rural Areas | Percent of all Older Virginians Living in Rural Areas | Total Persons, Ages 85+ | Persons, 85 & Over, Percent of All Persons | Persons, 85 & Over, Percent of All 60 & Over Persons |
|--------------------|-------------------------|--------------------------|--|--|---|-------------------------|--|--|
| 1 | 91,019 | 18,625 | 20.5% | 18,625 | 5.8% | 1,637 | 1.8% | 8.8% |
| 2 | 118,279 | 22,580 | 19.1% | 22,580 | 7.1% | 1,722 | 1.5% | 7.6% |
| 3 | 190,020 | 41,656 | 21.9% | 26,569 | 8.3% | 3,580 | 1.9% | 8.6% |
| 4 | 165,146 | 25,373 | 15.4% | 25,373 | 8.0% | 2,177 | 1.3% | 8.6% |
| 5 | 264,541 | 54,208 | 20.5% | 6,521 | 2.0% | 5,368 | 2.0% | 9.9% |
| 6 | 258,789 | 47,686 | 18.4% | 47,686 | 15.0% | 4,280 | 1.7% | 9.0% |
| 7 | 185,282 | 33,764 | 18.2% | 26,003 | 8.2% | 2,666 | 1.4% | 7.9% |
| 8A | 128,283 | 15,473 | 12.1% | 0 | 0.0% | 1,706 | 1.3% | 11.0% |
| 8B | 189,453 | 23,509 | 12.4% | 0 | 0.0% | 2,518 | 1.3% | 10.7% |
| 8C | 1,001,624 | 116,689 | 11.6% | 0 | 0.0% | 7,475 | 0.7% | 6.4% |
| 8D | 169,599 | 13,927 | 8.2% | 0 | 0.0% | 993 | 0.6% | 7.1% |
| 8E | 326,238 | 24,633 | 7.6% | 0 | 0.0% | 1,367 | 0.4% | 5.5% |
| 9 | 134,785 | 23,398 | 17.4% | 9,854 | 3.1% | 1,834 | 1.4% | 7.8% |
| 10 | 199,648 | 32,634 | 16.3% | 7,849 | 2.5% | 2,697 | 1.4% | 8.3% |
| 11 | 228,616 | 43,833 | 19.2% | 2,756 | 0.9% | 3,984 | 1.7% | 9.1% |
| 12 | 250,195 | 53,091 | 21.2% | 29,389 | 9.2% | 4,413 | 1.8% | 8.3% |
| 13 | 88,154 | 19,581 | 22.2% | 19,581 | 6.1% | 1,590 | 1.8% | 8.1% |
| 14 | 97,103 | 19,439 | 20.0% | 19,439 | 6.1% | 1,828 | 1.9% | 9.4% |
| 15 | 865,941 | 125,392 | 14.5% | 1,207 | 0.4% | 10,990 | 1.3% | 8.8% |
| 16 | 241,044 | 27,724 | 11.5% | 3,885 | 1.2% | 2,123 | 0.9% | 7.6% |
| 17/18 | 133,037 | 31,501 | 23.7% | 23,195 | 7.3% | 2,828 | 2.1% | 9.0% |
| 19 | 167,129 | 29,341 | 17.6% | 10,934 | 3.4% | 2,444 | 1.5% | 8.3% |
| 20 | 1,078,642 | 143,369 | 13.3% | 5,341 | 1.7% | 11,128 | 1.0% | 7.8% |
| 21 | 454,550 | 66,152 | 14.6% | 0 | 0.0% | 4,811 | 1.1% | 7.3% |
| 22 | 51,398 | 11,924 | 23.2% | 11,924 | 3.7% | 1,107 | 2.2% | 9.3% |
| State Total | 7,078,515 | 1,065,502 | 15.1% | 318,711 | 100.0% | 87,266 | 1.2% | 8.2% |

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 1, Table PCT 12, aggregated by the Virginia Department for the Aging, 2002. Rural definition based on VDA guidelines, not Census Bureau criteria.

The senior population of the future is today's "Baby-Boomer" population. The growth of the older population will vary significantly across the state. Those areas of the Commonwealth with higher concentrations of "Baby-Boomers" in 2000 relative to the existing population age 60 and over began experiencing more dramatic increases in the age 60 and over population in 2006 when the first "Baby-Boomers" turned 60 years of age. For example, the Prince William area (PSA 8E) has more than four times as many "Baby-Boomers" than persons 60 and older currently living in the area. See Table 2.

As this large cohort of baby boomers ages, state and local health care and human service agencies will be impacted by an increase in the number of persons seeking services. Increases in life expectancy will also play a role in the level of future service demands, because age is often associated with an increase in disability as well as expenditures on health care.

The 2000 population census reported 1,065,502 persons age 60 and over in Virginia, comprising 15.1 percent of the total population (see Table 1). Older Virginians' share of the total population varies across the Commonwealth among the 25 Area Agencies on Aging (AAA) planning and service areas, ranging from 7.6 to 23.7 percent (see Table 1 and Figure 1). The oldest, most frail group of older Virginians (age 85 and older) comprises roughly 8 percent of the total population age 60 and older. The oldest group's share of the total older population ranges from a low of 5.5 percent (in Prince William County) to a high of 11 percent (in Alexandria). Almost 30 percent of older Virginians live in rural areas of the Commonwealth.

Table 2. Regional Concentrations of “Baby-Boomer” Populations, 2000

| PSA | Total Population | Age 60+ Population | Regional Ranking 60+ Population | Baby-Boomers, Age 36 - 54 | Regional Ranking “Baby Boomer” Population | Ratio of Baby-Boomers to 60+ Population |
|-----------------|------------------|--------------------|---------------------------------|---------------------------|---|---|
| 1 | 91,019 | 18,625 | 22 | 25,819 | 23 | 1.386 |
| 2 | 118,279 | 22,580 | 19 | 36,081 | 21 | 1.598 |
| 3 | 190,020 | 41,656 | 9 | 54,022 | 15 | 1.297 |
| 4 | 165,146 | 25,373 | 15 | 39,026 | 18 | 1.538 |
| 5 | 264,541 | 54,208 | 5 | 78,016 | 6 | 1.439 |
| 6 | 258,789 | 47,686 | 7 | 69,642 | 9 | 1.460 |
| 7 | 185,282 | 33,764 | 10 | 54,338 | 14 | 1.609 |
| 8A | 128,283 | 15,473 | 23 | 37,877 | 20 | 2.448 |
| 8B | 189,453 | 23,509 | 17 | 54,397 | 12 | 2.314 |
| 8C | 1,001,624 | 116,689 | 3 | 328,158 | 1 | 2.812 |
| 8D | 169,599 | 13,927 | 24 | 54,211 | 13 | 3.893 |
| 8E | 326,238 | 24,633 | 16 | 99,373 | 5 | 4.034 |
| 9 | 134,785 | 23,398 | 18 | 41,732 | 17 | 1.784 |
| 10 | 199,648 | 32,634 | 11 | 55,915 | 11 | 1.713 |
| 11 | 228,616 | 43,833 | 8 | 64,626 | 10 | 1.474 |
| 12 | 250,195 | 53,091 | 6 | 71,604 | 8 | 1.349 |
| 13 | 88,154 | 19,581 | 20 | 24,883 | 24 | 1.271 |
| 14 | 97,103 | 19,439 | 21 | 26,652 | 22 | 1.371 |
| 15 | 865,941 | 125,392 | 2 | 262,943 | 3 | 2.097 |
| 16 | 241,044 | 27,724 | 14 | 72,882 | 7 | 2.629 |
| 17/18 | 133,037 | 31,501 | 12 | 38,192 | 19 | 1.212 |
| 19 | 167,129 | 29,341 | 13 | 47,077 | 16 | 1.604 |
| 20 | 1,078,642 | 143,369 | 1 | 300,059 | 2 | 2.093 |
| 21 | 454,550 | 66,152 | 4 | 126,754 | 4 | 1.916 |
| 22 | 51,398 | 11,924 | 25 | 13,920 | 25 | 1.167 |
| Virginia | 7,078,515 | 1,065,502 | - | 2,078,199 | - | 1.950 |

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 1, Table P 12 PCT; Virginia Department for the Aging, 2002.

The Growth in Racial and Ethnic Diversity of Virginia’s Older Population

One of the most interesting aspects of the growth of Virginia's older population is the large demographic gains made by racial and ethnic minorities. As this growth continues, the future may see minority groups gain the demographic majority in some regions of the Commonwealth. Virginia's older population (age 60 and over) increased by 17.1 percent between 1990 and 2000, from 909,906 to 1,065,502 persons. The number of older Virginians of racial and ethnic minority groups (i.e. all non-whites and white Hispanics) grew at twice the rate of older white, non-Hispanic Virginians over the decade, reflecting the increasing diversity of the total population. Almost 20 percent of Older Virginians are a racial or ethnic minority. As Virginia's population continues to age, the racial and ethnic composition of its older population will more closely resemble the greater racial and ethnic diversity of today's younger population.

This racial and ethnic diversity in the older population is unevenly distributed geographically among the 25 AAA planning and service areas. The black, non-Hispanic population comprises the largest minority group among the elderly, comprising 15.5 percent of the total, followed by the Asian, non-Hispanic population (2.1 percent). The black, non-Hispanic minority population comprised greater than 95 percent of the older minority population in PSAs 12, 13, 14, 19 and 22 (i.e. "Southside" and "Eastern Shore" Virginia). In contrast, in PSAs 1, 8-B, 8-C, and 8-D (the far Southwest part of the state and much of Northern Virginia), the black non-Hispanic elderly make up less than 50 percent of the minority elderly population, while the Asian non-Hispanic elderly make up much larger shares (e.g. up to 49.3 percent of the minority elderly in PSA 8C).

The 2000 Census revealed that 20 percent of Virginia's 60 and older population is minority whereas almost 32 percent of the population under age 60 is minority. Virginia's growing minority population has a younger age structure than the white, non-Hispanic population.

Gender Composition and Living Arrangements of Older Virginians

Older Virginian (age 60 and over) women outnumber men by 33 percent. However, the difference in the number of females relative to the number of males in the same age group has been declining, reflecting an historic national trend of converging mortality risk for older males and females. A continuation of this trend is reflected in the continued drop in female-male population ratios.

For all households with a head of household ("householder") age 65 and over, the average household size is 1.49 persons per household. Average household size varies based on the age of the householder, ranging from 1.55 to 1.40 persons per household among the three older age groups (i.e. "65 – 74", "75 – 84" and "85 and over"). Among "non-family" households (which comprise 45 percent of all "older" households), a significant majority (96.4 percent) of the householders live alone. This pattern is consistent across the Commonwealth and reflects an increase over 1990 levels, when one person occupied 93.7 percent of all non-family households.

A significant majority (81.2 percent) of the 43,306 older Virginians (i.e. age 65 and over) that live in group quarter facilities are residents of nursing homes, while an additional 17.9 percent (7,777 persons) live in other “non-institutional” group quarters.

More than 40 percent of Virginia’s grandparents that lived with their grandchild (under age 18) in 2000 were responsible for their care (see Table 3). However, only 3.4 percent of all grandparents were living with a grandchild under the age of 18.

Table 3. Grandparents Living with Grandchildren under 18 Years of Age with Responsibility for Minors

| Grandparents, by Grandchild Responsibility Status, 2000 | Virginia | | | United States |
|--|---------------|-------------|--------------|---------------|
| | Number | Percent | Percent | Percent |
| Total Persons, 30 years and over, in Households | 4,071,538 | 100.0 | | 100.0 |
| Living with own grandchildren under 18 years | 140,015 | 3.4 | | 3.6 |
| Grandparents responsible for own grandchildren under 18 years | 59,464 | 42.5 | 100.0 | 42.0 |
| Length of time: | | | | |
| Less than 6 months | 6,254 | | 10.5 | 12.1 |
| 6 to 11 months | 5,889 | | 9.9 | 10.8 |
| 1 or 2 years | 13,252 | | 22.3 | 23.2 |
| 3 or 4 years | 8,892 | | 15.0 | 15.4 |
| 5 years or more | 25,177 | | 42.3 | 38.5 |
| Grandparent not responsible for own grandchildren under 18 years | 80,551 | 57.5 | | 58.0 |
| Not living with own grandchildren under 18 years | 3,931,523 | 96.6 | | 96.4 |

Source: U.S. Bureau of Census, 2000 Census of Population, [Summary File 3](#), Table PCT 8: Grandparents Living With Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren by Length of Time Responsible for Grandchildren for the Population 30 Years and Over in Households.

Income and Poverty Status

Forty-three percent of Virginia’s households with a householder age 65 and over (as reported in the 2000 census) earned less than \$25,000 in 1999 compared to the national average of 47.1 percent; while 15 percent of Virginia’s older households earned more than \$75,000 per year, compared to the national average of 11.8 percent. See table 4.

A comparison of changes in older Virginians and United States household income distributions based on current dollar values in 1989 and 1999, shows a higher percentage of older Virginians in the highest and lowest income brackets and fewer older persons in the lower-middle income range. Considering the reduced buying power of incomes in 1999 relative to the 1989 cost of living, the increased share in the lowest income group over the decade indicates a larger share of the older Virginians facing difficult economic challenges.

A total of 71,545 persons (representing 9.5 percent) age 65 and over were living at or below the poverty level in Virginia in 1999. Virginia’s older population (age 65 and

over) living at or below the poverty level in 1999 represented a higher percentage (10.9 percent) of all persons living below poverty than the national average (9.7 percent). For persons age 65 and over, the poverty rate declined from 14.1 percent in 1989 to 9.5 percent in 1999. The reasons for this decline include:

- The growth in the total number of persons age 65 and older over the decade resulting from the aging of “pre-retirees” and increased life expectancies for all ages;
- The loss, by death, of the older and generally poorer members of the older population over the decade; and
- The addition of younger, more affluent persons that moved into the 65 and older group over the decade which raised the numbers above the poverty level.

Table 4. Poverty Status for Persons age 65 and Over in 1999, United States and Virginia

| | United States | | | Virginia | | |
|--|------------------|-------------------------------------|-----------------------------------|---------------|-------------------------------------|-----------------------------------|
| | Persons | Percent of all persons in age group | Percent of all persons in poverty | Persons | Percent of all persons in age group | Percent of all persons in poverty |
| Total Persons | 273,882,232 | | | 6,844,372 | | |
| Income in 1999 below poverty level: | | | | | | |
| 65 to 74 years | 33,899,812 | 12.4% | 100.0% | 656,641 | 9.6% | 100.0% |
| 75 years and over | 1,550,969 | 8.5% | 4.6% | 34,703 | 8.1% | 5.3% |
| Age 65 and over, total | 1,736,805 | 11.5% | 5.1% | 36,842 | 11.3% | 5.6% |
| Age 65 and over, total | 3,287,774 | 9.9% | 9.7% | 71,545 | 9.5% | 10.9% |
| Income in 1999 at or above poverty level: | | | | | | |
| 65 to 74 years | 239,982,420 | 87.6% | | 6,187,731 | 90.4% | |
| 75 years and over | 16,702,257 | 91.5% | | 394,367 | 91.9% | |
| Age 65 and over, total | 13,356,517 | 88.5% | | 287,963 | 88.7% | |
| Total Persons reporting poverty status, by age | 30,058,774 | 90.1% | | 682,330 | 90.5% | |
| 65 to 74 years | 273,882,232 | 100.0% | | 6,844,372 | 100.0% | |
| 75 years and over | 18,253,226 | 6.7% | | 429,070 | 6.3% | |
| Age 65 and over, total | 15,093,322 | 5.5% | | 324,805 | 4.7% | |
| | 33,346,548 | 12.2% | | 753,875 | 11.0% | |

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 3, Table P87 Poverty Status by Age in 1999.

Employment Status of Older Virginians

Virginia’s older work force (persons 65 years and older) grew by 32 percent from 1989 to 1999, while the actual number of persons age 65 and over grew by only 19.3 percent.

Health & Disability Status

The 2000 Census of Population and Housing provided data on the disability characteristics of the general population that had not been available previously. Virginia’s older population evidenced a slightly higher per capita rate (.8470) of

disabilities for the 65 and older population than the national average (.8354). The disability status of Virginia's 65 and older population closely parallels census-reported conditions of older Americans.

Approximately 20 percent of older Virginians reported having one disability, while another 22 percent reported having two or more disabilities with nearly 58 percent of this group reporting no disabilities. Nearly half (49.5 percent) of those reporting one disability were physically disabled, while another 25 percent had a mobility disability that affected their ability to go outside their home (see Table 5).

Table 5. Types of Disability by Sex by Age for Civilian Non-Institutionalized Population, 65 Years and Over

| Population, by Age Group | United States | | Virginia | |
|---|-------------------|-------------------------------|----------------|-------------------------------|
| | Total | Percent of Total by Age Group | Total | Percent of Total by Age Group |
| Total Population | 257,167,527 | | 6,377,588 | |
| 65 years and over | 33,346,626 | 100.0% | 753,882 | 100.0% |
| With one type of disability | 6,704,088 | 20.1% | 149,726 | 19.9% |
| Sensory disability | 1,327,266 | 4.0% | 27,418 | 3.6% |
| Physical disability | 3,246,580 | 9.7% | 74,102 | 9.8% |
| Mental disability | 364,937 | 1.1% | 8,779 | 1.2% |
| Self-care disability | 50,436 | 0.2% | 1,319 | 0.2% |
| Go-outside-home disability | 1,714,869 | 5.1% | 38,108 | 5.1% |
| With two or more types of disability | 7,274,030 | 21.8% | 167,359 | 22.2% |
| Includes self-care disability | 3,133,404 | 9.4% | 74,816 | 9.9% |
| Does not include self-care disability | 4,140,626 | 12.4% | 92,543 | 12.3% |
| No disability | 19,368,508 | 58.1% | 436,797 | 57.9% |

Source: U.S. Census Bureau, 2000 Census of Population: [Summary File 3](#), Table PCT 26: Sex by Age by Types of Disability for Civilian Non-Institutionalized Population, 5 Years and Over; Table P41: Age by Types of Disability for Civilian Non-Institutionalized Population, 5 Years and Over with Disabilities.

