



# **VIRGINIA STATE PLAN FOR AGING SERVICES**

**October 1, 2019—  
September 30, 2023**

**DRAFT**

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# ACRONYMS

AAA.....	Area Agency on Aging
ACL.....	U.S. Administration for Community Living
ACS.....	American Community Survey
ADA.....	Americans with Disabilities Act
ADL.....	Activities of Daily Living
ADRD.....	Alzheimer’s Disease and Related Disorders
AG.....	Auxiliary Grant
APS.....	Adult Protective Services
AOA.....	Administration on Aging
AS.....	Adult Services
BRFSS.....	Behavioral Risk Factor Surveillance System
CAP.....	Corrective Action Plan
CCEVP.....	Care Coordination for Elderly Virginians Program
CDSMP.....	Chronic Disease Self-Management Program
CDSME.....	Chronic Disease Self-Management Education
CIL.....	Center for Independent Living
CMS.....	Centers for Medicare & Medicaid Services
CCOA.....	Commonwealth Council on Aging
CRIA.....	Communication, Referral, Information and Assistance
FFS.....	Fee-For-Service
FFY.....	Federal Fiscal Year
HCBS.....	Home & Community Based Services
HHR.....	Health and Human Resources
I & R/A.....	Information & Referral/Assistance
IADL.....	Instrumental Activities of Daily Living
IFF.....	Intrastate Funding Formula
LDSS.....	Local department of social service
LGBTQ.....	Lesbian, gay, bisexual, transgender, queer
LTC.....	Long-Term Care
LTSS.....	Long-term services and supports
MFP.....	Money Follows the Person
MIPPA.....	Medicare Improvements for Patients and Providers Act
MOB.....	Matter of Balance
N4A.....	National Association of Area Agencies on Aging
NAMRS.....	National Adult Maltreatment Reporting System
NFCSP.....	National Family Caregiver Support Program
NORC.....	Naturally Occurring Retirement Communities
NWD.....	No Wrong Door
OAA.....	Older Americans Act
OC.....	Options Counseling
PCT.....	Person-Centered Thinking
PSA.....	Planning and Service Area
SALT.....	Seniors and Law Enforcement Together
SCSEP.....	Senior Community Service Employment Program
SFMNP.....	Senior Farmers’ Market Nutrition Program
SFY.....	State Fiscal Year
SMP.....	Senior Medicare Patrol
SNAP.....	Supplemental Nutrition Assistance Program
SOS.....	Senior Outreach to Services

# ACRONYMS

SUA.....	State Unit on Aging
UAI.....	Uniform Assessment Instrument
VA.....	Veterans Affairs
V4A.....	Virginia Association of Area Agencies on Aging
VCPEA.....	Virginia Coalition for the Prevention of Elder Abuse
VICAP.....	Virginia Insurance Counseling and Assistance Program
VLRVP.....	Virginia Lifespan Respite Voucher Program
VPGCAB.....	Virginia Public Guardianship and Conservator Advisory Board
VPGCP.....	Virginia Public Guardianship and Conservator Program
VR.....	Vocational Rehabilitation
WINGS.....	Working Interdisciplinary Networks of Guardianship Stakeholders

## VIRGINIA STATE AGENCY ACRONYMS

DARS.....	Department for Aging and Rehabilitative Services
DBHDS.....	Department of Behavioral Health and Developmental Services
DBVI.....	Department for the Blind and Visually Impaired
DHCD.....	Department of Housing and Community Development
DHP.....	Department of Health Professions
DMAS.....	Department of Medical Assistance Services
DMV.....	Department of Motor Vehicles
DPOR.....	Department of Professional and Occupational Regulation
DRPT.....	Department of Rail and Public Transportation
OAG.....	Office of the Attorney General
SCC.....	State Corporation Commission
VDACS.....	Virginia Department of Agriculture and Consumer Services
VDDHH.....	Department for the Deaf and Hard of Hearing
VDH.....	Department of Health
VDOT.....	Department of Transportation
VDSS.....	Department of Social Services



# VERIFICATION OF INTENT

This Virginia State Plan for Aging Services (“state plan”) is hereby submitted for the Commonwealth of Virginia for the period October 1, 2019 through September 30, 2023.

The Department for Aging and Rehabilitative Services (DARS), as the authorized and designated State Unit on Aging (SUA) in Virginia, has been given the authority to develop and administer the state plan in accordance with all requirements of the Older Americans Act. DARS is primarily responsible for the coordination of all state activities related to the purposes of the Act, i.e. the development of comprehensive and coordinated systems for the delivery of supportive services, including information and assistance, in-home programs, nutrition and caregiver support services, and to serve as the effective and visible advocate for older adults in the Commonwealth.

The state plan includes all assurances, plans, provisions, and specifications to be made or conducted by DARS under provisions of the Older Americans Act, as amended, during the period identified. The state plan as submitted has been developed in accordance with all federal statutory and regulatory requirements.

This state plan is approved by the Governor of the Commonwealth of Virginia and constitutes authorization to proceed with activities under the state plan upon approval by the U.S. Assistant Secretary on Aging.

**NOT SIGNED YET**

**NOT SIGNED YET**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kathryn A. Hayfield, Commissioner  
Virginia Department for Aging and Rehabilitative Services

**NOT SIGNED YET**

**NOT SIGNED YET**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daniel Carey, M.D., Secretary of Health and Human Resources  
Commonwealth of Virginia

**NOT SIGNED YET**

**NOT SIGNED YET**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ralph S. Northam, Governor  
Commonwealth of Virginia

# EXECUTIVE SUMMARY

The Virginia Department for Aging and Rehabilitative Services (DARS), in collaboration with community partners, provides and advocates for resources and services to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.

In accordance with the Older Americans Act of 1965 (OAA), as amended, and pursuant to § 51.5-136 of the Code of Virginia, DARS, as the designated state unit on aging (SUA), is mandated to submit a state plan on aging services to the U.S. Administration on Community Living (ACL), the Governor and the Virginia General Assembly. DARS developed the State Plan for Aging Services in collaboration with the state's aging network, including older adults who receive services, DARS Advisory Boards, the Area Agencies on Aging (AAAs), other state agencies, and stakeholders.

Virginia's population, like that of the nation, is becoming older and more diverse. Today, an estimated 1,785,382 Virginians (or 21.2 percent) are age 60 years old and older. Twelve percent of Virginia's population was 65 and older in 2010, but by 2030, almost 20 percent, or just over 1.8 million Virginians will be 65 and over. With an ever increasing range and depth of preferences, languages, and cultural perspectives, the Commonwealth's current aging population looks drastically different from previous generations. Today's older adults and those yet to come will certainly weave a beautiful patchwork of diverse elderhood and aging experiences for Virginia.

Working in partnership with ACL and Virginia's 25 AAAs, DARS has adopted the following Goals and Objectives for October 1, 2019 through September 30, 2023:

# VIRGINIA STATE PLAN FOR AGING SERVICES

## GOALS AND OBJECTIVES

# GOAL 1:

## HEALTH PROMOTION AND ENGAGEMENT

**Strengthen services and supports that encourage healthy, active, and engaged lives**

- Support collaborative initiatives that engage in person-centered practices, eliminate ageism, encourage aging in place, and combat social isolation
- Advance Virginia’s dementia-capability by providing information and services that support individuals living with Alzheimer’s disease and related dementias and their caregivers
- Expand and enhance evidence-based health promotion programs available to older Virginians
- Reduce risk of falls through education, awareness, and outreach
- Increase driver independence and safety through education, screening, awareness, and outreach
- Improve nutritional health and food security for older adults by providing nutritionally adequate meals and nutrition counseling
- Increase the impact of the Senior Community Service Employment Program in Virginia through successful older adult employment placements and host agency engagement.
- Increase driver independence and safety through education, screening, awareness, and outreach
- Improve nutritional health and food security for older adults by providing nutritionally adequate meals and nutrition counseling
- Increase the impact of the Senior Community Service Employment Program in Virginia through successful older adult employment placements and host agency engagement.