The incidence of disability increases with age, with 32.6 percent of all older Virginians between age 65 to 74 years and 54.5 percent of those age 75 and older having a self-reported disability. Disability status affects the employment status of those in the primary working years (i.e. age 21 – 64 years).

SECTION III: A VISION FOR AGING IN VIRGINIA

Projected changes in the demographic profile of Virginia into the early decades of the 21st century will impact every facet of life for both the young and old, particularly in the areas of health care, education, transportation, employment, and retirement. Many - -- but not all --- older Virginians will be healthier, better educated, and more financially secure than their parents and grandparents and will be able to use their wisdom and experience to help the generations that follow. On the other hand, there will be three times as many Virginians age 85 and older, a group most likely to need community support at home or high quality, cost-effective care in long-term care facilities.

Guiding Principles

The Commonwealth should adopt a set of guiding principles as it responds to the challenges presented by the aging of the population. These principles will guide legislators, policy makers, and others as we discuss ways for an aging Commonwealth to meet the needs of its citizens. VDA proposes the following principles for further discussion by older Virginians, their families, policy makers, legislators, service providers, and others:

- The Commonwealth should promote optimum quality of life and aging with dignity for all Virginians.
- The Commonwealth should support families in their efforts to care for frail older members in their own homes and communities.
- The Commonwealth should place a priority on providing long-term supports in the least restrictive and most cost-effective setting.
- The Commonwealth should encourage incorporating the principles of consumer-directed care into Virginia's long-term support services system.
- The Commonwealth should enable all Virginians to make informed decisions about, and take personal responsibility for, their health and financial status.
- The Commonwealth should encourage persons of all ages to take personal responsibility for developing healthy lifestyles and to prepare for retirement in comfort and dignity.
- The Commonwealth should reduce barriers to the gainful employment of older persons.
- The Commonwealth should provide opportunities for all Virginians to develop the skills which a technological age requires.
- The Commonwealth should utilize the wisdom and experience of older persons in service to their communities.

As we move toward the end of the first decade of the 21st century, Virginia will need to begin the process of addressing the many issues that face an aging Commonwealth. What Virginia ultimately hopes to achieve is a person-centered, consumer-directed, long-term support system that respects consumer choice, accountability, and local/community flexibility. Such a system will:

- Ensure community-based services are available and accessible;
- Develop financial systems that encourage the concept of “person-centered” service delivery across agency and organizational settings; and
- Support community efforts to reform their long-term support systems.

Visioning

Virginia will implement a No Wrong Door approach to federal and state-funded long-term support services.

Virginia’s current long-term support system is fragmented with nine state agencies and multiple local public and private providers serving the same consumers. It is therefore not surprising that older and disabled persons report that the aging and disability networks can be confusing and intimidating. These persons also say they need access to information, better access to services, and assistance in completing complex eligibility forms.

The challenge for the citizen is how to navigate this fragmented system. The challenge for the service provider is how to develop a service package for their consumers while sharing consumer information efficiently and protecting the consumers’ privacy. The challenge for Virginia is to provide its citizens with a consistent message of available long-term services and supports, no matter where they come into the system. Virginia’s *No Wrong Door* initiative is designed to harness technology by creating a web portal to serve as a one-stop resource for consumers and service providers.

For more details about No Wrong Door go to Section VI.

Virginia will develop a blueprint for how it plans to carryout the principles and strategies of Choices for Independence.

Virginia will move towards the development of programs that empower consumers to make informed decisions about their long-term support options. Virginia will focus activities on helping those consumers who are at high-risk of nursing home placement, but not yet eligible for Medicaid, to remain in their own homes and communities through the use of flexible service models based on the principles of evidence-based prevention. Virginia will encourage the Commonwealth’s baby boomers, and adults of all ages, to begin planning now for their future long-term care needs. Research shows that many persons do not want to think about their future long-term care needs and therefore fail to plan appropriately. If individuals and families are more aware of their potential need for long-term care support and services as they age, they are more likely to take steps to prepare for their future.

From a public policy perspective, increased planning for long-term care will likely increase private financing for services, and may reduce the burden on publicly-funded programs. In the Fall of 2007, Governor Kaine will hold a press conference to

announce the launch of **Own Your Future**, Virginia's long-term care awareness campaign. The campaign will include personal letters from the Governor sent to all Virginians ages 45 through 52 encouraging them to make plans for their long-term care and providing them with a toll free number and the National Clearinghouse web site where they can get more details. Virginia, working with a private sector partner and CMS, will also develop an informational DVD that will be provided to persons who request more details on planning for their future long-term care needs.

Virginia will assure an adequate supply of healthcare professionals to meet the needs of a rapidly growing older population.

One of the challenges facing Virginia in the 21st Century will be to ensure that individuals throughout their life will have the supports they need and will be treated with dignity. For the growing population of older Virginians and those with disabilities, ensuring the adequacy and availability of direct care workers is one of the key challenges to meeting this ideal.

According to the Alliance for Aging Research report published in 2002 (*Never-Never Land: Ten Reasons Why America Isn't Ready for the Coming Age Boom*), by 2030 the United States will need about 36,000 physicians with geriatric training to manage the complex health and social needs of an aging population. Currently, there are 9,000 certified practicing geriatricians in the country. In addition, the demand for home-health providers, hospice staff, and Certified Nurse Aides (CNAs) will be immense. Paralleling the shortage of geriatricians and CNAs is a nursing shortage. The current shortage is, in part, because of short-term, cyclical changes in the supply and demand for nurses and also because the nursing work force itself is aging — more than 60 percent of registered nurses have been on the job for more than 16 years and many are eligible for retirement in the next few years. Of real concern is that there are fewer nurses coming along to take their places. The percentage of nurses under 30 years old dropped from 26 percent in 1980 to 9 percent in 2000. The Virginia Hospital and Health Care Association, in an article entitled *Projected Nurse Demand and Supply in Virginia, 2000-2020* (found in the May 2004 issue of FOCUS), states: "If current trends continue, the supply of full-time equivalent (FTE) RNs in Virginia is projected to grow by six percent – to 44,000 – by 2020. Because demand for FTE RNs is expected to increase to approximately 70,200 in 2020, there is a projected shortage of over 26,000 FTE RNs (37 percent growth in demand)."

Mental health problems are expected to increase as the population reaches ages at which the risk of cognitive disorder (Alzheimer's disease and dementia) is high. According to the Alzheimer's Association, four million Americans suffer from the disease, and the number is expected to more than double in the next 50 years. The Alzheimer's Association Greater Richmond Chapter estimates that 107,000 Virginians are currently afflicted with dementia, and projects almost 250,000 persons by 2030. This will add to the demand for facilities (including nursing homes, outpatient dementia care programs, and adult daycare centers) that can serve persons with dementia. This will also require specially trained individuals to staff these programs.

Governor Kaine has formed a *Health Reform Commission* that includes leading voices from all facets of both the public and private sectors to recommend effective ways to reform and strengthen healthcare in Virginia. With more than one million Virginians lacking healthcare coverage, and growing shortages of health professionals in all disciplines across the Commonwealth and the nation, the Commission will look for creative ways to further improve the delivery of healthcare to Virginians. The Commission is tasked with identifying and implementing national best practices at the state level with emphasis on access, quality, and safety of care, as well as addressing long-term care and affordability.

Virginia will promote the availability of a talent pool of seasoned and experienced older workers who can meet the employment needs of business and industry.

America has a growing pool of 6-7 million Americans age 55 and older who are retired from regular full-time employment but who are ready, willing, and capable of continued work under flexible conditions. The traditional retirement age has been 65 when most Americans have become eligible for Medicare and full Social Security (SS) benefits. This age will rise in future years because the eligible age for full benefits is being raised to 67. Although only about 3 percent of people over 65 currently still are working either part or full time, more baby boomers probably will work beyond their retirement age to (1) obtain additional income to ensure financial security and (2) retain the sense of well-being that they associate with meaningful employment. According to the AARP, 80 percent of baby boomers say they plan to work at least part-time during their retirement.

In 2000, the Social Security "test" (outside-earnings limit) for people over age 65 was eliminated, which means that people over this age may earn any amount of money without their SS payments being reduced. Permitting seniors to work if they need or wish to, without loss of pension or SS monies, can benefit society in a number of ways. For example, some states, to address their teacher shortage, have adopted policies that allow retired teachers to return to work without losing their pension benefits. Other labor shortages are expected as baby boomers begin to retire, and policymakers may wish to consider how pension and employment policies may be adapted to encourage older workers to remain in or rejoin the work force.

Virginia will embrace the concept of lifelong learning for all citizens.

Lifelong learning is the concept that "It's never too soon or too late for learning", a philosophy that has taken root in a whole host of different organizations. Lifelong learning is attitudinal; that one can and should be open to new ideas, decisions, skills or behaviors. Lifelong learning throws the axiom "You can't teach an old dog new tricks" out the window. Lifelong learning envisions citizens provided with learning opportunities at all ages and in numerous contexts. Lifelong learning is more than just education and training beyond formal schooling. A lifelong learning framework encompasses learning throughout the life cycle, from birth to grave, and in different learning environments, both formal and informal. As our population ages, many people who would in the past

have been considered "old" do not feel or behave in that way. Lifelong learning opportunities provide a way to keep older Virginians mentally, emotionally, and physically healthy and young. Virginia currently has 13 lifelong learning institutes.

Virginia will encourage all citizens to plan for their future to assure a healthy and financially secure old age.

Recent studies indicate that the adequacy of retirement planning among baby boomers differs significantly by socioeconomic groups. As a group, however, life expectancy for men at age 65 is approximately 9 years, for women 15 years. If people do not prepare adequately for retirement (that is, have sufficient means to meet their needs and withstand inflation), dependency on government programs (Medicaid in particular) will increase. A critical public policy question is how to encourage and enable middle and lower-income Americans to prepare for a long retirement. Another is how to help those who already have arrived at retirement with inadequate or diminishing means.

Virginia will be working with the Administration on Aging (AoA) and with the Centers for Medicare and Medicaid Services (CMS) to encourage the Commonwealth's baby boomers, and adults of all ages, to begin planning now for their future long-term care needs. Research shows that many persons do not want to think about their future long-term care needs and, therefore, fail to plan appropriately. If individuals and families are more aware of their potential need for long-term care support and services as they age, they are more likely to take steps to prepare for their future. From a public policy perspective, increased planning for long-term care will likely increase private financing for services, and may reduce the burden on publicly-funded programs.

Virginia will hold a Governor's Conference on Aging once every four years.

Each Governor will host a Governor's Conference on Aging during his/her tenure. The Governor's Conference on Aging will achieve two goals: 1) receive input from older citizens and their families about their concerns and challenges surrounding aging in Virginia, and 2) provide citizens, families, and professionals with information about the most recent research and best-practices surrounding services for the aging. VDA will take the lead in planning this conference every four years.

Virginia will encourage the Development of Elder-Friendly Communities.

Aging is universally experienced — without regard to race, class, income, education, religion, or gender — yet for the most part, in many communities it is experienced in isolation. Surveys show, however, that most people prefer to retire and stay in the community in which they have lived, remaining close to friends and possibly family (also called "aging in place"). Aging in place supports the notion that older persons should be able to maintain a desirable lifestyle by participating in their communities, remaining independent as their health allows, having access to educational, cultural, and recreational facilities, feeling safe, and living in an

intergenerational environment. The term that is now in vogue is “lifecycle communities.” Lifecycle communities are communities that are sufficiently flexible in physical infrastructure and service and social resources to accommodate the changing needs of all residents as they age. Most of the elements that constitute a supportive community environment for older adults also constitute a good environment for everyone.

For communities and states, there are economic, political, and community-involvement advantages to having retirees stay rather than migrate elsewhere. Among the several key characteristics that life-cycle communities have in common are:

- Adequate public transportation and para-transit (wheelchair-accessible) systems;
- Highway and road systems that are elder friendly (include left turn lanes and turn lights, signs and road markings that are visible at night, driver-safety classes focused on seniors, etc.);
- Pedestrian-safety amenities such as wide sidewalks, curb cuts, and controlled crosswalks;
- Affordable housing and home-modification programs;
- Neighborhood shops and services (particularly grocery stores, pharmacies, and doctors offices);
- An affordable home and community-based services system designed to support people in their homes; and
- A variety of municipal features (e.g., senior centers, public library branches, and parks), services, and leisure facilities.

SECTION IV VIRGINIA'S AGING NETWORK

Virginia Department for the Aging

In recognition of the special needs of older Virginians, the General Assembly created a Commission on Aging in 1958 to study the facilities and services available to older persons. In 1970, the Division of State Planning and Community Affairs was given responsibility for developing and coordinating programs for older persons in accordance with the Older Americans Act.

In 1974, the Virginia Office on Aging was created as an independent agency under the Secretary of Health and Human Resources and a Governor's Advisory Board on Aging (now the Commonwealth Council on Aging) was named. The Office on Aging served as Virginia's state unit on aging under the federal Older Americans Act with a mandate to manage federal funds to foster the development of a comprehensive and coordinated system of services for older persons and to designate local Area Agencies on Aging to share in this effort.

In 1982, the Virginia General Assembly enacted legislation renaming the Office on Aging as the "Virginia Department for the Aging." This change recognized the significance of programs serving the elderly as well as Virginia's commitment to these programs, and gave aging an equal footing with other departments within the Secretariat of Health and Human Resources.

The Virginia Department for the Aging (VDA) is the Commonwealth's agency responsible for planning, coordinating, funding and evaluating programs for older Virginians. The mission of VDA is to foster the independence, security, and dignity of older Virginians by promoting partnerships with families and communities. These programs include a full range of counseling, education, nutrition, and supportive services to improve the quality of life for older Virginians and to assist them to remain independent for as long as possible. VDA:

- Contracts with 25 local AAAs and other organizations to provide programs and services that are designed to enhance older Virginians' quality of life and delay unnecessary institutionalization for as long as possible.
- Provides technical assistance and monitoring to AAAs and other contractors to assure the provision of quality, cost-effective services.
- Reviews and comments on all state plans, budgets, policies, and administrative and legislative proposals that affect older Virginians. The Department tracks all legislative proposals considered by the Virginia General Assembly that affect older Virginians.

- Solicits and reviews comments on the needs of older Virginians with input from the Commonwealth Council on Aging and from the general public in accordance with the Department's Public Participation Guidelines.
- Coordinates the statewide planning and development of activities related to the purposes of the Older Americans Act by serving on commissions, boards, work groups, and task forces addressing the special needs of older Virginians.
- Provides technical assistance to agencies, organizations, associations, and individuals representing older Virginians.
- Contracts for the operation of the Office of the State Long-Term Care Ombudsman and of the various substate long-term care ombudsman programs.
- Reviews and comments on the plans of state and federal agencies that are related to meeting the needs of older Virginians.
- Increases public awareness of the needs and problems of older Virginians by developing activities and materials that provide accurate and appropriate information.
- Evaluates the social, physical, and economic needs of older Virginians and determines the extent to which public and private programs meet those needs.

The Commissioner of VDA is appointed by the Governor and supervises a staff of 27. VDA is organized into three operating units: the Long-Term Care Division, the Administrative Division, and the Information Technology (IT) Division. In its personnel recruitment, selection, and management activities, VDA complies with all applicable policies, regulations and guidelines.

VDA also provides staff support to three advisory boards/councils/commissions. They are the Commonwealth Council on Aging, the Virginia Public Guardian and Conservator Program Advisory Board, and the Alzheimer's Disease and Related Disorders Commission.

VDA engages in quality assurance activities related to the provision of services by Virginia's 25 AAAs and other contractors. VDA, working with the AAAs, has developed service standards for the services listed in this Section. These standards can be found on VDA's webpage (www.vda.virginia.gov) and provide consistent guidance for the delivery of the services provided by the AAAs and other contractors. They also assure Virginia taxpayers and legislators, as well as our clients and their families, that we strive to provide the highest quality services available from any public or private community-based service organization in Virginia. To this end, VDA also

monitors all AAAs and other contractors. Monitoring consists of both fiscal and program reviews of each agency and includes on-site technical assistance and may also require the contractor to prepare a corrective action plan.

VDA and Virginia's Aging network are part of a national intergovernmental system that is unique. VDA has a national counterpart in the federal Administration on Aging (AoA). AoA, an agency in the U.S. Department of Health and Human Services, has a mission to promote the dignity and independence of older people and to help society prepare for an aging population. Created in 1965 with the passage of the Older Americans Act, AoA is part of a federal, state, tribal and local partnership called the *National Network on Aging*. This network, serving about 7 million older persons and their caregivers, consists of 56 State Units on Aging; 655 Area Agencies on Aging; 243 Tribal and Native organizations; two organizations that serve Native Hawaiians; 29,000 service providers; and 500,000 volunteers. These organizations provide assistance and services to older individuals and their families in urban, suburban, and rural areas throughout the United States.