# **GOALS AND OBJECTIVES**

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- Offer person-centered information, referral, and care coordination services
- Provide a barrier-free, high-quality, sustainable, person-centered, single statewide system of long-term services and supports (LTSS) for individuals of all ages and disabilities
- Provide an array of Title III-B services and home and community-based services that address social determinants of health and allow older adults to remain independent in their communities
- Promote awareness of the Virginia Insurance Counseling and Assistance Program as a trusted resource for information

## **GOAL 2:**

### **INFORMATION, ACCESS, AND COORDINATION SERVICES**

**Bolster awareness of and increase access to quality, person-centered information, services and supports**

**VIRGINIA STATE PLAN FOR AGING SERVICES**

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**GOALS AND OBJECTIVES**

**GOAL 3:**

**ELDER  
JUSTICE**

**Promote systems of protection and safety that facilitate dignity and respect**

- Strengthen the adult protective services system to protect the rights and prevent abuse, neglect, and exploitation of older adults
- Encourage older adults to develop advance directives and engage in end-of-life care planning
- Continue an active and supportive role in interagency efforts to increase awareness of elder justice and abuse prevention
- Continue statewide leadership and coordination of available legal resources for older adults
- Improve the quality of LTSS by offering high quality, person-centered advocacy to individuals as well as providing systemic LTSS advocacy
- Maintain the quality and consistency of public guardianship services for older adults
- Increase the number of educated Medicare beneficiaries, caregivers, and consumers who will report suspected healthcare fraud, errors, and abuse in Virginia

# **GOALS AND OBJECTIVES**

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- Provide a variety of high-quality caregiver supports and services
- Advance statewide planning and coordination efforts that support Virginia caregivers

## **GOAL 4:**

### **CAREGIVING**

**Improve access to resources and services that support family caregivers**

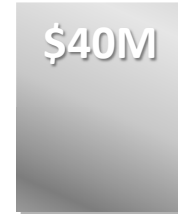
## VIRGINIA STATE PLAN FOR AGING SERVICES

# GOALS AND OBJECTIVES

With about \$40 million in federal funding during Federal Fiscal Year (FFY) 2018 and \$19 million in state general funds for State Fiscal Year (SFY) 2018 for aging services, DARS is committed to monitoring and overseeing the quality and fidelity of aging programs.

The business model of the aging network and AAAs is changing rapidly, and key partners in Virginia are already evaluating these changes to identify new opportunities and challenges. DARS and aging partners continue to seek ways to grow services through ACL grants and grants from other federal agencies.

As Virginia moves into the next four years, the 2020 Census implementation and outcomes will prove invaluable to further identifying and assessing needs, working to meet those needs and provide high quality services, and capitalizing on collaborative initiatives.



DARS federal funding FFY2019



DARS state funding SFY 2018



# THE VIRGINIA AGING NETWORK

## **VIRGINIA DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES (DARS)**

The Virginia Department for Aging and Rehabilitative Services (DARS), in collaboration with community partners, provides and advocates for resources and services to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families. DARS is committed to guiding the Commonwealth in preparing for an aging population.

DARS, as Virginia's, State Unit on Aging (SUA) ensures older adults are able to live and thrive in the community of their choice by administering programs and services funded by the Older Americans Act (OAA), federal grants, and state general funding for services. The SUA is responsible for providing funding to and overseeing 25 local Area Agencies on Aging (AAAs) that, in turn, provide funding to local service providers to deliver services to adults age 60 and older and their caregivers. DARS' monitoring of AAAs focuses on three compliance themes: AAA and Other Contractor Administration, Program Operations, Governance and Fiscal Operations.

In addition, the DARS hosts the State Long-Term Care (LTC) Ombudsman Program and is involved in a variety of collaborative initiatives aimed at helping older adults to remain in their home and community as long as they choose. DARS oversees the Adult Services (AS) and Adult Protective Services (APS) delivery system in the Commonwealth.

DARS is also the designated state agency authorized to carry out the Rehabilitation Act of 1973, as amended under the Workforce Innovation and Opportunity Act of 2014, including receiving and administering federal funds to provide vocational rehabilitation (VR) and supported employment services to individuals with disabilities, the provision of state independent living services, and to developing and supporting a statewide network of centers for independent living (CILs).



# THE VIRGINIA AGING NETWORK

## **VIRGINIA'S AREA AGENCIES ON AGING (AAAs)**

AAAs are designated by DARS to plan, coordinate, and administer aging services at the community level. Fourteen AAAs are private nonprofit organizations, and 11 are part of local government or an entity jointly sponsored by counties and cities. The 25 AAAs in Virginia serve specific Planning Service Areas (PSAs), which may include a single city or county or multiple cities and counties. Each AAA has an Advisory Council, composed of older adults and community members, which recommends policies and procedures in compliance with OAA and DARS expectations.

AAAs are responsible for a wide range of functions at the local level that are comprised of planning, program and service delivery, advocacy, and evaluation. They maintain local service provider networks and relationships with community-based organizations, senior centers, and local governments in support of the OAA and a coordinated service system. AAAs also maintain a comprehensive “No Wrong Door” (NWD) system that coordinates services and assists with the implementation of case management and eligibility requirements.

AAAs submit Area Plans to DARS that address the needs of their PSAs. Area Plans identify the services the AAA will offer and provide assurances that AAA programs and services meet the requirements of the OAA. Each AAA provides services particularly suited to the needs of the older individuals living within its PSA. In Federal Fiscal Year (FFY) 2018, AAAs provided services to 61,105 older Virginians. In accordance with the OAA, priority is given to older individuals with greatest economic and social need, with special emphasis on low-income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutional placement.

AAAs are financed with OAA and other federal funds, state funds, private funds, and appropriations from local governments. Older adults who participate in the programs or use AAA services are offered the opportunity to contribute to the cost of these programs. Some AAAs offer services on a sliding-fee scale to those who can afford to purchase them.

Attachment C includes a complete listing of Virginia's 25 AAAs.



# THE VIRGINIA AGING NETWORK

## VIRGINIA ADVISORY COMMITTEES

### VIRGINIA ADVISORY COMMITTEES

#### Commonwealth Council on Aging (CCOA)

In Virginia, **three statutory committees** serve in an advisory capacity and **one voluntary coalition** supports education and access to resources for caregiving.

Established pursuant to §§ 51.5-127 and 51.5-128 of the Code of Virginia, the CCOA promotes an efficient, coordinated approach by state government to meeting the needs of older Virginians. The CCOA supports communities that are accessible, livable, age-friendly, and promote independence. Among its duties and activities, the CCOA:

- Examines the needs of older Virginians and their caregivers and ways in which state government can most effectively and efficiently assist in meeting those needs;
- Advises the Governor and General Assembly on aging issues and aging policy;
- Advocates for and assist in developing the Commonwealth's planning for meeting the needs of the growing number of older Virginians and their caregivers; and
- Assists and advises the Department regarding strategies to improve nutritional health, alleviate hunger, and prevent malnutrition among older adults.

#### Alzheimer's Disease and Related Disorders Commission (ADRD Commission)

Established pursuant to § 51.5-154 of the Code of Virginia, the ADRD Commission develops and oversees the implementation of the Commonwealth's Dementia State Plan. Among the Commission's duties and activities are to:

- 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;
- Develop and promote strategies to encourage brain health and reduce cognitive decline;
- Advise the Governor and General Assembly on policy, funding, regulatory, and other issues related to Alzheimer's disease and related disorders;
- 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; and
- Establish priorities for programs among state agencies related to Alzheimer's disease and related disorders and criteria to evaluate these pro-

# THE VIRGINIA AGING NETWORK

## VIRGINIA ADVISORY COMMITTEES (cont.)

### **Virginia Public Guardian and Conservator Advisory Board (VPGCAB)**

Established pursuant to § 51.5-149.1 of the Code of Virginia, the VPGCAB reports to and advises the Commissioner of DARS on the Virginia Public Guardian and Conservator Program (VPGCP). The VPGCAB:

- Assists in the coordination and management of the local and regional programs appointed to act as public guardians and conservators;
- Provides advice and counsel on the provision of high-quality guardianship service and avoidance of conflicts of interest;
- Promotes the mobilization of activities and resources of public and private sector entities to effectuate the purposes of this article; and
- Makes recommendations regarding appropriate legislative and executive actions.