Commonwealth Council on Aging

In 1998, the Commonwealth Council on Aging replaced the Governor's Advisory Board on Aging and assumed expanded duties (Code of Virginia, § 2.2-2626 & 2.2-2627). Its purpose is *"to promote an efficient, coordinated approach by state government to meeting the needs of older Virginians."* Its duties are to:

- Examine the needs of older Virginians and ways in which state government can most effectively and efficiently assist in meeting those needs;
- Advise the Governor and General Assembly on aging issues and aging policy for the Commonwealth;
- Advise the Governor on any proposed regulations deemed by the Director of the Department of Planning and Budget to have a substantial and distinct impact on older Virginians. Such advice shall be provided in addition to other regulatory reviews required by the Administrative Process Act; and
- Advocate and develop the Commonwealth's planning for meeting the needs of the growing number of older Virginians.

The Governor appoints eleven of the nineteen members of the Council, one from each Congressional District. The Senate of Virginia and the Virginia House of Delegates each appoints four additional members. The members of the Council provide broad representation of consumers, service providers, and advocates from both the public and private sectors. The Council meets four times a year and its meetings are open to the public. For more information on the Council and its meeting dates, contact Dr. Bill Peterson at 804-662-9325 or via email at bill.peterson@vda.virginia.gov.

Public Guardian and Conservator Program Advisory Board

In 1998, the Virginia General Assembly created the Public Guardian and Conservator Program Advisory Board. The Board provides advice and counsel to the Commissioner of VDA on the provision of high quality public guardianship services, promotes the mobilization of activities and resources of public and private sector entities to effectuate the purposes of the public guardianship program, and makes recommendations regarding appropriate legislative and executive actions, including, but not limited to, recommendations governing alternatives for local programs to follow upon repeal of the authority granted to the courts pursuant to §37.2-1015 to appoint the sheriff as guardian or conservator.

The Board consists of fifteen members who are appointed by the Governor as follows: one representative of the Virginia Guardianship Association; one representative of the Virginia Area Agencies on Aging, one representative of the Virginia State Bar, one active or retired circuit court judge upon recommendation of the Chief Justice of the Supreme Court, one representative of the ARC of Virginia, one representative of the Virginia Alliance for the Mentally Ill, one representative of the Virginia League of Social Service Executives, one representative of the Association of Community Service Boards, the Commissioner of the Department of Social Services or his designee, the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services or his designee, the Director of the Virginia Office for Protection and Advocacy or his designee, and one person who is a member of the Governor's Advisory Board for the Department for the Aging and such other individuals who may be qualified to assist in the duties of the Board. No member shall serve more than two successive terms. For more information about the Board and its meeting dates, contact Faye Cates at 804-662-9310 or via email at faye.cates@vda.virginia.gov.

Alzheimer's Disease and Related Disorders Commission

In 2000, VDA began providing staff support to the Alzheimer's and Related Disorders Commission at the request of the Secretary of Health and Human Resources. The 2003 session of the Virginia General Assembly formally moved the responsibility for the Alzheimer's Commission from the Department of Mental Health, Mental Retardation and Substance Abuse Services to VDA. The Assembly also reconstituted the Commission with an additional member and provided for both gubernatorial and legislative appointees, expanded the Commission's duties to develop a plan for meeting the needs of individuals and their caregivers, required the Commission to submit an annual report to the Governor and legislature, and moved the existing Alzheimer's and Related Diseases Research Award Fund (administered by the Virginia Center on Aging at Virginia Commonwealth University) to this newly created Code section (§ 2.2-718 through 720). The Commission has the following powers and duties:

- Examine the needs of persons with Alzheimer's disease and related disorders, as well as the needs of their caregivers, and ways that state government can most effectively and efficiently assist in meeting those needs;
- Advise the Governor and General Assembly on policy, funding, regulatory and other issues related to persons suffering from Alzheimer's disease and related disorders and their caregivers;
- Develop the Commonwealth's plan for meeting the needs of patients with Alzheimer's disease and related disorders and their caregivers, and advocate for such plan;
- Submit a report by October 1 of each year to the Governor and General Assembly regarding the activities and recommendations of the Commission; and
- Establish priorities for programs among state agencies related to Alzheimer's disease and related disorders and criteria to evaluate these programs.

The Alzheimer's Disease and Related Disorders Commission consists of 15 members. Seven members are appointed by the Governor from among the boards, staffs, and volunteers of the Virginia chapters of the Alzheimer's Disease and Related Disorders Association, three members are appointed by the Governor from among the public at large, two members are appointed by the Senate Committee on Privileges and Elections, and three members are appointed by the Speaker of the House. For more information on the Commission and its meeting dates, contact Dr. Bill Peterson at 804-662-9325 or via email at bill.peterson@vda.virginia.gov.

Local Area Agencies on Aging

Virginia has a network of 25 local agencies established under the auspices of the Older Americans Act, which are prepared to assist older persons and their families. These organizations are called Area Agencies on Aging or **AAAs**. A directory of Virginia's AAAs and the geographic areas they serve may be found in **Appendices A and B**.

AAAs are designated by VDA, with the sanction of local governments, to plan, coordinate, and administer aging services at the community level. Some AAAs are private nonprofit organizations; others are a part of local government; still others are jointly sponsored by counties and cities; and one is a local mental health Community Services Board. AAAs in Virginia serve a specific *Planning and Service Area* which usually corresponds with the boundaries of one or more of Virginia's 21 Planning Districts. Planning Districts organize counties and cities along common geographic, demographic, and economic boundaries.

AAAs prepare plans for providing services and programs to those older persons who live within the boundaries of their Planning and Service Area. Older Virginians and their families are provided with an opportunity to comment on the proposed services and programs listed in these plans through public hearings held by their local AAA. Each AAA is required by the Older Americans Act to have an Advisory Council consisting of local citizens who are knowledgeable about the unique needs of their

communities and who assist in the preparation of these plans. In meeting this Advisory Council requirement, the AAAs foster large, visible constituency groups to help guide policy making.

AAAs are financed with funding from the Older Americans Act, other federal funds, state funds, private funds (including grants and contributions), and appropriations from local governments. Older persons who participate in the programs or use the services provided by their AAA are offered the opportunity to contribute to the cost of these programs. Although those services funded through the Older Americans Act are available to older Virginians free of charge, most AAAs offer a variety of services on a sliding-fee scale to those who can afford to pay.

Each AAA carries out a wide range of functions designed to lead to the development or enhancement of comprehensive and coordinated community-based systems serving each community in their Planning and Service Area. The critical elements of these systems are:

- Visible focal points,
- A range of accessible service options,
- The commitment of local resources,
- Collaborative decision-making among older persons and organizations,
- Special help for the most vulnerable,
- Effective coordination between and among community agencies, and
- Sufficient flexibility to respond to individual needs.

VDA uses a contract to designate an organization as an AAA to develop and administer a local Area Plan for Aging Services, as approved, for delivering a comprehensive and coordinated system of services to older persons.

Programs and Services for Older Virginians and their Families

Many state, local, and private organizations offer programs and services for older persons. Some of these programs offer older citizens the opportunity to meet and work with others. There are also services designed to assist older persons with the basic activities of daily living. Other services seek to improve the health status of older Virginians. All these programs strive to improve the quality of life for our older citizens.

Each AAA, however, provides services particularly suited to the needs of the older individuals living within its service area. Each AAA can also provide detailed information about the full range of programs and services offered in their local community by public and private agencies. The following services are typical of those available throughout the Commonwealth (although services may vary and certain eligibility qualifications may apply):

- Adult day care programs provide personal care and supervised activities in a community center or other congregate setting for older persons who can no longer remain safely alone at home during the day;
- Care coordination services provide outreach, evaluation, assessment, and care planning for clients or their caregivers who require ongoing assistance in locating, coordinating, and receiving the services required to maintain independence;
- Checking services contact older persons in their homes to make sure that they are well and safe;
- Chore services assist older persons having difficulty with heavy housework, yard work, snow removal, and other strenuous chores;
- Disease prevention and health promotion services provide older persons with educational materials, physical and mental health screenings, and other information related to promoting health, preventing injury and disease, and managing medications;
- Elder abuse services prevent and remedy the abuse, neglect, and exploitation of vulnerable older persons;
- Health education and screening services promote self-care and independence by providing assessments or information about health related issues and illnesses that occur most frequently in older persons;
- Homemaker services provide assistance with household tasks, essential shopping, meal preparation, and other household activities which enable an older person to remain at home;
- Information and referral/assistance services assist older persons and their families with assessing their needs and identifying and locating services and programs which can help them remain independent and in their own homes;
- Insurance counseling and assistance services assist older persons to evaluate their insurance needs, choose a Medicare prescription drug plan or supplemental policy if needed, review long-term care insurance policies, assist with the appeal of the denial of service/coverage, and generally sort and track medical bills;
- Legal assistance activities provide legal referral, assistance, and representation in areas of public benefits, consumer affairs, guardianship, wills, and estate planning;

- Meal programs and nutrition services provide nutritious meals, opportunities for social contact, and education about nutrition, food safety, disease prevention, and health promotion. Meals may be provided at a community site or delivered to the residence of an older person unable to leave their home;
- Money management services assist older persons in making decisions and completing tasks necessary to manage their day-to-day financial affairs;
- Ombudsman services assist with complaints made by or on behalf of older persons in long-term care facilities, or those receiving long-term care services in the community;
- Personal care services provide assistance with critical activities of daily living such as bathing, dressing, eating, and toileting;
- Public information and education services inform older persons and the general public about the programs, services, and resources available to older Virginians and their families;
- Residential repair and renovation services assist older persons to maintain their homes or to adapt their homes to accommodate a wheelchair or walker;
- Socialization, education, and recreation services provide an opportunity for older persons to interact with others and participate in leisure time activities designed to attain and maintain physical and mental well-being;
- Transportation services transport older persons to and from needed community facilities and resources;
- Volunteer programs assist older persons in finding suitable volunteer opportunities in their communities; and

In addition to these services, some AAAs provide employment assistance, assistance with filing state and federal income tax forms, fuel assistance, cooling assistance in the Summer, assistance completing Medicaid and Food Stamp applications, and other services that meet the unique needs of the older citizens in their Planning and Service Areas.

Planning and Service Areas

VDA has divided the Commonwealth into 25 geographic areas called *Planning and Service Areas* (also referred to as PSAs). These geographic areas are identical to the boundaries of Virginia's Planning Districts, with the following exceptions:

- In Planning District Eight (Northern Virginia), there are five AAAs.

- Planning District Seventeen (Middle Peninsula) and Planning District Eighteen (Northern Neck) are served by a single AAA.
- Planning District Twenty-Three (Hampton Roads) is served by two AAAs.

The boundaries for Planning and Service Areas will remain unchanged unless an application for change is made to, and approved by, the Commissioner of VDA pursuant to Departmental regulations (22VAC5-20-50). Applications of local governments to serve as designated AAAs within established Planning and Service Areas or to create a new Planning and Service Area are made by formal resolution of city councils or county boards of supervisors and are submitted in writing to the Commissioner of VDA. Such new entities, if approved, would become effective with the beginning of the terms of their approved Area Plan for Aging Services and the contract incorporating such Plan. Any application for new AAA status or new Planning and Service Area status must be submitted prior to July 1 of the year preceding the year in which the new status would become effective. The application for new AAA status or for new Planning and Service Area status must include a proposed Area Plan for Aging Services and demonstrate the following:

- All the city councils and county boards of supervisors in the Planning and Service Area that would be affected have consented to the proposal.
- The proposal will not result in creation of a AAA or new Planning and Service Area that would receive less than 1.0% of the intrastate formula fund allocation for Virginia, according to the allocation method used by VDA for the year in which the application is submitted (see Section IX of this Plan).
- Clear and convincing evidence to demonstrate that the provision of services in a proposed new Planning and Service Area or by a proposed new AAA will assure more efficient and effective preparation and implementation of the Area Plan for Aging Services for the older Virginians within the Planning and Service Area.

Upon receipt of an application that meets these requirements, the Commissioner of VDA will conduct a public hearing in the Planning and Service Area. A 30-day notice will be provided through publication in a newspaper in the cities and counties to be affected by the proposed new entity and its Area Plan for Aging Services. Notification will be mailed to the local governments and all other affected AAAs. The public hearing will be held at a time and location as convenient as possible to the citizens of the cities and counties affected by the proposed change. The Commissioner or a hearing officer designated by the Commissioner will preside at the hearing. Interested persons may speak for themselves or be represented by counsel, and written presentations may be submitted. Following the public hearing and for at least 30 days thereafter, the Commissioner will receive any additional written information that citizens or organizations wish to submit.

In addition to the public hearing, the Commissioner will consult with the Department of Planning and Budget, pursuant to §2.2-1501(2) of the Code of Virginia, whenever a new Planning and Service Area is proposed, and the approval of that Department shall be persuasive. Within 120 days of the public hearing, the Commissioner will issue written findings of fact, the input of the Department of Planning and Budget, and a particularized conclusion and decision. In the case of a new Planning and Service Area, its effective date is determined and stated. The designation of a new AAA becomes effective upon approval of its Area Plan for Aging Services and execution of a contract with VDA.

Any applicant for designation as a new entity whose application is denied may request an administrative hearing pursuant to the Virginia Administrative Process Act (Code of Virginia, §2.2-4019). If, after the hearing, the applicant's request is still denied, the applicant may appeal the decision in writing within 30 days after receipt of the decision to the Assistant Secretary for Aging in the federal Administration on Aging.

Area Plan for Aging Services

The Area Plan for Aging Services is a document prepared by each AAA that describes the services to be provided with funding from VDA and from other sources. It reflects a planning process that is based on the demographic characteristics of the older population in the PSA along with an assessment of their needs. The AAA submits the Area Plan to VDA for review and approval.

The Plan describes the management and administration, service systems development, service delivery, and advocacy activities of the AAA during the Plan period. These activities must address the purposes found in Title III of the Older Americans Act:

- To secure and maintain maximum independence and dignity in a home environment for older persons capable of self-care with appropriate supportive services;
- To remove individual and social barriers to economic and personal independence for older individuals;
- To provide a continuum of care for vulnerable older individuals; and
- To secure the opportunity for older individuals to receive managed in-home and community-based long-term care services.

Any existing AAA or any applicant for AAA designation must prepare an Area Plan for Aging Services and submit it to VDA for approval. The Area Plan must clearly detail the means of providing supportive and nutrition services and substantiation for the means selected.

An approved Area Plan is in effect for four years. The Plan becomes the scope of services for the contract executed between VDA and the AAA.

At least annually, the AAA submits requests for necessary changes, additions, or deletions in its Area Plan to VDA for review and approval. The AAA submits a written amendment to the Area Plan in order to change the scope of a service or the arrangements by which a service is delivered (e.g., direct service or contracted service, or the number or location of congregate meal sites).

SECTION V STATE AND COMMUNITY PROGRAMS IMPACTING OLDER VIRGINIANS AND THEIR FAMILIES

The purpose of Title III of the Older Americans Act is to encourage and assist state units on aging and AAAs to develop and implement comprehensive and coordinated systems of services for older persons. Achieving this purpose involves a wide range of strategies and activities at the state and local levels. Some of these strategies and activities are described in this Section:

Enabling Older Virginians to Obtain Needed Services

Examples of Title III Service Activities:

- Support older persons and their caregivers in assessing their needs, identifying the most appropriate services to meet their needs and linking the older person and caregivers to the agencies providing needed services. (Information and Referral/Assistance Services).
- Inform older persons and the general public about the programs, services, and resources available to elderly persons and their caregivers (Public Information/Education Services).
- Coordinate broad ranges of services arranged in response to the assessed needs and resources of older persons and use all available funding sources (Case Management/Care Coordination Services).
- Arrange for transportation to needed services (Transportation Services).
- Provide leadership for improving the quality and quantity of legal and advocacy assistance for older Virginians by establishing a focal point within the state unit on aging for elder rights policy review, analysis, and advocacy (Legal Assistance Services).

Related Programs/Projects:

Care Coordination for Elderly Virginians Program: The goal of this program is to target limited resources to elderly at highest risk of institutionalization regardless of income; coordinate cost-efficient and effective delivery of multiple services; facilitate client access to services; support family caregiving; and provide cost-effective services.

Uniform Assessment Instrument (UAI): The UAI is statutorily mandated for use by all public human services agencies providing publicly funded long-term care services in Virginia. The purpose of the instrument is to gather information for determining a person's care needs, for determining eligibility for service, and for planning and monitoring a client's care across various agencies and long-term care services. The UAI is a multidimensional, standardized instrument used to assess a client's socioeconomic circumstances, physical health, psychosocial status, and functional abilities.

Aging Information System: VDA and the AAAs have adopted an information system that combines financial management data, client-specific data collected on the UAI, and service needs and utilization data. This system has been installed in each of the AAAs and provides a statewide database capable of assessing and projecting service needs information. It will also provide the initial components, when established by the federal Administration on Aging, to measure performance outcomes.

No Wrong Door: Virginia's developing *No Wrong Door* initiative eliminates the confusion that citizens experience when they attempt to access services through the existing fragmented and confusing long-term care support system. A more detailed discussion of this initiative is included in Section VI.

SeniorNavigator.com: SeniorNavigator is a partner in the No Wrong Door initiative. It is a free public service that utilizes the Internet and over 100 volunteering organizations to deliver information about the resources available to seniors and caregivers in Virginia. The Internet based www.seniornavigator.com, is a searchable database of over 21,000 of Virginia's resources and is available to everyone, 24 hours a day, 7 days a week.

Aging and Disability Resource Centers (ADRCs): VDA has received \$756,670 (over three years beginning on October 1, 2005) from the Aging and Disability Resource Center (ADRC) Grant Program jointly administered by the federal Administration on Aging (AoA) and Centers for Medicare and Medicaid Services (CMS). Virginia's grant proposes to implement a model approach to long-term care through the creation of decentralized Resource Centers to improve client and community level outcomes for older adults and for adults 18 and over with physical disabilities. The decentralized model will not create new physical centers (bricks and mortar), but will enhance the capacity of existing service providers. By empowering local coalitions with a comprehensive, statewide database of public and private referral programs and a powerful web-based information system that reflects the data gathered through Virginia's Uniform Assessment Instrument (UAI), the local Resource Centers will offer many "right doors" to citizens in need of long-term support whether they seek information via the Internet, by telephone, or in person.