### **Virginia Caregiver Coalition**

Having grown from 22 members in 2004 when it was founded to nearly 200 members today, the volunteer membership of the Caregiver Coalition now includes family caregivers, disability and aging community agency staff, state agency employees, and university and independent researchers. The Caregiver Coalition works to improve the experience of caregiving through education, advocacy, and access to resources.



# THE VIRGINIA AGING NETWORK

## OTHER STATE AGENCIES AND AGING INITIATIVES

Numerous state agencies also provide information and services to older adults. Below is a small sampling of some of the invaluable work they do to support older Virginians.

### **Virginia Center on Aging (VCOA)**

Established pursuant to § 23.1-2311 of the Code of Virginia, the VCOA looks to benefit older Virginians and expand knowledge relating to the aged and the aging process. Housed within Virginia Commonwealth University (VCU), the VCOA has four core focus areas: geriatrics education, research, lifelong learning, and abuse in later life. The VCOA also operates the Geriatric Training and Education (GTE) Initiative, the Virginia Geriatric Education Center (VGEC), and the Alzheimer's and Related Diseases Research Award Fund Program, among other activities.

### **Virginia Department for the Blind and Vision Impaired (DBVI)**

With a combination of federal, state, and other non-general funds, DBVI administers comprehensive rehabilitation programs for eligible Virginians who are blind, vision impaired, or deafblind, including individuals aged 55 and older receiving services through the Independent Living for Older Individuals who are Blind Grant (ILOB) and/or VR Basic Grant.

### **Virginia Department for the Deaf and Hard of Hearing (VDDHH)**

Among the services provided by VDDHH are: 1) Virginia Relay, which is a federally mandated telecommunication relay service for persons who are deaf, hard of hearing, deafblind, or who have speech difficulties; 2) Technology Assistance Program, which provides specialized telecommunication equipment to eligible applicants, including veterans; and 3) Interpreter Services Program, which connects individuals to qualified sign language interpreters and coordinates requests for interpreters and captioning services for state and local government agencies and the Virginia Courts.

### **Virginia Department of Agriculture and Consumer Services (VDACS)**

Funded through the U.S. Department of Agriculture, the Commodity Supplemental Food Program, Child and Adult Care Food Program, and the Emergency Food Assistance Program provide nutritious foods to low-income seniors throughout the Commonwealth.

# THE VIRGINIA AGING NETWORK

## OTHER STATE AGENCIES AND AGING INITIATIVES (cont.)

**Virginia  
Department of  
Behavioral Health and  
Developmental  
Services (DBHDS)**

The public services system under DBHDS includes nine state hospitals, two training centers (with one closing in June 2018), a sexually violent predator program, and a medical center, all of which serve older adults. Within these settings, DBHDS operates 264 dedicated state hospital beds for treatment of individuals age 65 and older who are in crisis, present with acute and/or complex conditions, and require a structured inpatient setting. In addition, the 39 community services boards and one behavioral health authority served over 20,000 adults age 60 and older in State Fiscal Year (SFY) 2018. The agency recently contracted for a comprehensive plan to identify recommendations to improve services for older adults.

**Virginia  
Department of Health  
(VDH)**

VDH provides preventive health services, including breast and cervical cancer screenings, immunizations, violence and other risk reduction and wellness programs, and partners with DARS to provide chronic disease management; participates in community screenings for Medicaid long-term services and supports (LTSS); supports emergency medical services and emergency preparedness responses with health care and special populations; and provides dental services to older adults and residents in nursing facilities. VDH also licenses health care facilities and providers, such as nursing facilities, hospitals, home health organizations and hospice providers.

**Virginia  
Department of  
Health  
Professions  
(DHP)**

DHP aims to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public. With 13 regulatory boards, DHP oversees a variety health care professionals who serve older adults. Many of these professionals are also 60 and older themselves. During 2016-17, 30 percent or more of all licensed dentists, funeral service operators and clinical psychologists were 60 and older .

# THE VIRGINIA AGING NETWORK

## OTHER STATE AGENCIES AND AGING INITIATIVES (cont.)

**Virginia  
Department of  
Housing and  
Community  
Development  
(DHCD)**

The Virginia Livable Home Tax Credit program is designed to improve accessibility and universal visitability in Virginia’s residential units through state tax credits for the purchase of new units or the retrofitting of existing housing units.

The Affordable and Special Needs Housing program combines federal and state funds to assist in the rehabilitation and construction of affordable rental housing. The Weatherization Assistance Program provides assistance to assist in energy efficiency measures for homeowners at or below certain income levels.

Since 2013, the Virginia Housing Trust Fund has been used to create or rehabilitate 593 affordable housing units for the senior population.

**Virginia Department of  
Medical Assistance  
Services  
(DMAS)**

Over 100,000 older Virginians who qualify and who cannot afford the cost of care, most commonly receive Medicaid medical services (acute and primary care) and LTSS, with the latter either in nursing facilities or in the community under a “home and community-based services (HCBS) waiver” that provides community-based LTSS as an alternative to institutionalization.

Virginia Medicaid supports three out of five nursing facility residents. Since the roll out of Commonwealth Coordinated Care (CCC) Plus managed care program in 2017, these Medicaid services are provided through a managed care organization or health plan.

DMAS also oversees PACE (Program for All-Inclusive Care for the Elderly) Programs and distribution of civil monetary penalties to improve the quality of care in nursing facilities.

**Virginia Department of  
Professional and  
Occupational  
Regulation  
(DPOR)**

DPOR currently offers senior-oriented consumer guides. DPOR partners with law enforcement, state agencies, and advocates to promote consumer protection initiatives and adult abuse prevention, primarily in the area of home repair/contractor scams.

DPOR administers and enforces the Virginia Fair Housing Law, which prohibits housing discrimination on the basis of “elderliness,” defined as age 55 and older, as well as for the protected class covering disability for reasonable accommodations and modifications.

# THE VIRGINIA AGING NETWORK

## OTHER STATE AGENCIES AND AGING INITIATIVES (cont.)

### **Virginia Department of Rail and Public Transportation (DRPT)**

The Federal Transit Administration's Section 5310 Capital Program provides capital funding for transportation services for elderly persons and persons with disabilities. The Section 5317 New Freedom Program provides program funding for transportation services that go beyond the Americans with Disabilities Act (ADA). AAAs and organizations in the aging network often receive funding support through these programs. DRPT also provides state leadership for the Virginia Coordinated Human Service Mobility Plan.

### **Virginia Department of Social Services (VDSS)**

VDSS operates a toll-free telephone hotline to receive complaints of adult abuse and neglect. The Medical Assistance Program, Energy Assistance Program, and Newcomer Services' SOAR (Services to Older Adult Refugees) Program specifically target older adults. The Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families Program make allowances for older and/or disabled individuals. VDSS also licenses assisted living facilities and adult day care centers.

### **Virginia Department of Transportation (VDOT)**

VDOT is taking steps to increase accessibility and support livable communities. Specifically, the agency has made over 6,000 improvements to sidewalks and curb ramps, implemented changes to traffic signals and signs to make them more intuitive and easier to read, and made pavement markings more visible, among other initiatives.

### **Virginia Housing Development Authority (VHDA)**

VHDA provides long-term mortgage financing for the construction or acquisition and rehabilitation of affordable rental housing for low- and moderate-income seniors. The Rental Unit Accessibility Modification Grant provides funding for ADA modifications to make rental units accessible to low-income, disabled tenants. The Granting Freedom Program provides funding for modifications to make living spaces more accessible to disabled veterans, servicemen and women. In SFYs 2014-2018, VHDA allocated \$13,360,826 in Low Income Housing Tax Credits to 25 senior housing developments containing 1,488 affordable rental units.