Improve and Maintain the Health Status of Older Virginians

Examples of Title III Service Activities:

- Provide nutritionally balanced meals that provide a minimum of one-third of the Dietary Reference Intakes (DRI) at congregate nutrition sites and senior centers that include socialization and recreation opportunities that may alleviate isolation and loneliness. (Congregate Nutrition Services).

- Provide nutritionally balanced meals that provide a minimum of one-third of the Dietary Reference Intakes (DRI) to homebound older persons at their residence (Home Delivered Nutrition Services).
- Promote the health of older persons and prevent disease by means of a variety of programs. These may include health risk assessments; routine health screening; nutritional counseling and education; health promotion programs; physical fitness and group exercise; music, art and dance-movement therapy; home injury control; mental health screening/education/referral; information on Medicare and Medicaid coverage; medication management screening and education; information on diagnosis, prevention, treatment, and rehabilitation of age-related diseases and chronic disabling conditions; and social services/follow-up health services counseling (Disease Prevention Services).
- Provide information and materials specifically designed to increase awareness of health-related issues to promote prevention, self-care, and independence (Health Education).
- Provide assessment or screening of the older person's health status, including counseling, follow-up, and referral as needed (Health Screening).
- Provide intermittent home-based care under appropriate medical supervision to acutely or chronically ill homebound older adults, including various rehabilitative therapies, skilled nursing, and personal care services provided by home health aides (Home Health Services).

Related Programs/Projects:

Nutrition Services Incentive Program (NSIP): Authorized under the Older Americans Act, the U.S. Administration on Aging provides cash allocations to Virginia based on the number of meals served during the prior federal fiscal year. The AAA's cash allocation is based on eligible congregate and home delivered meals served and reported to the Department.

Health Care Fraud Awareness and Prevention Activities: VDA, in cooperation with the Senior Medicare Patrol project and the Virginia Insurance Counseling and Assistance Program (VICAP), is developing techniques to identify and reach seniors - especially minorities, and those living in rural or isolated areas – to educate them about scams and fraud. VDA and the AAAs present informational material to seniors:

- To heighten their awareness of the common occurrence of Medicare/Medicaid fraud, waste, and abuse;
- To explain how they can protect themselves from these practices;
- To give information on how and where to report suspected fraud, waste and abuse; and

- To assist them in becoming better-informed health care consumers.

Senior Farmers Market Nutrition Program: Since 2001, VDA has received grant funding from the U.S. Department of Agriculture to implement this project in cooperation with Virginia Department of Agriculture and Consumer Services and seven (7) AAAs. Eligible older persons receive coupons to purchase locally grown fresh fruits, vegetables, and herbs from certified farmers at roadside markets and farmer's markets.

The Pharmacy Connect Program: Many older and disabled citizens who could benefit from the pharmacy manufacturers' prescription assistance programs operated through the Pharmaceutical Research and Manufacturers of America (PhRMA) are unable to manage the application process which can be complicated and confusing. The Pharmacy Connect Program is operated by the Mountain Empire Older Citizens Agency on Aging in Southwest Virginia (although several additional AAAs have similar programs). The program is designed to help low-income older citizens obtain needed prescription medications. The Pharmacy Connect Program serves the citizens of Lee, Scott, Wise, and Norton. Many older citizens in the adjacent counties of Buchanan, Dickenson, Russell, and Tazewell also have benefited from this program. The program funds staff persons and computers in a variety of community locations who work with low-income individuals and their physicians to submit complex applications to the appropriate drug companies. In its initial two years of operation, Pharmacy Connect resulted in over \$9 million in free prescription medications being delivered to the low-income citizens of Southwest Virginia. This amount has now more than doubled.

Long-Term Care Partnership Project: Long-term Care (LTC) Partnerships are public-private ventures to address the financing responsibility of LTC. Partnerships are designed to encourage individuals to purchase private LTC insurance in order to fund their LTC needs, rather than relying solely on Medicaid. Partnerships combine private LTC insurance with increased access to Medicaid for individuals that exhaust their LTC insurance benefits. Many states, including Virginia, are interested in developing Partnerships as a way to curb increasing growth in state LTC expenditures for Medicaid participants. In 2004, The Virginia General Assembly amended the *Code of Virginia* to develop a LTC Partnership and in 2006, further amended § 32.1-325 of the *Code* specifically directing the Department of Medical Assistance Services to implement a LTC Partnership.

Under this guidance, the Department of Medical Assistance Services (DMAS), the Bureau of Insurance (BOI), VDA, and the Department of Social Services (DSS) are working jointly to implement a Partnership in Virginia on September 1, 2007. Each agency has already taken significant steps toward making this a reality. Highlights of steps to date include:

- DMAS and BOI have held numerous meetings to review federal guidelines and craft a Partnership program that best meets the needs of Virginians and fits within the parameters established by the federal Deficit Reduction Act.
- DMAS filed a State Plan Amendment with the Centers for Medicare and Medicaid Services (awaiting final approval) and promulgated fast-track regulations that are currently undergoing Administrative Process Act review.
- BOI promulgated regulations for the partnership that are currently under review.
- BOI is developing training requirements and procedures for agents licensed to sell LTC insurance in Virginia.
- DMAS and DSS are developing policies and protocols to be used during the Medicaid eligibility determination process at local departments of social services.
- DMAS, BOI, and VDA are developing outreach and training materials on the Partnership that will be used by Virginia Insurance Counseling and Assistance Program (VICAP) counselors who are located throughout Virginia at the Area Agencies on Aging.
- DMAS and VDA are also working with the “Own Your Future” long-term care awareness project to promote the Partnership during its Fall 2007 campaign.
- Development of an informational website is also taking place.

At the national level, DMAS and BOI staffs are working with the National Association of Insurance Commissioners (NAIC), the U.S. Assistant Secretary of Planning and Evaluation’s office, and representatives from Minnesota, South Dakota, and Pennsylvania to discuss additional key planning and implementation strategies for the Partnership. States, including Virginia, are still working to resolve how states should develop data collection procedures and requirements, and how reciprocity agreements between states should be established.

Alcohol and Aging Work Group: This newly formed work group, sponsored by the Virginia Alcohol Control Board (ABC), seeks to develop initiatives and activities that will focus awareness and services around alcohol abuse in later life.

Assist Older Virginians with Functional Limitations

Examples of Title III Service Activities:

- Perform heavy-duty household tasks and chores that service recipients are unable to perform themselves (Chore Services).
- Perform routine housekeeping/home management tasks that recipients are unable to perform themselves (Homemaker Services).
- Provide eligible older persons with long-term maintenance or support services that enable the individuals to remain at or return home, including assistance with personal hygiene, mobility, nutritional support, and environmental maintenance (Personal Care Services).

- Call or visit older persons at their residences to make sure they are well and safe and to provide psychological reassurance to older persons who are alone and in need of personal contact from other individuals (Checking Services).
- Provide for home repairs and/or home maintenance for older persons to assist them in maintaining their homes in conformity with minimum housing standards and/or to adapt their homes to meet their needs (Residential Repair and Renovation Services).
- Provide a variety of medical and therapeutic support services in a protective setting for varying time periods to functionally and/or health impaired older persons (Adult Day Care Services).

Related Programs/Projects:

Virginia Public Guardianship Program: VDA operates the Virginia Public Guardian and Conservator Program providing guardian-of-last-resort services to indigent adults to ensure that persons who cannot adequately care for themselves because of incapacity have the assistance of a guardian or conservator in meeting essential requirements for physical and emotional health and/or management of financial resources. Currently, funding is available to support 15 local public guardianship programs serving more than 500 incapacitated persons. See a more detailed description of this program in Section VII.

The GrandDriver Campaign: VDA receives funding from the Virginia Department of Motor Vehicles (DMV) and the National Highway Safety Council to update and maintain the Virginia GrandDriver website (www.granddriver.net) and to develop and distribute safe driving materials for older drivers. DMV has also asked VDA to develop a pamphlet for physicians that outlines the steps that physicians and other health care professionals can take to help an older patient with diminished driving skills receive an evaluation through the local DMV office. As part of the GrandDriver campaign, VDA sponsors community CarFit events. CarFit is an assessment tool designed to properly fit seniors in their vehicles. VDA trains and certifies occupational, physical and recreational therapists to conduct a 12-point inspection that takes approximately 15 minutes. Due to physical stature changes as we age, periodic adjustments are necessary in order for older drivers to be correctly fitted in the driver's seat.

United We Ride Activities: In 2003, Virginia established the Interagency Transportation Coordinating Council to promote interagency cooperation at the state level. VDA is an active member of this Council. The goal of the Council is to allow state agencies to actively work together to identify and recommend state policy changes needed to eliminate duplication and to improve transportation coordination and services to key populations. The Interagency Coordinating Council consists of agencies under the Secretaries

of Health and Human Resources and Transportation including VDA, the Department of Rail and Public Transportation (DRPT), the state Medicaid agency, and a variety of state health, mental health, and disability agencies.

In 2004, the Council worked with DRPT to apply for and receive a federally funded United We Ride State Coordination Grant. The grant funds were used to conduct a statewide inventory of the state's human service transportation resources using the Federal Transportation Administration's *Self Assessment Tools for States*. The Inventory not only requested information about equipment but also asked about unmet needs and current levels of coordination, or lack thereof, in communities. The Inventory was forwarded to the four primary types of community agencies providing human service transportation under the major service funding streams in Virginia (including AAAs). The Inventory was conducted during the late summer of 2005.

The Inventory results showed that there is great room for improvement in building even simple transportation coordination activities across agencies on local and state levels. A major goal of the Council for the upcoming years is to significantly increase the coordination and communication across the three types of human service agencies (including AAAs) inventoried. The Council will test the theory that by simply increasing coordination across the local human service agencies with any available public transit services, much duplication of transportation services would be eliminated and resources could be better maximized.

Addressing the Future - The Mature Driver Task Force: To address the Commonwealth's growing concerns about the safety of older drivers, VDA and The Department of Motor Vehicles (DMV), including their respective agency heads along with the Cabinet Secretary for Health and Human Services and the Cabinet Secretary for Transportation, cosponsored the Mature Driver Task Force. The Task Force brought together concerned persons from a wide variety of transportation, law enforcement, and aging organizations to discuss and make recommendations about how the Commonwealth could address the unprecedented growth in the number of older drivers. The goal was to assure that older Virginians could continue to drive as safely as possible.

Improve and Maintain the Social Well-being of Older Virginians

Examples of Title III Service Activities:

- Provide opportunities for older persons to attain and maintain physical and mental well being through interacting with others and participating in leisure time activities (Socialization/Recreation Services).
- Assisting older persons to obtain a suitable volunteer placement (Volunteer Programs).

Related Programs/Projects:

VolunteerMatch: VDA is a participant in the national VolunteerMatch initiative. The mission of VolunteerMatch is to help everyone find a compatible place to volunteer. The online service, available at www.volunteermatch.org, is helping thousands of community service organizations attract the volunteer support they need, and since 1998, participating organizations have received almost 3,000,000 volunteer referrals. VolunteerMatch is the recipient of the Webby Awards for "Activism" and "Services," and has been recognized for its accomplishments by the White House and the Smithsonian Institution.

Improve and Maintain the Economic Status of Older Virginians

Examples of Title III Service Activities:

- Provide money and other resources, including referral to other public and private agencies, to assist older persons who have an emergency need for help (Emergency Services).
- Assist older persons to obtain part-time or full-time employment within the public or private sector (Employment Services).
- Provide older persons with a card that verifies their age and which can be used as identification to cash checks and to obtain discounts for goods and services (Identification Discount Program).

Related Programs/Projects:

Community Service Senior Opportunities Act: Authorized under Title V of the Older Americans Act, this program fosters individual economic self-sufficiency and promotes useful opportunities in community service activities for low-income people 55 and older with poor employment prospects and increases the number of persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors; it strengthens communities by providing needed community services. Ten AAAs and one local Workforce Investment Board operate these programs at the community level in Virginia.

Home Equity Conversion: Since 1985, VDA and the Virginia Housing Development Authority (VHDA) have worked together to promote the home equity conversion mortgage program. This program provides a way for older Virginians to use the equity in their homes to meet their long-term care, medical, and personal needs. Virginia was one of the first states to become involved in promoting the program and it remains in the forefront of the relatively small number of states actively involved in encouraging private lenders to enter the home equity market. AAAs in Arlington, Urbanna, Petersburg, and Newport News have been certified to provide counseling to older homeowners about their options. In many areas of the state, AARP volunteers have been trained and certified to provide such

counseling. The success of this program can be measured in the growing number of home equity conversions that are now being handled by commercial lenders in Virginia.

Low-Income Home Energy Assistance Program: The program helps eligible households meet the costs of home heating and cooling, energy-related crises, and residential weatherization activities. Older persons and persons with disabilities are priority target populations. The Department of Social Services (DSS) administers the program in Virginia. VDA is a member of the DSS Energy Assistance Advisory Committee. AAAs have a major role in reaching out to potential older beneficiaries and helping them apply for program benefits.

Fan Care: The Fan Care program is a public/private partnership that provides cooling equipment free-of-charge to eligible older Virginians in need of cooling assistance. Dominion Virginia Power, the Commonwealth's largest electric utility, provides major funding for Fan Care, with additional support from the Appalachian Power Company, individual electrical cooperatives, and other utilities and public and private entities. Fan Care is administered statewide by VDA. On the local level, the program operates through the efforts of participating AAAs who purchase fans and air conditioners at reduced cost from their local Wal-Mart stores (another Fan Care partner) and then distribute them as needed to qualifying seniors who are at risk from the heat.

Support Families in Caring for Older Relatives

Examples of Title III Service Activities:

- Provide a variety of services and programs that are designed to provide support and temporary relief to family caregivers providing continuous or intermittent care for frail, impaired older relatives in their homes (National Family Caregivers Support Program).

Related Programs/Projects:

Respite Care Initiative: The Virginia General Assembly funds this initiative as a special project. Fourteen local agencies, twelve of which are AAAs, have been providing caregiver respite through contracts with VDA. The local agencies provide relief to families and other caregivers who are providing 24-hour care to individuals in their home who are 60 years of age or older or who are suffering from Alzheimer's disease (or related disorders). Priority is given to those who are unable to purchase the service due to the financial status of the family or the absence of a similar service in the community. Relief is provided through services that meet the medical or functional needs of the older person. Such services include adult day care, companion care, home health, hospice, and personal care. Local providers match state funds with other resources to

enhance the initiative's ability to serve families. In 2005, 416 clients received respite services through this program.

Virginia Respite Care Grant Program: In 2000, the Governor and the General Assembly established the "Virginia Respite Care Grant Program" to provide seed grants to eligible community organizations for the development, expansion, or start-up operations of respite care services. Ten organizations have received a total of \$997,000 in state funds to develop respite services, including adult day care programs, in their communities. 25 projects have been funded since the program's inception.

Alzheimer's Disease Respite Care Grants: This program awarded grants to public and private agencies and organizations in Virginia for the development of a Holistic Demonstration Model of respite care for persons with Alzheimer's disease and their caregivers. Six organizations have received more than \$500,000 in federal grant funds over a two-year period to develop holistic approaches to providing respite services to family caregivers.

Support for Grandparents as Surrogate Parents: VDA's Kinship Care Initiative is a statewide information and support network for older Virginians who are raising their grandchildren or other relatives. Initially funded by a Brookdale Foundation "Relatives as Parents Program" (RAPP), the ongoing initiative has developed several support groups throughout the state and has created a curriculum and lecture series entitled "Grandparents Raising Grandchildren: Rights and Responsibilities." The initiative also works to educate Virginia social service agencies about the needs of kinship care families and provides a state-specific handbook, *Grandparents Caring for Grandchildren: A Resource Guide*. VDA has developed this resource guide for grandparents in Virginia who are caring for their grandchildren. The guide is distributed to grandparents through support groups and other organizations. Support for grandparents is another activity aimed at supporting and strengthening Virginia's families.

SECTION VI VULNERABLE ELDER RIGHTS PROTECTION

The rights of older persons have traditionally been addressed through a fragmented assortment of services, each with limited resources and authority. The challenge of developing a coordinated or "seamless" system of advocacy services has provided the opportunity to explore new ways of promoting these services. Since individual programs will continue to be limited in scope and authority, there is a need to think in terms of "issues" to be addressed and the role each component of the system can play. This concept places older Virginians at the center of our efforts and reduces the potential for the person to be needlessly passed around among agencies or programs for help.

Legal Assistance Development

Title VII of the federal Older Americans Act (Allotments for Vulnerable Elder Rights Protection Activities) uniquely addresses the fragmentation issue described above through the creation of the Legal Assistance Development Program and the mandated position of the State Legal Assistant Developer, also referred to as a Legal Services Developer or LSD. Each state accepting Title III-B federal funds is required to have an LSD (Title VII, Subtitle A-State Provisions, Chapter 4, Section 731). The LSD is the individual in each state who is responsible for providing leadership and coordination in the development of legal assistance programs for persons 60 years of age and older. The LSD is required to play a key role in assisting their respective state in the development and provision of a strong elder rights system to address issues unique to an aging population.