DARS also benefits from partnerships with other state agencies, statewide aging services, as well as advocacy and LTSS organizations and agencies. These partnerships are critical in optimizing opportunities and addressing issues, including the growing impact of ADRD, housing and transportation services, and community engagement.

# DEMOGRAPHICS

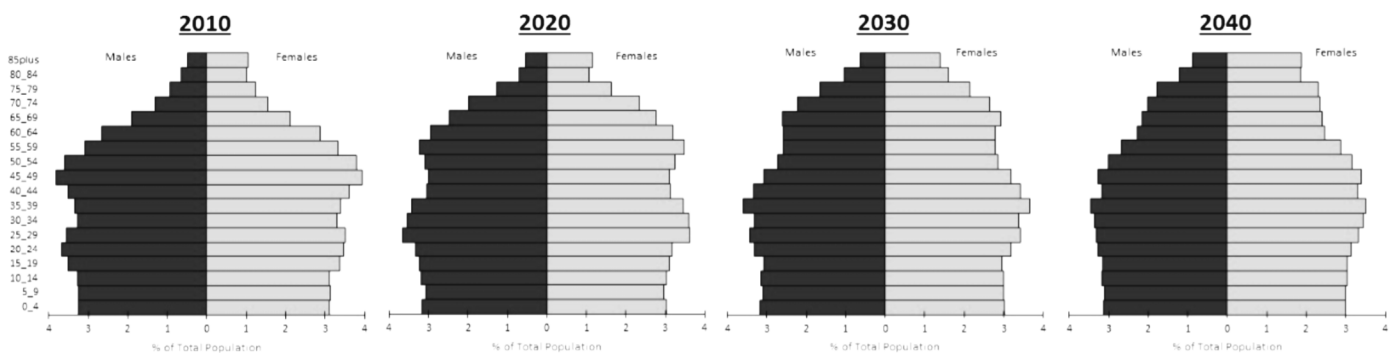
## GENERAL POPULATION:

As of July 1, 2017	Total	Percent (%)
All Virginia	8,470,020	
60 +	1,785,382	21.2
60 – 64	513,954	6.1
65 – 69	428,765	5.1
70 – 74	330,753	3.9
75 – 79	219,406	2.6
80 – 84	143,970	1.7
85 +	148,534	1.8

Source: U.S. Census Bureau, Population Division, June 2018.<sup>1</sup>

By the 2020 U.S. Census, Virginia’s total population could increase by another 15 percent and exceed nine million people, and by 2040 reach 10.5 million.<sup>2</sup>

In 2010, 12 percent of Virginia’s population was 65 and older. Yet, by 2030, almost 20 percent, or just over 1.8 million, of Virginia’s population will be 65 and over. This age group will represent most of Virginia’s growth during that period. The chart below further depicts the shifting population demographics.<sup>3</sup>



**POPULATION PYRAMIDS FOR VIRGINIA**

Source: 2010 Decennial Census and UVA Weldon Cooper Center Age Projections

<sup>1</sup>U.S. Census Bureau, Population Division. (June 2018). Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2017, Accessed on February 19, 2019. Retrieved from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP\\_2017\\_PEPAGESEX&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2017_PEPAGESEX&prodType=table).

<sup>2</sup>Virginia Population. (2018, November 30). Accessed on February 19, 2019. Retrieved from <http://worldpopulationreview.com/states/virginia/>

<sup>3</sup>Lombard, H. (2017, December). *What is the biggest demographic trend in Virginia?* University of Virginia, Weldon Cooper Center for Public Service. Accessed on February 19, 2019. Retrieved from <http://statchatva.org/2017/12/28/what-is-the-biggest-demographic-trend-in-virginia/>.

# DEMOGRAPHICS

## RACE:

2017	Total	Percent (%)
All Virginia Population 60 +	1,796,021	
White	1,373,956	76.5
Black or African American	296,343	16.5
Asian	88,005	4.9
American Indian or Native Alaskan	5,388	0.3
Other	32,328	1.8

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates

## ETHNICITY:

2017	Total	Percent (%)
All Virginia Population 60 +	1,796,021	
Hispanic or Latino Origin	59,269	3.3
Not Hispanic or Latino	1,332,648	74.2

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates

## PLACE OF BIRTH:

2017	Total	Percent (%)
All Virginia Population 60 +	1,796,021	
Native Born in U.S.	1,603,007	
Foreign Born --	193,014	
Entered U.S. 2010 or later	18,143	9.4
Entered U.S. 2000 to 2009	20,073	10.4
Entered U.S. before 2000	154,797	80.2
Naturalized U.S. Citizen	141,865	73.5
Not a U.S. Citizen	51,149	26.5

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates

# DEMOGRAPHICS

## LANGUAGE:

2017	Total	Percent (%)
All Virginia Population 60 +	1,796,021	
English Only	1,612,827	89.8
Language Other Than English	183,194	10.2
Speaks English Less Than "Very Well"	9,709	5.3

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates

## PROJECTED GROWTH IN DIVERSITY:

Virginia 65+ Population	2017	2060
White	965,835	1,464,464
Black Non-Hispanic	199,831	457,744
Hispanic	34,505	333,755
Other Non-Hispanic	11,547	334,251

Source: AARP Data Explorer, 2017, Virginia Demographics, Population by Race/Ethnicity and Population Projections by Race/Ethnicity<sup>4</sup>

## GENDER:

2017	Total	Percent (%)
All Virginia Population 60 +	1,796,021	
Female	982,423	54.7
Male	813,598	45.3

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates<sup>5</sup>

## LGBTQ:

2016	Percent (%)
National Estimated Percent of Aging Population That Are LGBT	3-7

Source: Harle, D.A. & Teaster, P.B. (2016).<sup>6</sup>

## POVERTY:

2017	Total	Percent (%)
Virginia Population 60 + for Whom Poverty is Determined	1,764,356	
Below 100% of the Poverty Level	134,091	7.6
100-149% of the Poverty Level	125,269	7.1
At or above 150% of the Poverty Level	1,504,996	85.3

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates

<sup>4</sup>AARP Data Explorer, 2017, Virginia Demographics, Population by Race/Ethnicity and Population Projections by Race/Ethnicity, Accessed on February 20, 2019, Retrieved from: <https://dataexplorer.aarp.org/profile/48/virginia#?ind=156.65>.

<sup>5</sup>U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates, Virginia, Accessed on February 19, 2019, Retrieved from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_17\\_1YR\\_S0102&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_1YR_S0102&prodType=table).

<sup>6</sup>Harle, D.A. & Teaster, P.B. (2016). Handbook of LGBT Elders: An Interdisciplinary Approach to Principles, Practices, and Policies. Springer. Accessed on February 20, 2019. Retrieved from: <https://www.springer.com/go/book/9783319036229>.

# DEMOGRAPHICS

## RURAL:

According to Lombard (2013), “During the last decade, 82 of Virginia’s 95 counties aged faster than Virginia as a whole. The result is that, except for counties with major universities, every rural county in Virginia is now older than Virginia’s median age of 37.5, and most rural counties are considerably older.” Older Virginians living in rural locations benefit from a lower cost of living compared to urban locations.<sup>7</sup> However, Instrumental Activities of Daily Living (IADLs), such as the ability to acquire needed home resources, go grocery shopping, and connect with others, may become more difficult in a rural setting. Access to medical providers may also be impacted, creating potential health crises and social isolation.

2016	Percent (%)
Percent of People age 65 + Living in Nonmetropolitan Area as in Virginia	18.2

Source: AARP Data Explorer, 2016, Virginia Demographics, Percent of People Age 65+ Living in Nonmetropolitan Areas<sup>8</sup>

## COMMON HEALTH CONDITIONS:

	Percent (%)
Arthritis	55
Asthma	8
Cancer	29
Chronic Kidney Disease	5
COPD	12
Depression	13
Diabetes	24
Heart Disease	11

Source: AARP Data Explorer, Virginia Demographic11s, Prevalence of Diagnosed Health Conditions by State, Age, and Race/Ethnicity (2016)<sup>9</sup>

## HOUSEHOLDS:

The table below demonstrates the numbers of older adults in Virginia who are currently living alone; those who live alone are at greater risk of social isolation. There are a variety of factors that contribute to social isolation. Having limited contact with others can intensify feelings of loneliness and isolation. Living alone is one indicator in addition to a decreasing number of social networks and feelings of loneliness.<sup>10</sup>

2017	Total	Percent (%)
All Virginia 60 + Households	1,063,201	
Living alone	387,075	37.5

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates

<sup>7</sup>Lombard, H. (2013). Retirement Patterns: Anywhere but cities. University of Virginia, Weldon Cooper Center for Public Service. Accessed on February 20, 2019. Retrieved from: <http://statchatva.org/2013/11/25/retirement-patterns-anywhere-but-cities/#more-3616>.