The LSD is also responsible for providing oversight of the Older Americans Act (OAA) Title III-B legal assistance programs and assuring that at-risk older people have access to the civil justice system. Through leadership and coordination of legal assistance activities by the LSD, the Legal Assistance Program identifies and serves the civil legal needs of older Virginians and enables them to retain autonomy and remain in the community. This program also assists in the prevention of many kinds of abuses against older citizens. The Legal Assistance Program focuses its resources on those who are most vulnerable due to social and/or economic circumstances, giving particular attention to those who are frail, isolated and/or minorities.

Legal Assistance may be provided through legal information, legal community education and direct legal representation. This program coordinates with other Title VII programs to support and promote the empowerment and autonomy of older persons, and the resolution of disputes via a network of advocacy services. Legal assistance development focuses on issues of guardianship, age discrimination, pension and health benefits, insurance, consumer protection, surrogate decision-making, protective services, public benefits and dispute resolution. The LSD coordinates efforts on a statewide basis including collaboration with the Virginia State Bar, the Virginia Bar Association, and with other established legal service providers including local legal aid programs, local bar associations and private attorneys.

Neither VDA nor any AAA requires any provider of legal assistance under Title VII of the Act to reveal any information that is protected by the attorney-client privilege.

Impact of Virginia's Aging Population on Legal Assistance & Preparation

By the year 2025, only eighteen years from now, Virginia's population aged 60 years and older is expected to increase by over one million persons. This is nearly a 100% increase from year-2000 figures published by the U.S. Census Bureau.¹ Considering the current demand on essential state resources in Virginia and the finite legal assistance delivery mechanisms in place, the Commonwealth has already begun preparations to enhance access to civil legal assistance for older Virginians and their caregivers when needed.

Project 2025: Enhanced Access to Legal Assistance for Older Virginians – AoA Grant

The Virginia Department for the Aging (VDA) is the State agency that currently houses the Legal Services Developer (LSD). VDA, in partnership with, the Virginia Poverty Law Center, Inc. (a statewide non-profit legal aid training and advocacy organization) applied for and was awarded a grant from AoA. The grant required participation by the agency that currently houses the State LSD. This three year Model System Development Grant is enabling Virginia to incorporate low-cost legal assistance mechanisms into a comprehensive statewide program. VDA, with the support of the Governor and the Secretary of Health and Human Resources, successfully implemented this project in the fall of 2006.

The goal of the project is two-fold. First, Virginia will strengthen its existing program by involving legal assistance stakeholders in statewide planning and collaboration. Second, Virginia, in conjunction with these stakeholders, will create statewide standards to define measurable units of legal assistance for individuals aged 60 years and older in greatest social and economic need (year two).

The objectives are: 1) to enhance the relationship between AAAs and Legal Aid Programs; 2) to foster collaboration among the legal aid programs and between the public and private bar on behalf of seniors, as well as collaboration with a range of stakeholders; 3) to establish a system to reach specific target populations including those living in rural are, those with limited English proficiency, and those in long term care facilities; 4) to develop a statewide system to collect data and report performance results; 5) to firmly establish the role and benefits of the model program developed and obtain funding to continue the program after the grant period ends (year three).

The expected outcomes of this project are: consistent and meaningful participation by stakeholders in statewide planning and coordination of legal assistance

¹ Reference Source: Virginia Employment Commission webpage citing revisions to U.S. Census population projections for the Commonwealth of Virginia. Figures for year-2020 projections and year-2030 projections were interpolated to analyze 2025 projections. http://www.vec.virginia.gov/docs/xls/pop_projs.xls.

services for those aged 60 years and over; and a successful model that can be duplicated in other States.

The products from this project are: a final report, including evaluation results; articles for publication; and data on stakeholder participation including survey results.

Advance Directives Day

VDA has been a participant in the two Advance Directive Days: one held in 2006 and the other in 2007. The purpose of this event is to encourage persons to complete an advance directive. Working with long-term care facilities, legal services programs, AAAs, and others, Advance Directives Day volunteers talked with more than 12,000 persons about advance directives and assisted over 1,000 to complete the necessary forms. More than 750 persons visited the Advance Directives Day webpage and more than 1,000 copies of the model advance directive forms were downloaded. Plans are currently underway to hold this event again in 2008.

Long-Term Care Ombudsman Program

At the direction of the Virginia General Assembly, VDA contracts with the Virginia Association of Area Agencies on Aging (V4A) to provide the services of the State Long-Term Care Ombudsman Program. The primary duty of the Office of the State Long-Term Care Ombudsman's operations is to identify, investigate, and resolve complaints made by or on behalf of older persons who receive long-term care services. The State Long-Term Care Ombudsman, who has expertise in the field of long-term care and advocacy, heads the operations. The program operates under a philosophy of non-adversarial advocacy that views consumers, providers, families, and regulators as all being part of the same system. There is a recognized need to work cooperatively to ensure the provision of high quality care. In this regard, the State Long-Term Care Ombudsman, in conjunction with local ombudsmen at the AAA level, is actively participating in the collaborative efforts of the Project 2025 legal services grant mentioned above.

The State Long-Term Care Ombudsman operates to encourage the development of local Ombudsman Programs through the AAAs and assists VDA in coordinating this aspect of its Elder Rights Activities. VDA contracts with 21 AAAs to provide statewide local ombudsman services. VDA operates a toll-free hotline that is linked to the Ombudsman program to ensure statewide coordinated access to services. Designated Ombudsmen must complete a certification curriculum. Nearly one-third of the local ombudsman programs also make use of volunteer ombudsmen who are assigned to long-term care facilities and work with residents and staff to resolve problems.

Elder Abuse Prevention

The Older Americans Act allows states to use funds provided under the Act to "develop, strengthen, and carry out programs for the prevention, detection, assessment,

and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation (including financial exploitation)". Section 63.2-1606 of the Code of Virginia mandates that any person employed by a public or private agency or facility and working with adults report suspected instances of abuse, neglect, or exploitation to the local department of social services (adult protective services program) in the county or city in which the adult resides or where the suspected abuse, neglect, or exploitation has taken place.

It is the policy of the VDA that:

- 1) VDA staff who, in the course of answering the department's main information line or toll-free line, receive a call from a citizen who suspects that an adult is being abused, neglected, or exploited will immediately refer that citizen to the local department of social services (adult protective services program) in the county or city in which the adult resides or where the suspected abuse, neglect, or exploitation may have taken place. Staff will notify their supervisor of such a call and will also make a follow-up call to the local department of social services (adult protective services program) providing them with the details of the call.
- 2) VDA staff who, in the course of their work related activities, have reason to suspect that an adult is being abused, neglected, or exploited will immediately report their suspicions to the local department of social services (adult protective services program) in the county or city in which the adult resides or where the suspected abuse, neglect, or exploitation may have taken place.
- 3) VDA staff who, in the course of their work related activities, are unsure of whether they suspect that an adult has been abused, neglected, or exploited will ask their immediate supervisor for guidance. The supervisor may want to consult with the Commissioner or Chief Deputy Commissioner.
- 4) VDA will maintain a record of all instances where VDA staff refer a caller to their local department of social services (adult protective services program) or where VDA staff directly report suspected instances of abuse, neglect, or exploitation.

Elder Abuse Prevention funds are used primarily for educational materials and community seminars about elder abuse in domestic and long-term care facility settings. AAAs also participate in the Virginia Financial Institution Reporting Project, which trains bank tellers and financial institution employees to identify potential financial exploitation of older customers.

Each AAA has a designated Elder Abuse Prevention Specialist who coordinates activities with the Adult Protective Services (APS) units of the local department of social services. Some local Ombudsmen are cross-trained as Elder Abuse Prevention

Specialists. Coordination with local APS programs will continue to be critical to ensure efficient, non-duplicative, and effective programs.

Insurance and Public Benefits Outreach and Counseling

Title VII Outreach, Counseling, and Assistance Programs for Insurance and Public Benefits activities are directed primarily to the provision of educational seminars and publications dealing with the financial aspects of retirement and retirement planning. The Virginia Insurance Counseling and Assistance Program (VICAP), funded under a federal Centers for Medicare and Medicaid Services (CMS) grant, supports this effort.

The VICAP program trains volunteers to assist senior Virginians and their caregivers with Medicare, so they can make educated consumer decisions about various healthcare options. VICAP has trained and certified more than 300 volunteers statewide to provide information counseling and assistance regarding the Medicare and Medicaid programs as well as supplemental health, long-term care insurance products, and other healthcare issues to the more than one million Medicare beneficiaries and their families. The program helps to ensure that health care consumers have a competent, committed and compassionate consumer-focused network of staff and volunteers who provide accurate and objective information through innovative community programs at the state and local level.

The VICAP initiative is coordinated locally and regionally through contracts with AAAs which serve as VICAP host agencies.

Virginia Public Guardian and Conservator Program

The Virginia Public Guardian and Conservator Program (VPGCP) was established by law in 1998 in §§ 2.2-711 *et seq.*, in the Code of Virginia. The VDA administers the program for fifteen local programs, through a competitively negotiated contract process. This program replaces the local sheriff as the guardian-of-last-resort in Virginia. VDA initially funded three pilot projects to test the ability of local coalitions to develop and operate public guardian-of-last-resort programs. With the success of these projects, the Virginia General Assembly provided additional funding to establish additional local programs. The VPGCP responds to the documented need for guardians of last resort and has evolved over the years. With the FY 2007 addition of Department of Mental Health Mental Retardation and Substance Abuse (DMHMRSAS) mental retardation funds, the VPGCP is now able to serve more than 500 of the most vulnerable citizens of the Commonwealth. VDA oversees the development of the guardianship program and works with the state bar, local bar associations, and local governments to provide education and technical assistance, upon request, on the Virginia Public Guardian & Conservator Program and guardianship law.

Public guardianship is the discharge of the commonly held precept that “government is, or ought to be, instituted for the common benefit, protection, and security of the people, nation, or community” (Constitution of Virginia, Article I, Section 3). Public guardianship is the appointment and responsibility of a public official or publicly funded entity that serves as a legal guardian for a person:

- who is incapacitated;
- who is indigent; and
- for whom there is no person willing and suitable to serve as guardian.

Pursuant to Code of Virginia requirements, an annual report on the Virginia Public Guardian & Conservator Program is submitted to the General Assembly each year.

Additional State Plan Requirements Under Title VII

Older Americans Act, 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—

(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; and

(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).

(b) PRIVILEGE.—Neither a State, nor a State agency, may require any provider of legal assistance under this subtitle to reveal any information that is protected by the attorney-client privilege.

SECTION VII TARGETING

Older Persons in Greatest Need

The Older Americans Act requires that VDA and AAAs give preference in 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.

"Greatest economic need" means "the need resulting from an income level at or below the poverty line (as defined by the Office of Management and Budget and adjusted by the Secretary)."² AAAs may not, however, use an older person's income or resources to deny or limit that person's receipt of services financed under Title III or Title VII of the Older Americans Act.

"Greatest social need" is defined as "the need caused by non-economic factors which include physical and mental disabilities, language barriers, and cultural, social, or geographical isolation including that caused by racial or ethnic status which restricts an individual's ability to perform normal daily tasks or which threaten such individual's capacity to live independently."³

In the 1995 Appropriations Act, the Virginia General Assembly expressed its intent that Older Americans Act funds and state general fund monies be targeted to services which can assist the elderly to function independently for as long as possible.

The guidelines adopted by Virginia's aging network for serving older persons are broad and allow for flexibility to target services based on needs identified at the local level. VDA encourages AAAs to further target the population to be served by implementing a process for establishing client eligibility for services available under their Area Plan for Aging Services and for determining priority for receipt of these services.

Every Virginian age 60 and over is eligible to receive services provided with Title III funds. However, preferential consideration shall be given to the older Virginian who lacks family and community support and who meets one or more of the following criteria:

1. The person is in economic need (i.e., has an income at or below the poverty level or has expenses disproportionate to his income and is not receiving means-tested public benefits), or
2. The person is in social need (i.e., is a minority, has limited English proficiency, and is impaired, homebound, or isolated [both physically and/or culturally]).

² Older Americans Act of 1965, as amended, §102 (23)

³ Ibid., §102 (24)

"Impaired" means limited in the ability to perform at least two "activities of daily living" (ADLs) or "instrumental activities of daily living" (IADLs) without substantial human assistance, including verbal reminding, physical cueing, or supervision. Impairment may be the result of a cognitive or other mental impairment (including Alzheimer's disease and related dementias) which requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. It does not matter whether the limitations involve household tasks (preparing meals, shopping, managing money, using the telephone, performing housework) or personal care (bathing, dressing, eating, getting in and out of bed or chairs, walking, going outside, using the toilet). When resources are limited, personal care needs should be met first because limitations in personal care may reflect a higher level of impairment and a greater risk of institutionalization.

Isolation and being homebound may be indicators of social need. "Homebound" means a person who is unable to leave home to attend regular social activities such as a senior center or congregate nutrition site. A person without access to adequate nutrition and for whom transportation to a congregate site is unfeasible may be considered homebound. The person may be homebound because of a physical impairment, e.g., arthritis, or because of a mental impairment, e.g., Alzheimer's disease. "Isolated" means the inability to access community resources and supports. Isolation may result from geographical location or the inability to leave the house even if one lives in an urban or suburban community. Isolation may also be the result of cultural factors including limited English proficiency.

Services are targeted to those in most need. There are two approaches to providing services: 1) empowering individuals and their families to access needed services through information, counseling, and care coordination, and/or 2) providing direct services to eligible clients and their families. Information about community resources and how to access them is available to older persons, their families, caregivers, and other concerned persons. Virginia's network strives to inform and protect the rights of older persons who reside in the community or in long-term care facilities. In the provision of services which directly assist older persons to function independently for as long as possible, priority will be given to those older persons who lack family and community support and who have an economic or social need. These persons lack family and community support because such informal resources are absent, exhausted, or inadequate.

A comprehensive *Uniform Assessment Instrument* (UAI) has been implemented to identify specific client needs or problem areas and provides the basis for a care plan that allows the older person to live in the least restrictive and most satisfying environment.

The AAAs will ensure that basic services are available throughout Virginia including advocacy, care coordination, in-home services, transportation, meals, and

information/linkage. Some of the methods that may be used to target services to persons in the greatest economic or social need and to evaluate targeting efforts include:

- Directing outreach efforts to particular neighborhoods, census tracts, magisterial districts, or other subdivisions of the Commonwealth where there are high concentrations of the target population;
- Giving special consideration in the intake/assessment process to the target population;
- Providing transportation in areas where the target population lives;
- Locating program activities in senior centers and other community facilities accessible to the target population;
- Publicizing the availability of services through newsletters, brochures, the media, and other means which are likely to attract the target population;
- Providing those services that best meet the needs of the target population; and
- Evaluating current program practices to ensure that they do not discourage participation by the target population.

Low-Income Minority Older Persons

Almost 20 percent of the older population in Virginia has been identified as racial and/or ethnic minorities. Over one-third of older Virginians living in poverty are also members of racial or ethnic minority groups. Special efforts are made to ensure they have equitable access to available programs and services.

The following are ways the aging network addresses service provision to low-income minority older persons in Virginia:

- The Title III intrastate funding formula includes a factor that specifically targets low-income minority persons.
- VDA analyzes the participation of minority persons in Older Americans Act programs from the program performance reports submitted by the AAAs.
- VDA has a toll-free telephone number that is answered by a trained staff person, not an automated answering system, as a way to improve access for low-income persons and persons with limited English-speaking abilities.
- AAAs locate service delivery sites in neighborhoods and communities with a high concentration of minority persons.

Older Residents of Rural Areas

Almost one-third of older Virginians live in rural areas of the Commonwealth. Rural Virginians may have lower incomes; less access to transportation, health care, and social services; and greater distances to travel to receive basic services. It is difficult for AAAs to deliver services to older persons who live in rural areas because of

the general scarcity of resources, low population density, and larger geographical area that must be covered.

The following are ways the aging network addresses service provision to older residents in rural areas in Virginia:

- The Title III intrastate funding formula targets funding to the rural cities and counties in the state by including a rural 60+ factor. VDA defines "rural" as any jurisdiction (city or county) which is not within a Metropolitan Statistical Area (MSA) or any jurisdiction which is within an MSA but which has a population density of 50 persons or less per square mile.
- Local long-term care ombudsman programs under contract with VDA serve all twenty-five PSAs. Twenty-one AAAs operate local long-term care ombudsman programs and fourteen of these agencies serve predominantly rural areas. This increases access for rural residents to the information, counseling, and complaint resolution services offered by the Office of the State Long-Term Care Ombudsman.
- VDA has a toll-free telephone number (1-800-552-3402 Voice/TDD) for that can make it easier for rural residents to request information about programs and services. This number is answered by trained staff during agency operating hours, rather than by a complex electronic menu system.
- This same toll-free number is also used for calls to the Office of the State Long-Term Care Ombudsman. The use of one statewide number improves access to information, referral, counseling, and long-term care complaint resolution resources.

Older Individuals with Limited English Proficiency

The growing linguistic and cultural diversity in Virginia is challenging both VDA and the local AAAs to change the way in which they provide services. When linguistic and cultural barriers are not taken into account, they can lead to unnecessary delays, denials, or termination of essential supports and services. They can also lead to legal challenges being brought against public agencies for violation of the Civil Rights Act, which mandates equal access to public programs and services for all individuals, regardless of race or nationality.

What service providers may forget is how much of a barrier language can pose for a person who does not speak English. Limited English proficiency (LEP) can be a barrier to accessing important benefits or services, including assistance from the justice system; It can be a barrier to understanding and exercising important rights; It can be a barrier to complying with governmental or other responsibilities; and It can be a barrier to understanding how to participate fully in our society.

The 2000 census shows that 26 million Americans speak Spanish and almost 7 million speak an Asian or Pacific Island language at home. Almost 20 percent of Older Virginians are a racial or ethnic minority. The increase in minority persons age 60 and

older between 1990 and 2000 represented 7.2 percent of the minority population increases in the Commonwealth over the past decade. If these individuals have a limited ability to read, write, speak, or understand English, they are classified as LEP.

Virginia has a growing population of older immigrants who have LEP. Many of these older individuals are the aging parents or relatives of families who have immigrated to Virginia. As younger family members gained citizenship and became secure financially, they often sent for their aging parents or other older relatives to also come to this country to live. This allowed families to maintain generational linkages and allowed the younger family members to provide support and assistance to their older relatives.

With the increase in older persons with LEP, Virginia's aging network will need to:

- Access commercial translation services if clients are unable to communicate in English.
- Recruit and hire staff who are bi-lingual.
- Recruit individuals indigenous to specific groups with LEP who can train staff to be culturally sensitive.
- Develop and distribute publications in various languages.
- Sponsor special outreach efforts targeted to specific groups with LEP.
- Develop linkages and relationships with organizations that represent, and advocate on behalf of, specific groups with LEP.

Beginning in the Summer of 2007, VDA will enter into an inter-agency agreement with the Virginia Department of Social Services Office of Newcomer Services. One component of this agreement will be the creation of a joint Inter-agency *Limited English Proficiency Workgroup*. This Workgroup will develop guidelines, training, and assistance for local service providers to enable them to better provide health and safety information, disaster preparedness and response information, and community based long-term care and aging services to older refugees and others with limited English proficiency and from different cultural backgrounds.

Unmet Needs for Selected Services

"Unmet need" is defined as the difference between the assessed need of an older person and the actual amount of service provided to the person. Unmet need data are collected objectively, i.e., they are not estimates but are the sum of the units of services determined by an assessment (utilizing the Uniform Assessment Instrument) of the needs of thousands of older Virginians.

One of the responsibilities of VDA is to evaluate the need for support services in the state. To meet this responsibility, VDA collects and analyzes information on the extent to which older Virginians are not served or are underserved. Individuals who may be in need of services, but do not apply, are not counted in the unmet need data.

The 25 AAAs in Virginia collect and report quarterly to VDA unmet needs data on the following services:

- Adult day care
- Home-delivered meals
- Homemaker
- Personal care
- Residential repair and renovation
- Transportation

The data collection process focuses on these support services because they target Older Americans Act funds and state funds for services which assist older Virginians to function independently for as long as possible.

The following table shows average monthly unmet needs reported in 2006:

| Service | Unit of Service | Unmet Need |
|------------------------|------------------------|-------------------|
| Adult Day Care | Hours | 11,442 |
| Home Delivered Meal | Meals | 144,731 |
| Homemaker | Hours | 51,126 |
| Personal Care Services | Hours | 24,589 |
| Residential Repair | Homes | 633 |
| Transportation | Trips | 15,410 |

SECTION VIII VIRGINIA INITIATIVES TO ADDRESS THE PROGRAM GOALS ESTABLISHED BY THE ADMINISTRATION ON AGING

AoA has provided materials to state Units on Aging as guidance in the preparation of their state plans. As part of this guidance, AoA is requiring states to develop implementing objectives for one or more of the AoA Strategic Plan Goals found in the Administration on Aging's Strategic Action Plan for FY 2007-2012. VDA has chosen to address the following AoA goals in this State Plan for Aging Services:

- AoA Goal 2: Enable seniors to remain in their own homes through the provision of home and community-based services, including supports for caregivers.
- AoA Goal 4: Ensure the rights of older people and prevent abuse, neglect, and exploitation.

AoA Goal 2: Virginia's Objectives to Enable Seniors to Remain in their Own Homes

Older and disabled Virginians, and their families, who require long-term support are already carrying a great burden. This burden increases in a state system that is fragmented, making it difficult for citizens to know where to turn for help. In Virginia, VDA is charged with planning and oversight for long-term care; however nine other state agencies and their local counterparts, in conjunction with innumerable public and private agencies and organizations, play significant roles in providing long-term support for seniors and persons with disabilities.

Objective 1: No Wrong Door

The challenge for the citizen is how to navigate this system. The challenge for the service provider is how to develop a service package for their consumers, and share consumer information efficiently while protecting the consumers' privacy. The challenge for Virginia is to provide its citizens with a consistent message of available long-term services and supports, no matter where they come into the system. Enter "*No Wrong Door*." Virginia's No Wrong Door initiative is designed to harness technology by creating a web portal to serve as a one-stop resource for consumers and service providers. This portal will allow consumers, their family members, and their informal providers to search for the service package that can best meet their needs and allow them to remain independent.

How will this work? Meet John: John, age 85, is being discharged from the hospital to an in-patient rehab facility after suffering another stroke. Following a brief stay, he will need continued support in order to return home and be cared for by his elderly wife. John has dementia and mobility concerns, and is unable to complete most activities of daily living. The hospital's discharge planner enters John's information into the *No Wrong Door* system. Factors such as bed availability, payment options and

Medicaid eligibility are provided. The Discharge Planner identifies several rehab facilities that will meet his needs. When the choice is made, an e-referral is sent to the rehab facility. Details about John's situation, income, living arrangements, and other critical items are included in the referral eliminating the need for him to retell his history. In addition, John's wife is given the name of their local Area Agency on Aging (AAA) that will assist them by using the same system to access community and home-based services when John returns home.

No Wrong Door eliminates confusion and provides greater accessibility to the system. The system consists of the GetCare Tools which contain a service provider directory that lists long-term care services available across the Commonwealth. It contains more than 21,000 listings with about 30 data elements. Consumers can access the Tools in one of two ways: through a web-based portal or through a service provider. A consumer-directed information & referral tool will enable individuals to gain immediate access to information about available services. When a consumer goes on-line, they can enter information about themselves into the consumer-directed tool. The system will provide immediate access to available supports and services, as well as pre-eligibility determination for public benefits. If the consumer has already accessed a provider, that provider can enter intake and assessment information into one of the GetCare Tools and share that information with other appropriate providers through the system. This eliminates the need for the consumer to tell his or her story over and over again, and reduces provider time and effort. For providers, the Tools will also enable them to capture important consumer information, make referrals, securely share consumer information with other providers, and eliminate duplication of effort.

No Wrong Door is being developed in partnership with the Virginia Departments of Aging, Medical Assistance Services, Social Services, Mental Health & Retardation Services, and Rehabilitative Services, and two private, non-profit organizations: SeniorNavigator and 211 Virginia. Three communities in Virginia, led by their local AAA, are currently piloting *No Wrong Door*. These AAAs and their communities are SeniorConnections in Richmond, the Peninsula Agency on Aging in Newport News, and the Valley Program for Aging Services in Waynesboro. Three more AAAs are coming on board this Spring: Bay Aging in Urbanna, the Rappahannock-Rapidan Community Services Board and Agency on Aging in Culpeper, and Mountain Empire Older Citizens in Big Stone Gap. In each community, public and private service providers participate on Local Advisory Councils directing the *No Wrong Door* system for their community. A federal grant from CMS and AoA has provided funding to replicate the project and three additional geographic regions will implement *No Wrong Door* by 2008.

Through this cooperative initiative, Virginia expects to achieve better citizen service through increased awareness of its community-based long-term care services, ease of access for the consumer, enhanced consumer choice, and decreased institutionalization. Service providers will develop a more person-centered approach to service planning with greater efficiency and reduced duplication of effort. Consumers will receive appropriate services more quickly, with less frustration, and improved outcomes. Enhanced reporting will be available for local, state and federal systems.

The ultimate human benefit of the system will be extending independence, encouraging consumer choice, and raising the quality of life for seniors and persons with disabilities in Virginia.

Objective 2: Aging and Disability Resource Centers

VDA has received \$756,670 (over three years beginning on October 1, 2005) from the *Aging and Disability Resource Center (ADRC) Grant Program* jointly administered by the federal Administration on Aging (AoA) and Centers for Medicare and Medicaid Services (CMS). Virginia's grant proposes to implement the above mentioned model "No Wrong Door" approach to long-term care through the creation of decentralized Resource Centers to improve client and community level outcomes for older adults and for adults 18 and over with physical disabilities.

These centers will be piloted initially in three regions of the state (the Richmond metro region, Harrisonburg and the central Shenandoah region, and Newport News and the Peninsula region). The decentralized model will not create new physical centers (bricks and mortar), but will enhance the capacity of existing service providers. By empowering local coalitions with a comprehensive, statewide database of public and private referral programs and a powerful web-based information system that reflects the data gathered through Virginia's Uniform Assessment Instrument (UAI), the three Resource Centers will offer many "right doors" to citizens in need of long-term support whether they seek information via the Internet, by telephone, or in person.

VDA's grant attempts to unite all of the public sector components of Virginia's long-term support system in partnership with the private sector including SeniorNavigator, Dominion Virginia Power, RTZ Associates of California, three local AAAs, and many local private service providers. SeniorNavigator, the statewide private sector partner, will help each region coordinate its information and referral function by maintaining and expanding its online database and by implementing and supporting a web-based information system. Each region will demonstrate a public-private partnership model incorporating Virginia's Uniform Assessment Instrument, SeniorNavigator's online database, GetCare (RTZ Associates' web-based care management system), and local multi-disciplinary coalitions of public and private service providers.

The second and third years of the project will bring six additional regions into the statewide system being proposed under this grant. The Gerontology Center at Virginia Tech will conduct an ongoing evaluation of the outcomes achieved through this grant. Currently, each of the initial pilot communities is taking a different approach in creating its ADRC. All three communities have formed *local ADRC advisory councils* with broad stakeholder representation. Each pilot is developing (or has already developed) memorandums of understanding with the other key community service providers to create the "no wrong door" concept. These local MOUs address a variety of challenges in creating a "no wrong door" approach to

long-term care services including information sharing under HIPAA and confidentiality laws, refining the GetCare tool to collect all the information on the UAI, refining the ability of the GetCare tool to share data among participating agencies, and defining individual agency roles and expectations.

Additional leadership for the ADRC and for the Commonwealth's overall "no wrong door" approach to services will come from soon to be reactivated statewide leadership council that will operate under the direction of the Secretary of Health and Human Resources with operational leadership provided by VDA.

AoA Goal 4: Virginia's Objectives to Ensure the Rights of Older People and Prevent Abuse, Neglect, and Exploitation

Objective 1: Legal Assistance Development

The Title VII Elder Rights and Legal Assistance Development initiative provides leadership for improving the quality and quantity of legal assistance as a means for building a comprehensive elder rights system. This program coordinates with other Title VII programs to support and promote the empowerment and autonomy of older persons, and the resolution of disputes via a network of advocacy services. Legal assistance development focuses on issues of guardianship, age discrimination, pension and health benefits, insurance, consumer protection, surrogate decision-making, protective services, public benefits and dispute resolution. The Legal Assistance Development initiative also coordinates its efforts with the Virginia Bar Association, the Virginia Supreme Court, and with established legal service providers and local bar associations.

Neither VDA nor any AAA requires any provider of legal assistance under Title VII of the Act to reveal any information that is protected by the attorney-client privilege.

Objective 2: Project 2025: Enhanced Access to Legal Assistance for Older Virginians

To begin to develop a seamless system of advocacy, VDA applied for and received a grant from the federal Administration on Aging. This three year Model System Development Grant will assist Virginia in incorporating low-cost legal assistance mechanisms into a comprehensive statewide program. A statewide legal needs assessment commissioned by the Legal Services Corporation of Virginia, with the support of the Virginia Bar Association and the Virginia Law Foundation, was completed in early 2006. Preliminary analysis of the survey data reveals that 42.9% of low-income elderly households surveyed reported at least one legal problem during the past year. Over half of them did nothing to resolve their legal problem, with most reporting that this was because they were unable to get assistance or didn't know where to go to get assistance. Only about 12% were able to get assistance from a legal aid organization or a private attorney. Almost as many older persons attempted to resolve their legal problems on their own.

According to the 2000 Census, there were some 71,545 Virginians over the age of 65 living in poverty, constituting about 9.5% of all Virginians over the age of 65. Applying the data from the recent legal needs assessment, this would suggest that there are some 30,693 low-income elderly Virginians experiencing legal problems each year. In the 2004-2005 fiscal year, Virginia legal aid programs assisted 4,493 clients age 60 or older (this represented 14% of the total cases closed for all ages across the state by Virginia's legal aid programs). Using these numbers as a rough yardstick, this suggests an unmet legal need of at least 85%. Incidentally, this correlates closely with the results of legal needs studies from other states over the years.

VDA, in partnership with the Virginia Poverty Law Center, Inc. (VPLC), is in the process of developing a three year Model System Development Grant to incorporate low cost legal assistance mechanisms in a comprehensive statewide program. VDA also has the support of Virginia's Governor, the Honorable Timothy M. Kaine, as well as the Secretary of Health and Human Resources, the Honorable Marilyn Tavenner. The goal of the project is two-fold. First, Virginia will strengthen its existing program by involving stakeholders in statewide planning and collaboration (year one). Second, Virginia, in conjunction with the aforementioned stakeholders, will create statewide standards to define measurable units of legal assistance for individuals aged 60 years and older (year two).

The grant objectives are:

- To enhance the relationship between AAAs and Legal Aid Programs;
- To foster collaboration with the Private Bar, Virginia Bar Associations, AARP, The Alzheimer's Association, National Legal Resource Centers, and Virginia Law Schools;
- To establish a system to reach specific target populations including rural, non-English speaking, and those in long-term care facilities;
- To develop a statewide system to collect data and report performance results;
- To firmly establish the role and benefits of the model program and obtain funding to continue the program after the grant period ends (year three).

The expected outcomes of this project are:

- Consistent and meaningful participation by stakeholders in statewide planning and coordination of legal assistance services for those aged 60 years and over; and
- A successful model that can be duplicated in other states.

The products from this project will be:

- A final report, including evaluation results;
- Articles for publication; and
- Data on stakeholder participation, including survey results.

Objective 3: Long-Term Care Ombudsman Program

At the direction of the Virginia General Assembly, VDA contracts with the Virginia Association of Area Agencies on Aging (V4A) to provide the services of the State Long-Term Care Ombudsman Program. The primary duty of the Office of the State Long-Term Care Ombudsman's operations is to identify, investigate, and resolve complaints made by or on behalf of older persons who receive long-term care services. The State Long-Term Care Ombudsman, who has expertise in the field of long-term care and advocacy, heads the operations. The program operates under a philosophy of non-adversarial advocacy that views consumers, providers, families, and regulators as all being part of the same system. There is a recognized need to work cooperatively to ensure the provision of high quality care.

The State Long-Term Care Ombudsman operates to encourage the development of local Ombudsman Programs through the AAAs and assists VDA in coordinating this aspect of its Elder Rights Activities. VDA contracts with 21 AAAs to provide statewide local ombudsman services. VDA operates a toll-free hotline that is linked to the Ombudsman program to ensure statewide coordinated access to services. Designated Ombudsmen must complete a certification curriculum. Nearly one-third of the local ombudsman programs also make use of volunteer ombudsmen who are assigned to long-term care facilities and work with residents and staff to resolve problems.

Objective 4: Elder Abuse Prevention

In Virginia, "elder abuse prevention" under Title VII is defined as the provision of services to individuals age 60 or over who are at risk of abuse, neglect or exploitation. Services may also be provided to the family or caregiver of an older individual to assist the family caregiver to provide appropriate care.

Furthermore, §63.2-1606 of the Code of Virginia mandates that any person employed by a public or private agency or facility and working with adults report suspected instances of abuse, neglect, or exploitation to the local department of social services (adult protective services program) in the county or city in which the adult resides or where the suspected abuse, neglect, or exploitation has taken place.

It is the policy of VDA that:

- 5) VDA staff who, in the course of answering the department's main information line or toll-free line, receive a call from a citizen who suspects that an adult is being abused, neglected, or exploited will immediately refer that citizen to the local department of social services (adult protective services program) in the county or city in which the adult resides or where the suspected abuse, neglect, or exploitation may have taken place. Staff will notify their supervisor of such a call and will also make a follow-up call to the local department of social services (adult protective services program) providing them with the details of the call.

- 6) VDA staff who, in the course of their work related activities, have reason to suspect that an adult is being abused, neglected, or exploited will immediately report their suspicions to the local department of social services (adult protective services program) in the county or city in which the adult resides or where the suspected abuse, neglect, or exploitation may have taken place.
- 7) VDA staff who, in the course of their work related activities, are unsure of whether they suspect that an adult has been abused, neglected, or exploited will ask their immediate supervisor for guidance. The supervisor may want to consult with the Commissioner or Chief Deputy Commissioner.
- 8) VDA will maintain a record of all instances where VDA staff refers a caller to their local department of social services (adult protective services program) or where VDA staff directly report suspected instances of abuse, neglect, or exploitation.

Elder Abuse Prevention funds are used primarily for educational materials and community seminars about elder abuse in domestic and long-term care facility settings. AAAs also participate in the Virginia Financial Institution Reporting Project, which trains bank tellers and financial institution employees to identify potential financial exploitation of older customers.

Each AAA has a designated Elder Abuse Prevention Specialist who coordinates activities with the Adult Protective Services (APS) units of the local department of social services. Some local Ombudsmen are cross-trained as Elder Abuse Prevention Specialists. Coordination with local APS programs will continue to be critical to ensure efficient, non-duplicative, and effective programs.