<sup>8</sup>AARP Data Explorer, 2016, Virginia Demographics Percent of People Age 65+ Living in Nonmetropolitan Areas, Accessed on February 20, 2019, Retrieved from: <https://dataexplorer.aarp.org/profile/48/virginia#?ind=156.65>.

<sup>9</sup>AARP Data Explorer, 2016 Virginia Demographics, Prevalence of Diagnosed Health Conditions by State, Age, and Race/Ethnicity, Accessed on February 20, 2019, Retrieved from: <https://dataexplorer.aarp.org/profile/48/virginia#?ind=156.65>.

<sup>10</sup>Cornwell, E.Y., Waite, L.J., (2009). “Social Disconnectedness, Perceived Isolation and Health Among Older Adults”. Accessed on February 20, 2019. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756979/>.



# DEMOGRAPHICS

## MARITAL STATUS:

2017	Total	Percent (%)
All Virginia 60 +	1,796,021	
Married	1,081,205	60.2
Widowed	319,692	17.8
Divorced	251,443	14.0
Separated	26,940	1.5
Never Married	114,945	6.4

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates

## EMPLOYMENT:

2017	Total	Percent (%)
All Virginia 60 +	1,796,021	
In Labor Force	567,542	31.6
Employed	554,970	30.9
Unemployed	12,572	0.7
Not In Labor Force	1,228,478	68.4

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates

## VETERANS:

Estimate as of September 30, 2019	Total	Percent (%)
All Virginia Veterans	714,410	
60 +	334,679	46.8
60 - 64	74,477	10.4
65 - 69	63,897	8.9
70 - 74	78,158	10.9
75 - 79	48,106	6.7
80 - 84	31,797	4.5
85 +	38,244	5.4

Source: National Center for Veterans Analysis and Statistics, Estimate for September 30, 2019<sup>11</sup>

<sup>11</sup>National Center for Veterans Analysis and Statistics. (2018.) VetPop Estimate for September 30, 2019. Accessed on February 19, 2019. Retrieved from [https://www.va.gov/vetdata/veteran\\_population.asp](https://www.va.gov/vetdata/veteran_population.asp).

# DEMOGRAPHICS

## CAREGIVING

Caregiving is a complex phenomenon that can range from assisting with IADLs to Activities of Daily Living (ADLS) to constant companionship needed by an older adult with ADRD or other complex medical needs.<sup>12</sup>

According to the 2015 Behavioral Risk Factor Surveillance System (BRFSS) survey,

- One in five Virginians (totaling 1,694,004 Virginians) provided care or assistance in the past month to a friend or family member who was living with a health problem or disability.
- Of caregivers,
  - **58% were women,**
  - **19% were 65 years and older,**
  - **41% were caring for a parent or parent-in-law,**
  - **Eight percent were providing care to someone with dementia,**
  - **Over half had been providing care for more than two years, and**
  - **Nearly one out of three had provided at least 20 hours of care per week.**

## GRANDPARENTS:

2017	Total	Percent (%)
All Virginia Population 60 +	1,796,021	
Living with Grandchildren	104,169	5.8
Responsible for Grandchildren	28,736	1.6

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates

<sup>12</sup>Schultz, R. & Eden, J. (Eds.) (2016). *Families caring for an aging America*. Washington, DC: The National Academies Press.

<sup>13</sup>U.S. Centers for Disease Control and Prevention. (2016, September). Virginia Caregiving: 2015 Behavioral Risk Factor Surveillance System (BRFSS) Data. Accessed on February 19, 2019. Retrieved from <https://www.cdc.gov/aging/data/infographic/2015/virginia-caregiving.html>.

# STATE PLAN DEVELOPMENT PROCESS

Public input and stakeholder involvement are crucial to the development of a quality State Plan for Aging Services. DARS engaged a variety of stakeholders over the last year in the development of this plan. In the fall of 2018, DARS, with support from the CCOA and local AAAs, hosted five regional listening sessions across Virginia (Henrico, Alexandria, Newport News, Roanoke and Big Stone Gap).

Major comment themes included:

## Transportation

Frequently mentioned in the context of social isolation and loneliness, access to transportation was the most cited concern. Commenters noted the need for transportation services beyond medical appointments and that include common errands, such as grocery shopping, trips to the mall, trips to community events, as well as the need for accessible and available public transportation.

## Caregiving

Comments advocated for more assistance for caregivers, including the need for easy-to-access information on service options, self-care information and supports, and respite care options.

## Nutrition Services

Often mentioned was the need for quality meals and how funding for nutrition services helps prevent malnutrition in older adults. Commenters also touched on the intersection between nutrition services and healthy aging programming, such as Chronic Disease Self-Management Education (CDSME) or Programs (CDSMP) and how nutrition services support social connectedness.

## Housing

Housing, specifically affordable housing, was a primary concern during the listening sessions. Commenters spoke of the need for housing options for all older adults, but specifically those with lower to middle incomes. Commenters reported the need for more housing subsidies and public housing supports, increased availability and access to the Auxiliary Grant Program,

## Alzheimer's Disease and Dementias

Comments expressed support for Alzheimer's disease services, particularly those that help individuals stay in their communities. Commenters also noted Dementia Friendly programs, the need for a dementia-capable workforce, and commitment to the implementation of Virginia's Dementia State Plan.

## Health Promotion

Commenters encouraged access to CDSME/P, exercise, nutrition counseling, and mental health services. They also highlighted the role of social determinants of health, health care, and care transitions in overall health and well-being.

The Word Cloud<sup>1</sup> (next page) highlights the themes, with the largest font text serving to represent those that appear to be the most discussed.

<sup>1</sup>Note: The Word Cloud is not a scientifically validated thematic analysis.

Additional concerns included, but are not limited to, protections from elder abuse, neglect and exploitation; workforce training and development; advance care planning and other legal services; and livable communities. Written public comments were also received beyond the regional listening sessions. Full comment summaries from each listening session can be found at: <https://www.vda.virginia.gov/stateplans.htm>.



DARS solicited additional input from the AAAs on specific topics, such as livable communities or age wave initiatives, collaborations with the Office of the Attorney General (OAG) of Virginia, engagement in local or regional emergency preparedness activities, and supports for LGBTQ older adults. Lastly, in accordance with state law, § 51.5-136 of the Code of Virginia, DARS also collected reports from Virginia’s state agencies on aging’s impact on the agencies and how the agencies are responding to identified impacts.

DARS would also like to thank students in GRTY 604: Problems, Issues and Trends in Aging 2019 class with the VCU School of Gerontology for assisting with compiling information for this plan.

On March 13, 2019, also with the support of the CCOA, DARS hosted a stakeholder meeting and public comment on the draft Virginia State Plan for Aging Services. Among those in attendance were: state agencies; advocates and community organizations; state universities involved in aging, health or caregiving-related initiatives; provider associations; and representatives from the DARS advisory committees.

For more information about the DARS information gathering process or to access the complete state agency reports or public comments, please visit:

# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 1 – OLDER AMERICANS ACT CORE PROGRAMS

**Title III-B – Supportive Services and Senior Centers:** Supportive Services under Title III-B enable older adults to access services that address functional limitations; encourage socialization, continued health and independence; and protect elder rights. Together, these services promote the ability to maintain the highest possible independence, function and participation in the community.

Across the Title III-B services in FFY 2018, AAAs served over 52,500 older Virginians.

## TITLE III-B SERVICES IN VIRGINIA

### ACCESS SERVICES

<b>Care Coordination</b>	Assistance, either in the form of accessing needed services, benefits, and/or resources, or arranging, in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, the needed services by providers. Care Coordination is a distinct and comprehensive service. It entails investigating a person's needs and resources, linking the person to a full range of appropriate services, using all available funding sources and monitoring the care provided over an extended period of time. See also Virginia Focus Area 1 for more information.
<b>Care Transitions</b>	See Virginia Focus Area 2 for more information.
<b>Communication Referral Information Assistance (CRIA)</b>	<i>Communication:</i> The process of offering general information to a client, caregiver, professional or other individual. <i>Referral:</i> The process of informing a client, caregiver, professional or other individual about appropriate choices and linking them with external entities providing opportunities, services, supports and/or resources to meet their needs. <i>Information &amp; Assistance:</i> The process of assessing a client or caregiver and transferring them to a service provided directly by the agency (AAA) or through a subcontractor and paid by the agency, or directly assisting them with obtaining needed services, supports and/or resources and, if necessary, advocating with entities on their behalf.
<b>Options Counseling (OC)</b>	An interactive decision-support process whereby individuals, with support from family members, caregivers, and /or significant others, are supported in their deliberations to make informed long-term support choices in the context of the individual's preferences, strengths, needs, values, and individual circumstances.
<b>Transportation</b>	Provision of a means of going from one location to another.
<b>Assisted Transportation</b>	Provision of transportation and an escort to older persons who have difficulty using regular vehicular transportation due to physical and/or cognitive limitations. It is a "door-to-door" service, and the escort can wait with the older person at the doctor's office or other destinations.

# AGING PROGRAMS AND PLAN FOCUS AREAS

## TITLE III-B SERVICES IN VIRGINIA

### IN-HOME SERVICES

<b>Adult Day Care</b>	Provision of personal care and supportive services for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day. Services offered in conjunction of adult day care typically include social and recreational activities, counseling, meals, and services such as rehabilitation, medications assistance and home health aide services for adult day health care. The service may be provided for family caregivers for respite.
<b>Checking</b>	Contacting older persons at their residence to make sure that they are well and safe. This activity may also serve to provide psychological reassurance to an older person who is alone and in need of personal contact from another individual.
<b>Chore</b>	Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy house work, yard work or sidewalk maintenance.
<b>Homemaker</b>	Providing assistance to persons with the inability to perform one or more of the following instrumental activities of daily living (IADLs): preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.
<b>Personal Care</b>	Providing personal assistance, stand-by-assistance, supervision or cues for persons with the inability to perform one or more Activities of Daily Living (ADLs).
<b>Residential Repair and Renovation</b>	Home repairs and/or home maintenance to persons 60 years of age and older, includes weatherization provided with OAA funds to assist them in maintaining their homes in conformity with minimum housing standards and/or to adapt their homes to meet their needs.

### LEGAL SERVICES

<b>Legal Assistance</b>	Legal advice and representation provided by an attorney to older individuals. Legal Assistance also may include outreach, education, group presentations and training designed to protect the legal rights of older adults using materials developed under the direct supervision of an attorney.
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# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 1 – OLDER AMERICANS ACT CORE PROGRAMS (cont.)

### TITLE III-B SERVICES IN VIRGINIA

#### ADDITIONAL SERVICES

<b>Emergency</b>	Providing financial aid and other resources, including referrals to other public and private agencies, to persons 60 and older who have an emergency need for help. The program provides for immediate and short-term assistance in getting resources in an emergency that endangers the health or well-being of older persons.
<b>Employment</b>	Assisting persons age 60 or older to obtain part-time or full-time employment.
<b>LTC Coordinating Activity</b>	Provides for the active participation of the AAA staff on local LTC coordinating committee(s), i.e., in the planning and implementation of a coordinated service delivery system to insure the development and delivery of an adequate supply of HCBS to assist older persons to avoid or delay unnecessary institutionalization, and to assure efficiency and cost-effectiveness in the delivery of those services.
<b>Medication Management</b>	<p><i>Medication management:</i> Information and education that helps older citizens understand how to take prescription, over-the-counter (OTC), and herbal medications in a safe and proper manner including following the regimen provided by their physician or pharmacist.</p> <p><i>Medication screening:</i> Referral of older citizens to a physician or pharmacist for information and assistance with their medications.</p> <p><i>Medication education:</i> Provision of information to older citizens about prescription, OTC, and herbal medications including common side effects, the dangers of mixing medications, and other issues related to medication management and screening.</p>
<b>Money Management</b>	Assisting eligible older persons in making decisions and completing tasks necessary to manage day-to-day financial matters. The objective of money management services is to enable older persons to maintain financial stability, promote well-being, independence and self-determination, and protect their interests and rights.
<b>Public Information &amp; Education</b>	Informing older persons and the general public about the programs, services, and resources available to older adults and their caregivers. Service activity involves a contact with several older adults or potential clients (group services). The service may incorporate the development of special information campaigns to inform older people and the general public about issues, problems, and benefits important to older adults.
<b>Socialization &amp; Recreation</b>	Providing an opportunity for the individual to interact with others and participate in leisure time activities. They are designed to enable older individuals to attain and maintain physical and mental well-being through programs of regular physical activity, exercise, music therapy, art therapy, and dance-movement therapy.
<b>Volunteer</b>	Assisting older adults to obtain a suitable volunteer placement.



# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 1 – OLDER AMERICANS ACT CORE PROGRAMS (cont.)

### TITLE III-C

#### Nutrition Services

Nutrition Services supplies both meals and socialization opportunities to older people in congregate settings and in their homes.

The Congregate Nutrition Program provides meals and related nutrition services in congregate (group) settings, which help to keep older Americans healthy and prevent the need for costlier medical interventions. In addition to serving healthy meals, the program presents opportunities for social engagement, information on healthy aging, meaningful volunteer roles, and trained staff provide opportunities for exercise and nutrition education and counseling to attendees. During SFY 2018, AAAs in Virginia provided over 651,000 congregate meals.

SFY 2018

**651,000**

Congregate meals

SFY 2018

**1,892,000**

Meals provided by AAAs in Virginia

The Home-Delivered Nutrition Program provides meals and related nutrition services for older individuals who are homebound or isolated individuals who are age 60 and over, and in some cases, their caregivers, spouses, and/or persons with disabilities. This program provides much more than food. It provides a nutritious meal plus a safety check, connection to other possible services, and sometimes the only opportunity for face-to-face contact an individual has for that day. During SFY 2018, AAAs in Virginia provided just under 1,892,000 meals.

### TITLE III-D

#### Evidence-based Disease Prevention and Health Promotion Services

Disease prevention and health promotion programs (Title III D) promote wellness and healthy lifestyles among older adults and prevent or delay chronic conditions. Many of Virginia's AAAs offer evidence-based activities, including CDSME and falls prevention workshops. Many of these services are also supported through Administration for Community Living (ACL) Discretionary Grants

### TITLE III-E

#### National Family Caregiver Support Program (NFCSP)

Under Title III-E, the NFCSP provides a multifaceted support system that helps families to care for an older individual or child or a relative with severe disabilities. These support services, which do not supplant the role of the family as caregiver, but enhance the ability to provide informal care for as long as appropriate, are provided to family caregivers, grandparents, or other older individuals who are relative caregivers. In Virginia, many AAAs offer innovative programming and evidence-based programming (e.g., lunch and learns, Memory Cafes, and the Caring for You, Caring for Me from The Rosalynn Carter Institute for Caregiving), and support for caregivers predominantly through: CRIA, Respite Care (Adult Day Care, Homemaker, and Personal Care), Transportation and Assisted Transportation, Care Coordination, Caregiver Training, and Support Groups.



# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 1 – OLDER AMERICANS ACT CORE PROGRAMS (cont.)