Objective 5: Medicare Modernization Act – Medicare Part D, Insurance, and Public Benefits Outreach and Counseling

As a result of the Medicare Modernization Act, Title VII Outreach, Counseling, and Assistance Programs for insurance and public benefits activities have been focused primarily on the provision of educational seminars and publications dealing with the financial aspects of retirement and retirement planning. The Virginia Insurance Counseling and Assistance Program (VICAP), funded under a federal Centers for Medicare and Medicaid Services (CMS) grant, supports this effort. VICAP has trained and certified more than 300 volunteers statewide to provide information counseling and assistance regarding the Medicare and Medicaid programs as well as supplemental health and long-term care insurance products to older Virginians and their families. The VICAP initiative is coordinated locally and regionally through contracts with AAAs which serve as host agencies.

Objective 6: Medicare Modernization Act – Money Follows the Person

VDA participated on the steering committee and core writing team for the Department of Medical Assistance Services (DMAS) application to CMS for a Money Follows the Person Demonstration Grant (MFP). VDA will continue on the leadership committee to carry out the objectives of the demonstration grant if funding from CMS is granted to DMAS. Other MFP proposal participants included: the Office of Community Integration for People with Disabilities, the Office of the Secretary of Health and Human Services, numerous state agencies and other stakeholders. The MFP proposal is designed to support Virginia's implementation of the Olmstead decision and the efforts of the recently awarded Systems Transformation Grant that aims to improve the infrastructure for community-based long-term support services.

To realize the creation of a system of flexible financing for long-term care services and supports for individuals who wish to transition from a long-term care institutions back to the community, Money Follows the Person project goals include:

- Rebalancing Virginia's long-term support system, giving individuals more informed choices and options about where they live and receive services;
- Transitioning individuals from institutions (ICFs/MR and Nursing Homes) who want to live in the community; and
- Promoting quality care through long-term services that are person centered, appropriate, and needs based, ensuring continual improvement is made through a quality management strategy for home and community-based settings and institutions.

Objective 7: Virginia Public Guardian and Conservator Program

VDA manages the Virginia Public Guardian and Conservator Program created during the 1998 session of the Virginia General Assembly. This program replaces the local sheriff as the guardian-of-last-resort in Virginia. VDA initially funded three pilot projects to test the ability of local coalitions to develop and operate public guardian-of-last-resort programs. With the success of these projects, the Virginia General Assembly provided additional funding to establish nine public guardian programs beginning in July of 1999. VDA oversees the development of these programs and works with the state bar, local bar associations, and local governments to provide education and technical assistance around the Public Guardian program and guardianship laws.

In Virginia, it is estimated that there are over 2,000 indigent and incapacitated persons for whom no one is willing or able to act as guardian ("Virginia Public Guardian and Conservator Programs: Summary of the First Year Evaluation," February, 2002). The Public Guardian program is the only established and professionally managed program to provide guardianship services to incompetent and indigent Virginians. Current funding provides guardianship services to roughly 500 incompetent and indigent Virginians. The average cost to provide public guardian services is \$2,359 per person, per year.

Additional AoA Focus Areas

Objective 1: Systems Transformation

Virginia's state agencies, organizations and groups have historically created their own vision statements for improving the quality of services and quality of life of their own stakeholders. While agency-specific visions still remain, for the first time Virginia has a consensus vision for transformation of the disability services system, emanating from the One Community Report developed by Virginia's Olmstead Task Force. This vision was ratified in 2004 and 2005 and amended in 2006 by the Stakeholder Advisory Group to strengthen the role of stakeholders in policy-making and planning. The One Community vision statement includes the following:

We envision Virginia as "one community" for all citizens—one that welcomes individuals with disabilities and supports them as active members of their own communities. By "own community," we mean any location an individual with a disability chooses that affords the individual the opportunity for maximum possible autonomy over his or her daily life. We believe that individuals, of all ages and with any disabilities, have the right to decide where to live, and live as independently as possible, in the most integrated setting. This is the same right—no more and no less—enjoyed by individuals who do not have disabilities.

Efforts are already underway to develop a successful "one-stop shopping" long-term service system in Virginia. In the summer of 2005, VDA in collaboration with other state Health and Human Resource agencies received an Aging and Disability Resource Center (ADRC) grant, from the Centers for Medicare and Medicaid Services and the Administration on Aging, to develop and pilot a "No Wrong Door" system in Virginia. This grant (September 2005 through September 2008) will create a sustainable, web-based No Wrong Door initiative.

In addition to the ADRC efforts, Virginia also has a one-stop workforce development system that was created under the Virginia Workforce Network. This network, with the Virginia Employment Commission (VEC) as its partner, provides employment and training services through a system of one-stop career centers, which are called Workforce centers. Most local VEC offices are designated as Workforce Centers. The one-stop approach provides a single point where individuals access a wide array of job training, education and employment services. There are 17 Workforce centers located throughout Virginia.

Virginia first began using a consumer directed (CD) model of service through the state-funded Personal Attendant Services Program in 1991. The success of this program led to the development of the Medicaid-funded Consumer-Directed Personal Attendant Services (CD-PAS) Home and Community-Based Services (HCBS) Waiver. Individuals with disabilities and their families enjoyed the option of CD care, and this option subsequently became available in four of seven of Virginia's HCBS waivers. This

option allows individuals to direct some of their own services, hire their own employees, and choose where, when, and how they receive services, including their home, workplace, community, or post-secondary educational settings. In February 2005, the CD-PAS Waiver was combined with the Elderly and Disabled Waiver to become the EDCD Waiver. This waiver now provides CD services to 2,000 individuals.

Efforts are currently underway in Virginia to rebalance funding efforts between institutional and HCBS programs. This is a major focus of the Governor's Executive Order #2 strategic planning process. Many organizations are collaborating to provide more waiver slots, educate older persons and persons with both physical and mental disabilities, as well as service providers about person-centered planning, informed choice and self direction, and plan for a future system that is appropriately balanced.

Objective 2: Emergency Preparedness

Virginia's Olmsted Implementation Team and Community Integration Advisory Commission (of which VDA is an active member) worked with the Virginia Department of Emergency Management (VDEM) to recommend actions for emergency planning and preparedness activities which resulted in increased knowledge of activities through continued cross-agency and cross-disability discussion and sharing of information among state agencies and stakeholders.

VDA, as required by state policy, has worked with VDEM and developed a Continuity of Operations Plan (COOP) that will guide the department's response to a natural or man-made disaster. The COOP helps assure that services continue and that staff understand their roles and responsibilities if communications are disrupted. VDA also requires (by contract) that each of Virginia's 25 AAAs also have a COOP.

Here is a sampling of some of the various emergency preparedness activities in which VDA has been involved:

Citizen Corps Vulnerable Populations Work Group. This group focused on the sharing of stakeholder information, networking, and identification of people who should be involved in the process of identifying vulnerable populations, including all nongovernmental organizations.

Community Based Emergency Response Seminar: Preparing for All Abilities. These regional workshops were held from March through May of 2007. These one-day workshops were designed to increase understanding of requirements and expectations between first responders and citizens with medical, communication, mobility or behavioral challenges. Citizens and responders from each community discussed their requirements and expectations and began developing solutions to ensure preparedness during emergencies.

Worked on ensuring that people with disabilities and the elderly are integrated into the emergency planning process.

Worked on the development of strategies for presenting successful “Secure Commonwealth” activities to first responders, localities, emergency response non-profit organizations, media outlets and citizens of the Commonwealth. Ensured that diverse and underserved populations have opportunities to voice opinions and concerns.

Special Medical Needs Shelter Group Established. Virginia established a multi-stakeholder workgroup to suggest policy and offer guidance specific to those with medical needs during a disaster (including persons with dementia).

SECTION IX INTRASTATE FUNDING FORMULA

Background

The Older Americans Act of 1965, as amended, Section 305,(a),(2),(C) requires the state agency to:

In consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account –

- (i) The geographical distribution of older individuals in the State; and
- (ii) The distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Title III and VII

[For Subtitles III-B, Supportive Services; III-C, Nutrition; III-D, Disease Prevention and Health Promotion; III-E, National Family Caregiver Support; and VII-Chapter 3, Prevention of Elder Abuse, Neglect, and Exploitation]

VDA, in consultation with Virginia’s AAAs, has developed an intrastate funding formula for Older Americans Act funds. The Commonwealth’s Title III funding formula remains unchanged from the previous State Plan. The formula factors and their weights are as follows:

| | |
|---------------------------------------|-----|
| Population 60+ | 30% |
| Population 60+ in Rural Jurisdictions | 10% |
| Population 60+ in Poverty | 50% |
| Population 60+ Minority in Poverty | 10% |

Note: Title III-D, Preventive Health, is further adjusted for medically underserved areas.

Description of Factors

Population 60+: This factor is the basis for the distribution of funds by jurisdiction (county and city) of older Virginians. It reflects the proportion of persons age 60 and older throughout the Commonwealth by jurisdiction as provided by the U.S. Bureau of the Census.

Population 60+ in Rural Jurisdictions: This factor addresses the geographical isolation faced by older Virginians who live in the rural areas. VDA defines "rural" as any jurisdiction (city or county) which is not within a Metropolitan Statistical Area (MSA) or any jurisdiction which is within an MSA but which has a population density of 50 persons or less per square mile. An MSA is calculated by the U.S. Bureau of the Census and is updated in the formula when the census population data is updated. Square mileage by jurisdiction is obtained from the most recent Report of the Secretary of the Commonwealth and is updated in the formula when the census population data is updated.

Population 60+ in Poverty: This factor is an application of the definition of greatest economic need as required by the Older Americans Act. The financial condition of the older person is a major determinant of his or her ability to meet basic life needs such as food, shelter, mobility, and healthcare. The U.S. Bureau of the Census prepares this information upon request to perform a special tabulation for the Administration on Aging.

Population 60+ Minority in Poverty: This factor addresses the special needs of older racial and ethnic minorities in Virginia as well as the economic needs of this group. The U.S. Bureau of the Census prepares this information upon request to perform a special tabulation for the Administration on Aging.

Medically Underserved Area: This factor, applies only to Title III-D, Disease Prevention and Health Promotion Services. Section 362 of the Older Americans Act of 1965, as amended, requires the state to give priority to areas that are medically underserved. A base of \$2,000 per AAA has been established whether or not any portion of the area agency is medically underserved. Medically underserved is determined for each jurisdiction. If a portion or the entire jurisdiction is medically underserved, that jurisdiction is included in the funding allocation. The U.S. Department of Health and Human Services, Health Resource and Services Administration, maintains the Medically Underserved Areas/Medically Underserved Populations data and it is updated in the formula when the census population data is updated.

In the 1990's Medically Underserved Area (MUA) data was available from the U.S. Department of Health and Human Services, Health Resource and Services Administration, Bureau of Health Care Delivery and Assistance (BHCDA). Through a restructuring at the federal government the BHCDA was superseded by the Bureau of Primary Health Care (BPHC).

To maintain consistency with prior reporting, only jurisdictions that have an MUA designation based only on its whole or partial geographic designation, not income, are included. It is updated in the formula when the census population data is updated.

Population Factors

All population factors will use the 2000 census from the special tabulation prepared by the U.S. Bureau of the Census under contract with the U.S. Administration on aging.

Hold Harmless and Funding Level Changes

The 2000 census produced an unexpected and dramatic impact on Virginia's intrastate funding formula due to shifts in the distribution of those Virginians in poverty and the loss of rural population. The immediate application of the new population data would have resulted in severe negative repercussions for the entire network. It would have been catastrophic to one AAA, and would have adversely impact the core mission of others.

Therefore, Virginia is holding AAAs harmless at their FY 2006 funding levels. FY 2006 was the last year the 1990 census numbers were used. The implementation of a hold harmless level in effect creates a base funding.

To implement the hold harmless with the 2000 census change, the Governor and the Virginia General Assembly awarded the AAAs an additional \$1,268,734 in FY 2007. This funding awarded to the twelve AAAs that were negatively impacted allowed them to be held at their base FY 2006 level while the other AAAs that benefited from the application of the 2000 census were able to receive additional funds based on their increased formula percentage.

In FY 2008, the State General fund increased by \$1,004,000. This increase and a modest increase in federal funds raised the amount of funding available and will reduce the number of AAAs held harmless to four. Over the next four years any increase in funding will further reduce the number of AAAs held at the 2006 hold harmless base.

Spending for Priority Services

Section 306(a)(2) of the Older Americans Act of 1965, as amended, requires the state to provide assurances that an adequate portion of the amount of Title III-B funding will be expended for the delivery of services associated with access, in-home, and legal assistance.

VDA's regulations, found in Section 22VAC5-20-100 (Priority Services), require AAAs to expend the following amounts:

- At least 15% of its Title III-B allotment for services associated with access to other services, such as care coordination, information and assistance and transportation services.
- At least 5% of its Title III-B allotment for in-home services, such as (i) homemaker/personal care services, (ii) chore services, (iii) home health services, (iv) checking services, (v) residential repair and renovation services,

and (vi) in-home respite care for families and adult day care as a respite service for families.

- At least 1% of its Title III-B allotment for legal assistance for the elderly.

VDA may waive this requirement for any category of services described if the AAA demonstrates to VDA that services being provided in the area are sufficient to meet the need. Before a waiver is requested, the AAA must conduct a public hearing:

- The AAA shall notify all interested persons of the public hearing;
- The AAA shall provide interested persons with an opportunity to be heard;
- The AAA shall receive, for a period of 30 days, any written comments submitted by interested persons; and
- The AAA shall furnish a complete record of the public comments with the request for the waiver to VDA.

Cost Sharing/Fee for Service

Section 315(a) of the Older Americans Act of 1965, as amended, permits cost sharing/fee for service. Virginia has implemented cost sharing/fee for service.

AAAs use the most current Federal Poverty/VDA Sliding Fee Scale to determine client fees for all services except: Older Americans Act Care Coordination, Information and Assistance, Congregate and Home Delivered Meals, Public Information and Education, Legal Assistance, Elder Abuse, and Ombudsman. The Federal Poverty/VDA Sliding Fee Scale is based on the Virginia Board of Health's "Regulations Governing Eligibility Standards and Charges for Health Care Services to Individuals" found in 12VAC5-200.

AAAs may request a waiver to not implement cost sharing/fee for Older Americans Act services if they can adequately demonstrate:

- (A) That a significant proportion of persons receiving services subject to cost sharing in the planning and service area have incomes below the threshold established in state policy; or
- (B) That cost sharing would be an unreasonable administrative or financial burden upon the AAA.

Long-Term Care Ombudsman Program

With some exceptions, Virginia's AAAs operates local Ombudsman programs. Two or more AAAs may operate a joint program provided the AAAs are adjacent to each other.

A base of \$15,000 has been established when an AAA operates a single Ombudsman program. A base of \$25,000 has been established when two or more AAAs operate a joint program.

The remainder of Title VII-Chapter 2 Ombudsman funds is distributed in proportion to the number of licensed nursing facility beds, licensed assisted living facility beds, and licensed geriatric mental health beds located in each PSA.

The Virginia Department of Health maintains the number of nursing facility beds, the Virginia Department of Social Services maintains the number of assisted living facility beds, and the Department of Mental Health, Mental Retardation, and Substance Abuse Services maintains the number of state mental health facility beds. The number of beds in each PSA is updated annually for the next fiscal year based on data available from the Virginia Department of Health.