### TITLE V

#### Senior Community Service Employment Program (SCSEP)

The Community Service Seniors Opportunities Act, or Title V, funds job skills training and job development services to older adults age 55 years and older who are at or below 125 percent of the poverty level through participating host agencies. SCSEP enables participants to update skills while receiving a weekly stipend working at a host agency with the goal of permanent employment placement. F

or SFY 2018, Virginia's SCSEP served 261 eligible participants, providing host agency placement and job training. These participants provided 146,241 hours of community service in counties across Virginia. Many state agencies are also SCSEP host agencies.

SFY 2018

**146,241** 

Hours of community service in counties across VA

### TITLE VI

#### Native American Tribes/ Programs

Title VI, Grants for Services for Native Americans, funds nutrition programs and other supportive services for older Native Americans, Native Alaskans, and Native Hawaiians. As of spring 2019, Virginia has seven federally recognized tribes (Pamunkey, Chickahominy, Eastern Chickahominy, Upper Mattaponi, Rappahannock, Nansemond, and Monacan).

To be eligible for funding, tribes must represent at least 50 older adults in Virginia who are age 60 or older and seek OAA funding. As of July 1, 2019, no tribes have met this the threshold and sought OAA funding. DARS remains engaged with the tribes, committed to partnerships with them and providing Title VI application assistance, if requested, and is responsive to any changes in the future.

### TITLE VII

#### Elder Rights

Title VII, Vulnerable Elder Rights Protection Activities, funds the Office of the State Long-Term Care (LTC) Ombudsman and State LTC Ombudsman Program, which investigates and resolves complaints of residents in LTC facilities and HCBS. Title VII funding also supports public outreach and awareness campaigns to identify and prevent abuse, neglect, and exploitation.

See OAA Focus Area 4 for more information.

# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 2 – ACL DISCRETIONARY GRANTS

### Adult Protective Services (APS) Grant

DARS is using a three-year ACL grant (September 1, 2018 to August 31, 2021) to enhance APS systems, evaluate and improve practices, and improve data collection and reporting to ACL’s National Adult Maltreatment Reporting System (NAMRS).

Specifically, DARS will:

- 1) provide improved integrated e-learning to new APS workers and supervisors that meets identified needs, incorporates policy, practice and case system information, and aligns with the ACL Voluntary Consensus Guidelines;
- 2) increase NAMRS participation with agency, key indicator and case component level data;
- 3) study and implement enhancements to data collection for improved tracking and mitigation efforts; and
- 4) proactively review caseload trends and best practices to develop recommendations for local APS.

### Alzheimer’s Disease and Dementias

In 2018, DARS completed two ACL Discretionary Grants that supported dementia-capable systems and services.

In 2015, Virginia received a three-year ACL grant to develop a model collaboration between AAAs and local health systems that provided care coordination for individuals living with dementia, and adapted and implemented an educational program for individuals at risk of developing dementia. The programs served more than 270 individuals living with dementia and their caregivers. In 2018, the program received a CCOA Best Practice Award and a National Association of Area Agencies on Aging (N4A) Innovations in Aging Award. Five micro-learning modules for primary care providers on issues surrounding dementia diagnosis were later added into the project.

In 2016, DARS received an 18-month ACL grant to expand on a successful previous ACL grant that adapted the New York University Caregiver Intervention known as “FAMILIES.” Using additional counselors and telehealth, the grant made the program available to the entire Commonwealth, expanding from the original pilot regions around Charlottesville and Williamsburg. More than 130 caregivers enrolled. In 2018, DARS received a GTE grant from the Virginia Center on Aging to train an additional 15 counselors to deliver FAMILIES.

DARS’ partners have also received ACL grants. University of Virginia (UVA) Memory and Aging Care Clinic and Riverside Center for Excellence in Aging and Lifelong Health received three-year ACL grants in 2018. Both programs will improve care coordination for people living with dementia utilizing the Benjamin Rose Institute Care Consultation program.

DARS continues to look for opportunities to build on these grants, with both state general funds and additional federal funding. Supported by a Dementia Services Coordinator, DARS assists efforts to train AAA staff, law enforcement, first responders, and others on dementia-related topics, and engages in efforts to coordinate Virginia state agencies on dementia services.

# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 2 – ACL DISCRETIONARY GRANTS (cont.)

<b>Live Well, Virginia!</b>	<p>Evidence-based health programs fall under the “Live Well, Virginia!” banner. Through the Live Well, Virginia! programs, individuals living with chronic diseases can take steps to improve their overall health, feel better, and live life to the fullest.</p>
<b>Chronic Disease Self-Management Education (CDSME)</b>	<p>Older adults and people with disabilities are disproportionately affected by chronic illness. According to the U.S. Centers for Medicare and Medicaid Services, 80 percent of Medicare beneficiaries have at least one chronic condition. Through the Live Well, Virginia! programs, individuals with chronic diseases can take steps to improve their overall health, feel better, and live life to the fullest. CDSMP, developed by Stanford University, is a six week, 2.5 hour workshop that offers tools and information to help people manage their chronic illnesses and participate more fully in life. There is strong evidence across many studies that CDSMP participants experience several beneficial health outcomes, including greater energy, increased participation in physical activity, improved health status, reduced pain symptoms, and improved psychological well-being.</p> <p>Across the last nine years, over 16,155 Virginians have enrolled in the workshops with those completing the program exceeding 12,368. Virginia has continued to maintain a higher completer rate (80.5 percent) than the national average (74 percent). CDSME has been successfully offered in many communities and workshops are coordinated statewide by the AAAs.</p> <p>As a current 2016 ACL grantee, DARS, in partnership with the AAAs, has reached 4,149 completers, exceeding the goal of 2,469 completers by 162 percent to date.</p>
<b>Falls Prevention</b>	<p>With a three-year grant (August 1, 2017 through July 31, 2020) from ACL and through the Live Well, Virginia! programs, DARS is working to: 1) significantly increase the number of older adults and older adults with disabilities at risk for falls who participate in evidence-based community programs to reduce falls and falls risks; and 2) embed programs into an integrated, sustainable evidence-based prevention program network via centralized, coordinated processes.</p> <p>DARS is expanding existing infrastructure by engaging almost 2,000 older adults and adults with disabilities in the Matter of Balance (MOB) evidence-based program. MOB is an eight session community-based workshop designed to reduce the fear of falling and increase activity levels. Through structured group intervention, participants learn fall prevention strategies and address physical, social, and cognitive factors that affect their fear of falling. DARS is supporting the expansion of the geographic reach of MOB to include a minimum of 36 unserved and 24 underserved cities and counties. DARS is working to embed and sustain MOB as a core program of Live Well, Virginia!.</p> <p>On April 4, 2019, DARS will host the first annual statewide Virginia Falls Prevention Coalition conference, bringing together professionals from across the aging network. With the grant from ACL, DARS established the Virginia Falls Prevention Coalition, which aims to foster collaboration to increase awareness of fall risk factors, promote access to falls prevention interventions, and empower older adults, individuals with disabilities and caregivers to engage in activities to reduce the risk and incidence of falls.</p>

# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 2 – ACL DISCRETIONARY GRANTS (cont.)

### No Wrong Door (NWD)

Virginia NWD is statewide network of community partners and shared resources linked through a virtual system, designed to streamline access to LTSS – connecting individuals, providers, and communities across the Commonwealth. NWD Virginia is a public-private partnership, which adheres to guidelines established under the ACL, offering a unique electronic tool to share information between certified community partners, enabling them to safely and securely access personal information, with consent, expediting an individual’s access to LTSS.

The NWD web-based/technology system enables partners to provide person-centered decision support, send and receive real-time electronic referrals, document and securely share assessments, track enrollment, and analyze aggregated data on an individual, agency, community, and statewide levels.

Virginia’s NWD System offers electronic tools from case management intake to complex care coordination to hospital and care transitions. NWD partners include all 25 AAAs, 120 local departments of social services (LDSS), CILs and an array of providers ranging from hospitals to home health organizations who can access an electronic resource database of over 26,600 public and private health and human supports maintained by VirginiaNavigator.