APPENDICES

APPENDIX A AREA AGENCIES ON AGING IN VIRGINIA

Planning & Service

| Area | Agency | Jurisdictions Served |
|------|---|---|
| 1 | <p>MOUNTAIN EMPIRE OLDER CITIZENS, INC. 1-A Industrial Park Rd PO Box 888 Big Stone Gap, VA 24219-0888 Marilyn Pace Maxwell, Executive Director Phone: 276-523-4202 Fax: 276-523-4208 Toll-free: 1- 800-252-6362</p> | <p><i>Counties of Lee, Scott and Wise. City Of Norton.</i></p> <p>Agency e-mail: meoc@meoc.org Website Address: http://www.meoc.org/</p> |
| 2 | <p>APPALACHIAN AGENCY FOR SENIOR CITIZENS, INC. 216 College Ridge Rd, Wardell Industrial Park P.O. Box 765 Cedar Bluff, VA 24609-0765 Diana Wallace, Executive Director Phone: 276-964-4915 or 963-0400 Fax: 276-963-0130 Toll-free: 1-800-656-2272</p> | <p><i>Counties of Buchanan, Dickenson, Russell, and Tazewell.</i></p> <p>Agency e-mail: aasc@aasc.org Website Address: http://www.aasc.org/</p> |
| 3 | <p>DISTRICT THREE SENIOR SERVICES 4453 Lee Highway Marion, VA 24354-4269 Mike Guy, Executive Director Phone: (276) 783-8157 Fax: 276-783-3003 Toll-free: 1-800-541-0933</p> | <p><i>Counties of Bland, Carroll, Grayson Smyth, Washington, and Wythe. Cities of Bristol and Galax</i></p> <p>Agency e-mail: district-three@smyth.net Website Address: http://www.district-three.org</p> |
| 4 | <p>NEW RIVER VALLEY AGENCY ON AGING 141 E Main St Pulaski, VA 24301-5029 Tina King, Executive Director Phone: 540-980-7720 or 639-9677 Fax: 540-980-7724 Toll-free: 1-866-260-4417</p> | <p><i>Counties of Floyd, Giles, Montgomery, and Pulaski. City of Radford</i></p> <p>Agency e-mail: tinaking@nrvaog.org Website address: N/A</p> |
| 5 | <p>LOA – LOCAL OFFICE ON AGING 706 Campbell Ave., SW P.O. Box 14205 Roanoke, VA 24038-4205 Susan Williams, Executive Director Phone: 540-345-0451 (Roanoke Valley) Alleghany Highlands: (540) 962-0465, Botetourt County: (540) 966-1094 & (540) 884-2892 Craig County: (540) 864-6031 Fax: 540-981-1487</p> | <p><i>Counties of Alleghany, Botetourt, Craig, and Roanoke. Cities of Covington, Roanoke and Salem</i></p> <p>Director e-mail: sbwloa@loaa.org Agency e-mail: info@loaa.org Website Address: http://www.loaa.org/</p> |

**Planning
& Service**

| Area | Agency | Jurisdictions Served |
|-------------|--|--|
| 6 | <p>VALLEY PROGRAM FOR AGING SERVICES, INC. 325 Pine Avenue P.O. Box 817 Waynesboro, VA 22980-0603 Paul Lavigne, Executive Director Phone: 540-949-7141 Fax: 540-949-7143 Toll-free: 1-800-868-8727</p> | <p><i>Counties of Augusta, Bath, Highland Rockbridge, and Rockingham. Cities of Buena Vista, Harrisonburg, Lexington, Staunton, and Waynesboro.</i></p> <p>Director e-mail: paul@vpas.info Agency e-mail: vpas@ntelos.net Website Address:</p> |
| 7 | <p>SHENANDOAH AREA AGENCY ON AGING, INC. 207 Mosby Lane Front Royal, VA 22630-3029 Helen M. Cockrell, Executive Director Phone: 540-635-7141 Fax: 540-636-7810 Toll-free: 1-800-883-4122</p> | <p><i>Counties of Clarke, Frederick, Page, Shenandoah, and Warren. City of Winchester.</i></p> <p>Director e-mail: helen.cockrell@shenandoahaaa.com Agency e-mail: saaa@shenandoahaaa.com Website Address: http://www.shenandoahaaa.com</p> |
| 8A | <p>ALEXANDRIA OFFICE OF AGING and ADULT SERVICES 2525 Mount Vernon Avenue - Unit 5 Alexandria, VA 22301-1159 MaryAnn Griffin, Director Phone: 703-838-0920 Fax: 703-838-0886</p> | <p><i>City of Alexandria.</i></p> <p>Director e-mail: MaryAnn.Griffin@alexandriava.gov Website Address: http://ci.alexandria.va.us/dhs/community_partners/aging_netwk.html</p> |
| 8B | <p>ARLINGTON AGENCY ON AGING c/o Department of Human Services 3033 Wilson Blvd, Suite 700B Arlington, VA 22201-3843 Terri Lynch, Director Phone: 703-228-1700 Fax: 703-228-1148</p> | <p><i>County of Arlington.</i></p> <p>Director e-mail: tlynch@arlingtonva.us Agency e-mail: arlaaa@arlingtonva.us Website Address: www.arlingtonva.us/departments/HumanServices/services/aging/aaa/HumanServicesServicesAgingAaaAgencyonAging.aspx</p> |
| 8C | <p>FAIRFAX AREA AGENCY ON AGING 12011 Government Center Pkwy Ste 708 Fairfax, VA 22035-1104 Grace Starbird, Director Phone: 703-324-5411 Fax: 703-449-8689 Toll-Free: 1-866-503-0217</p> | <p><i>County of Fairfax. Cities of Fairfax and Falls Church</i></p> <p>Director e-mail: grace.starbird@fairfaxcounty.gov Website Address: http://www.fairfaxcounty.gov/aaa/</p> |
| 8D | <p>LOUDOUN COUNTY AREA AGENCY ON AGING 215 Depot Court SE, 2nd Floor Leesburg, VA 20175-3017 Dr. Lynn A Reid, Director Phone: 703-777-0257 Fax: 703-771-5161</p> | <p><i>County of Loudoun.</i></p> <p>Director e-mail: lynn.reid@loudoun.gov Agency E-mail: prcs@loudoun.gov Website address: http://www.co.loudoun.va.us/prcs/aaa/index.htm</p> |

**Planning
& Service**

| Area | Agency | Jurisdictions Served |
|-------------|---|---|
| 8E | <p>PRINCE WILLIAM AREA AGENCY ON AGING 7987 Ashton Avenue, Suite 231 Manassas, VA 20109-2885 Courtney Tierney, Director Phone: 703-792-6400 Director e-mail: ctierney@pwcgov.org Fax: 703-792-4734 Website Address: http://www.pwcgov.org/aoa/default.htm</p> | <p><i>County of Prince William. Cities of Manassas and Manassas Park.</i></p> |
| 9 | <p>RAPPAHANNOCK-RAPIDAN COMMUNITY SERVICES BOARD 15361 Bradford Road P.O. Box 1568 Culpeper, VA 22701-1568 Brian D. Duncan, Executive Director Phone: 540-825-3100 Director e-mail: bduncan@rrcsb.org Fax: 540-825-6245 Agency e-mail: rrcsb@rrcsb.org TDD: 540-825-7391 Website Address: N/A</p> | <p><i>Counties of Culpeper, Fauquier Madison, Orange, and Rappahannock.</i></p> |
| 10 | <p>JEFFERSON AREA BOARD FOR AGING 674 Hillsdale Drive, Suite 9 Charlottesville, VA 22901-1799 Gordon Walker, CEO Director e-mail: gwalker@jabacares.org Phone: 434-817-5222 Agency e-mail: info@jabacares.org Fax: 434-817-5230 Website Address: http://www.jabacares.org Senior Centers: Fluvanna Co. (434) 842-3693, Greene Co. (434) 985-2869, Louisa Co (540) 967-4433, Nelson Co (434) 263-7155</p> | <p><i>Counties of Albemarle, Fluvanna, Greene, Louisa, and Nelson. City of Charlottesville.</i></p> |
| 11 | <p>CENTRAL VIRGINIA AREA AGENCY ON AGING, INC. 3024 Forest Hills Circle Lynchburg, VA 24501-2312 Dan Farris, Executive Director Director e-mail: dfarris@cvaaa.com Phone: 434-385-9070 Agency e-mail: cvaaa@cvaaa.com Fax: 434-385-9209 Website Address: http://www.cvaaa.com</p> | <p><i>Counties of Amherst, Appomattox, Bedford, and Campbell. Cities of Bedford and Lynchburg.</i></p> |
| 12 | <p>SOUTHERN AREA AGENCY ON AGING, INC. 204 Cleveland Avenue Martinsville, VA 24112-2020 Teresa Carter, Executive Director Phone: 276-632-6442 Agency e-mail: saaa@southernaaa.org Fax: 276-632-6252 Director e-mail: tcarter@southernaaa.org Toll-free: 1-800-468-4571 Website Address: http://www.southernaaa.org/</p> | <p><i>Counties of Franklin, Henry, Patrick & Pittsylvania. Cities of Danville and Martinsville.</i></p> |
| 13 | <p>LAKE COUNTRY AREA AGENCY ON AGING 1105 West Danville Street South Hill, VA 23970-3501 Ed Taylor, Executive Director Phone: 434-447-7661 Fax: 434-447-4074 Agency e-mail: lakecaaaa@lcaaaa.org Toll-free: 1-800-252-4464 Website Address: http://www.lcaaaa.org/</p> | <p><i>Counties of Brunswick, Halifax, and Mecklenburg.</i></p> |

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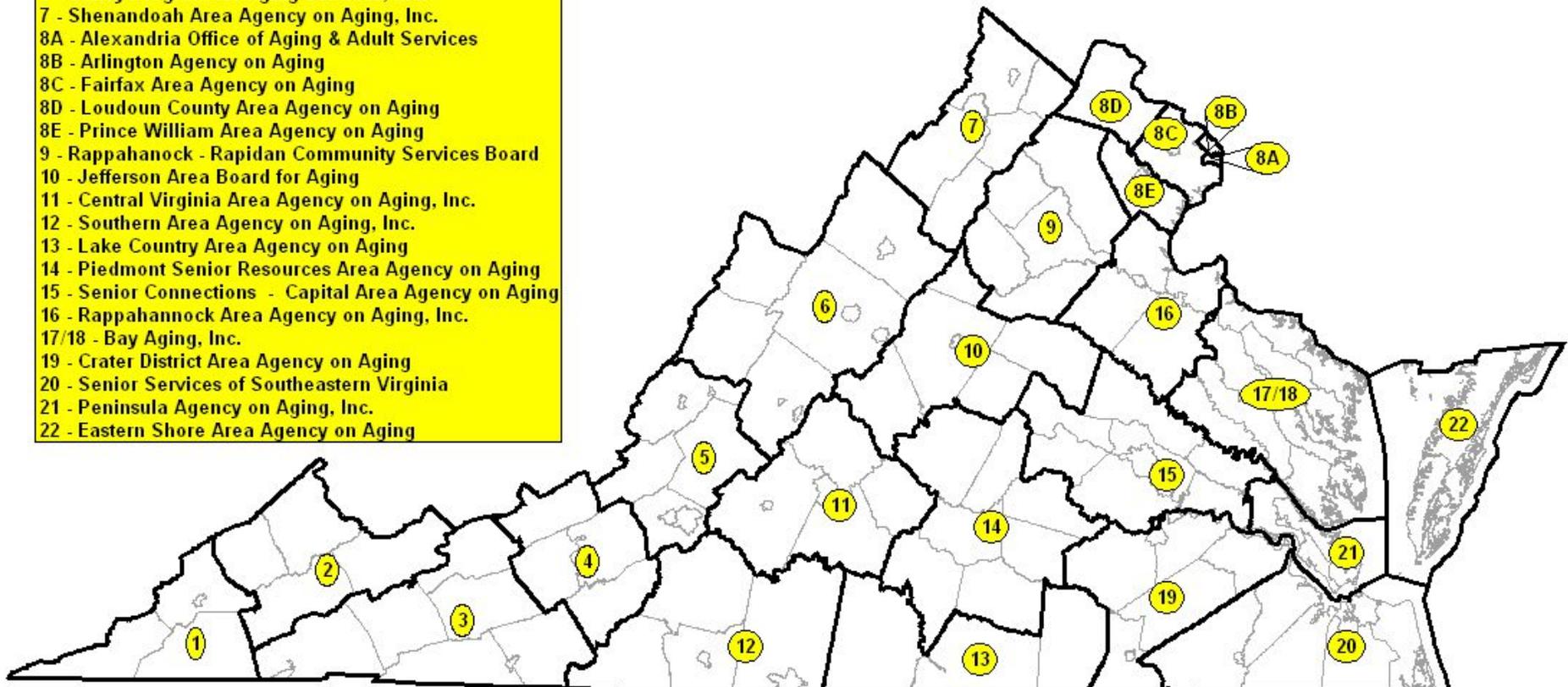
| Area | Agency | Jurisdictions Served |
|-------------|--|---|
| 14 | PIEDMONT SENIOR RESOURCES AREA AGENCY ON AGING, INC. 939 Inverness Road P.O. Box 398 Burkeville, VA 23922-0398 Ronald Dunn, Executive Director Phone: 434-767-5588 Fax: 434-767-2529 Toll-free: 1-800-995-6918 | <i>Counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward.</i> Agency e-mail: psraaa@earthlink.net Website Address: N/A |
| 15 | SENIOR CONNECTIONS The Capital Area Agency On Aging, Inc. 24 E Cary Street Richmond, VA 23219-3796 Dr. Thelma Bland Watson, Executive Director Phone: 804-343-3000 Fax: 804-649-2258 Toll-free: 1-800-989-2286 | <i>Counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent and Powhatan. City of Richmond.</i> Director e-mail: twatson@youraaa.org Website Address: http://www.seniorconnections-va.org |
| 16 | RAPPAHANNOCK AREA AGENCY ON AGING, INC 171 Warrenton Rd Fredericksburg, VA 22405-1343 Jim Schaefer, Executive Director Phone: 540-371-3375 Fax: 540-371-3384 Toll-free: 1-800-262-4012 (Virginia only) | <i>Counties of Caroline, King George, Spotsylvania, and Stafford. City of Fredericksburg.</i> Agency e-mail: info@raaa16.org Director e-mail: jschaefer@raaa16.org Website Address: http://www.raaa16.org |
| 17/18 | BAY AGING 5306 Old Virginia St PO Box 610 Urbanna, VA 23175-0610 Allyn Gemerek, President Phone: 804-758-2386 Fax: 804-758-5773 Toll-free: 1-866-758-2386 | <i>Counties of Essex, Gloucester, King and Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond and Westmoreland.</i> Director e-mail: ksheldon@bayaging.org Agency e-mail: rharris@bayaging.org Website Address: http://www.bayaging.org/ |
| 19 | CRATER DISTRICT AREA AGENCY ON AGING 23 Seyler Drive Petersburg, VA 23805-9243 David Sadowski, Executive Director Phone: 804-732-7020 Fax: 804-732-7232 | <i>Counties of Dinwiddie, Greensville, Prince George, Surry, and Sussex.. Cities of Colonial Heights, Emporia, Hopewell, and Petersburg.</i> Agency e-mail: craterdist@aol.com Website Address: http://www.cdaaa.org |

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| Area | Agency | Jurisdictions Served |
|-------------|--|---|
| 20 | SENIOR SERVICES OF SOUTHEASTERN VIRGINIA Interstate Corporate Center, Bldg 5 6350 Center Drive, Suite 101 Norfolk, VA 23502-4101 John Skirven, Executive Director Phone: 757-461-9481* *Chesapeake, Norfolk, Portsmouth & Virginia Beach Franklin: 757-569-8206, Isle of Wight: 757-357-4050, Southampton: 757-653-2105, Suffolk: 757-934-1661 Ombudsman Toll-Free Phone: 1-800-766-8059 FAX: 757-461-1068 | <i>Counties of Isle of Wight and Southampton. Cities of Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk and Virginia Beach.</i> Director e-mail: jiskirven@ssseva.org , sevamp1@cox.net Agency e-mail: services@ssseva.org Website Address: http://www.ssseva.org/ |
| 21 | PENINSULA AGENCY ON AGING 739 Thimble Shoals Blvd, Executive Center Building 1000, Suite 1006 Newport News, VA 23606-3585 William Massey, Executive Director Phone: 757-873-0541 Fax: 757-873-1437 Toll-free for Peninsula Area Residents: 757-873-0541 | <i>Counties of James City and York. Cities of Hampton, Newport News, Poquoson and Williamsburg.</i> Director e-mail: ceo@paainc.org Agency e-mail: information@paainc.org Website Address: http://www.paainc.org/ |
| 22 | EASTERN SHORE AREA AGENCY ON AGING COMMUNITY ACTION AGENCY, INC. 36282 Lankford Hwy Colonial Square – Suite 13-D P.O. Box 415 Belle Haven, VA 23306-0415 Diane Musso, Executive Director Phone: 757-442-9652 Fax: 757-442-9303 Toll-Free 1-800-452-5977 | <i>Counties of Accomack and Northampton.</i> Agency e-mail: esaaacaa@intercom.net Website Address: N/A |
| | VIRGINIA DEPARTMENT FOR THE AGING 1610 Forest Avenue, Suite 100 Richmond, VA 23229 Phone: 804-662-9333 Fax: 804-662-9354 Toll-free: 1-800-552-3402 Website Address: www.vda.virginia.gov | |

APPENDIX B: MAP OF VIRGINIA'S AREA AGENCIES ON AGING

- 1 - Mountain Empire Older Citizens, Inc.
- 2 - Appalachian Agency for Senior Citizens, Inc.
- 3 - District Three Senior Services
- 4 - New River Valley Agency on Aging
- 5 - LOA - Area Agency on Aging, Inc.
- 6 - Valley Program for Aging Services, Inc.
- 7 - Shenandoah Area Agency on Aging, Inc.
- 8A - Alexandria Office of Aging & Adult Services
- 8B - Arlington Agency on Aging
- 8C - Fairfax Area Agency on Aging
- 8D - Loudoun County Area Agency on Aging
- 8E - Prince William Area Agency on Aging
- 9 - Rappahannock - Rapidan Community Services Board
- 10 - Jefferson Area Board for Aging
- 11 - Central Virginia Area Agency on Aging, Inc.
- 12 - Southern Area Agency on Aging, Inc.
- 13 - Lake Country Area Agency on Aging
- 14 - Piedmont Senior Resources Area Agency on Aging
- 15 - Senior Connections - Capital Area Agency on Aging
- 16 - Rappahannock Area Agency on Aging, Inc.
- 17/18 - Bay Aging, Inc.
- 19 - Crater District Area Agency on Aging
- 20 - Senior Services of Southeastern Virginia
- 21 - Peninsula Agency on Aging, Inc.
- 22 - Eastern Shore Area Agency on Aging



APPENDIX C: ASSURANCES
LISTING OF STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended In 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

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

(a)(2)(E) The State agency shall 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;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall 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 older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies 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.

States must assure 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

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

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

(B) in-home services, including supportive services for families of 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 subclause (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

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

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

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

- (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

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

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

(6)(F) Each area agency will:

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

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

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

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

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

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

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

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

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

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

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

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

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

- (15) provide assurances that funds received under this title will be used-
- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
 - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(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.

(7)(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 Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(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)(A) The plan shall provide 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 (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and

governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

(11)(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;

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

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

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

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

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

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

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

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

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

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

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

- (i) older individuals residing in rural areas;
- (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
- (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
- (iv) older individuals with severe disabilities;
- (v) older individuals with limited English-speaking ability; and
- (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

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

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

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

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community based services are provided to them.

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

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

(21) The plan shall-

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

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

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

- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
- (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation

services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

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

(26) The plan shall provide assurances that 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 (b)(3)(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)

(1) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires 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) The State plan is 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 State agency:

(A) evaluates, 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) has developed a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) 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 State agency:

(A) affords an opportunity for a public 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) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords 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 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) No supportive services, nutrition services, or in-home services are 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.

Signature and Title of Authorized Official

Date