No Wrong Door is locally led and managed by 25 AAAs across the Commonwealth. Each unique local community has an advisory group and network of partners who contribute their expertise, collaborate and share client-level data, with consent, through a secure system to streamline access and support.

Adhering to guidelines established for a NWD System under the ACL, NWD Virginia is sustained by federal grants, state general funds, local county/community investments and foundation support. NWD Virginia is governed by a Strategic Leadership Team comprised of DARS, VirginiaNavigator, the Office of the Secretary of Health and Human Resources (HHR), DMAS, DBHDS, VDH, and VHDA, and the Virginia Hospital and Healthcare Association (VHHA).

### Senior Medicare Patrol (SMP)

The SMP mission is to educate Medicare beneficiaries, and their families and caregivers to prevent, detect and report healthcare fraud, errors and abuse through outreach, counseling, and education. For the past 20 years, and most recently with a five-year ACL grant funded through the Health Care Fraud and Abuse Control Program (June 1, 2018 to May 31, 2023), the Virginia Association of Area Agencies on Aging (V4A) has administered the SMP program with the support of 25 AAAs and in partnership with the Virginia State Corporation Commission’s (SCC) Bureau of Insurance, Virginia OAG, and DARS.

SMP staff, trained volunteers and AAA partners conduct outreach, implement public awareness campaigns, and educate Medicare beneficiaries to detect discrepancies on their quarterly Medicare Summary Notice statements, and to report suspicious activity for further investigation.

# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 2 – ACL DISCRETIONARY GRANTS (cont.)

### Virginia Insurance Counseling and Assistance Program (VICAP) and Medicare Improvements for Patients and Providers Act (MIPPA)

With ACL grant funding (April 1, 2017 to March 31, 2020), VICAP is a free, unbiased, confidential counseling program that offers health insurance information, education, and assistance to seniors and adults with disabilities (and their families).

Counseling is offered with understanding Medicare, prescription drug plan analysis and enrollment assistance, Medicare Advantage Plans, CCC Plus counseling for dual eligible beneficiaries, Medicare supplemental insurance, and LTC insurance. Certified counselors can also help with Medicare denials and appeals and assist with applications for low-income subsidies.

Additional MIPPA funding (September 30, 2018 to September 29, 2020) allows the VICAP program to:

- 1) focus specifically on hard-to-reach and low-income populations, and
- 2) promote available Medicare preventive service benefits, such as the Annual Wellness Visit, among beneficiaries.

During the first year of the grant, 231 VICAP counselors, of which 128 were volunteers, provided over 47,000 hours of counseling to Virginians.

**231**   
VICAP Counselors

**47,000**   
Hours of counseling

**128**   
VICAP Volunteers

### Virginia Lifespan Respite Voucher Program (VLRVP)

DARS is currently operating the VLRVP with a three-year ACL grant (September 1, 2018 to August 31, 2021) that will provide reimbursement vouchers to 450 Virginia caregivers who reside full-time, in the same household as the person receiving care, for the cost of temporary, short-term respite care provided to individuals of any age.

Priority is given to assist those caregivers with the greatest social and economic need. The program prioritizes applicants who care for a person with a diagnosis of dementia or is a grandparent or relative caregiver providing care to a child not more than 18 years of age or an individual 19 to 59 years of age with a severe disability.

Respite funding is limited to \$400.00 per family through July 31, 2021 or until funds are exhausted.

As part of the grant, DARS is also working to increase the Virginia Caregiver Coalition capacity within target populations, and focusing additional resources toward family caregivers of individuals living with dementia, grandparents, and relative caregivers.

# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 3 – PARTICIPANT DIRECTED/PERSON-CENTERED PLANNING

Every individual is unique and no two individuals have the same preferences and needs. Person-centered planning supports individuals in making choices and decisions about the services that best meet their preferences and needs. In addition to Goal 2 (Bolster awareness of and access to quality, person-centered services and supports), this section summarizes some key ways Virginia’s aging network supports person-centered practices.

<b>DARS and Centers for Independent Living (CILs)</b>	DARS, which combines aging, disabilities, and AS/APS, creates enhanced partnerships between DARS’ affiliated local agencies, including AAAs and CILs, and generates a spirit of collaboration between aging and disability providers. CILs are well versed in consumer controlled and participant directed services, and they have extensive experience in self-advocacy, transportation, housing, deinstitutionalization, and accessibility. The interface between DARS, the CILs, and AAAs enhances and improves person-centered services for older Virginians.
<b>LTC Ombudsman Program</b>	<p>In their work in LTC facilities and with HCBS, LTC ombudsman representatives provide person-centered advocacy, address systemic issues, and support people who want to transition into the community. LTC ombudsman representatives promote rights and provide information to individuals receiving LTSS and their families, by visiting LTC facilities, promoting quality of care, and providing a voice for those who are unable to speak for themselves.</p> <p>The State LTC Ombudsman Program efforts are focused on complaint resolution and empowering persons to resolve complaints themselves when appropriate. See OAA Focus Area 4 for more information.</p>
<b>No Wrong Door (NWD)</b>	<p>The NWD web-based technology system enables partners to provide person-centered decision support, send and receive real-time electronic referrals, document and securely share assessments, track enrollment, and analyze aggregated data on individual, agency, community, and statewide levels.</p> <p>For more information on NWD, see OAA Focus Area 2.</p>
<b>Options Counseling (OC)</b>	<p>OC is an interactive decision support process, whereby individuals receive support in making LTSS choices in the context of their unique preferences, strengths, needs, values, and circumstances.</p> <p>The OC process respects the right of individuals to control and make choices about their own lives. OC is provided by individuals trained and practicing according to the Virginia Statewide Standards for OC, and may include care coordinators, transition coordinators, peer counselors, and others.</p> <p>During FFY 2018 and across Virginia’s NWD network, 1,568 individuals received OC, and options counselors provided individuals over 10,750 hours of consultation.</p>



# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 3 – PARTICIPANT DIRECTED/PERSON-CENTERED PLANNING (cont.)

<b>Person-Centered Thinking (PCT)</b>	<p>In early 2019, DARS received a two-year ACL grant that will offer a series of training activities to credential up to four Person Centered Thinking (PCT) trainers in Virginia. The two-day PCT trainings will be delivered by a current mentor certified by The Learning Community for Person Centered Practices. Once trained, these new PCT trainers will develop and sustain a person-centered, trauma-informed training for the LTSS workforce and the NWD network.</p> <p>During the grant period, the PCT trainers will:</p> <ol style="list-style-type: none"><li>1) train 100 individuals in selected regions of Virginia;</li><li>2) add six additional trainers throughout Virginia; and</li><li>3) train pre-professionals (university students) and current professionals in the philosophy, practice, and principles of person-centered, trauma-informed care.</li></ol>
<b>Virginia Culture Change Coalition</b>	<p>As an interdisciplinary coalition comprised of state agencies and advocates, the Virginia Culture Change Coalition advocates and facilitates deep system change and transformation in the Commonwealth’s culture of aging.</p> <p>Meeting on a regular basis, the coalition:</p> <ol style="list-style-type: none"><li>1) creates communication, networking and learning opportunities;</li><li>2) builds and supports relationships and community in aging services;</li><li>3) identifies and promotes transformations in practice, services, public policy and research; and</li><li>4) develops and provides access to resources and leadership.</li></ol>
<b>Virginia Public Guardianship and Conservator Program (VPGCP)</b>	<p>With regard to the VPGCP, DARS directs its contracted providers to use person-centered planning through regulations (22VAC30-70-30). Specifically, the regulations require person-centered planning that focuses on the expressed preferences, personal values, and needs of the individual receiving VPGCP services and empowers and supports the individual, to the extent feasible, in defining the direction for his or her life.</p> <p>Additional information about the VPGCP is found in Virginia Focus Area 1.</p>

# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 4 – ELDER JUSTICE

All AAAs in Virginia receive OAA Title-III funds through DARS to offer seniors access to legal services. AAAs contract with local legal services offices or use staff attorneys to provide the services. In addition, since 2012, DARS has employed a Legal Services Developer to assist AAAs with implementation of Legal Assistance and to focus on opportunities to improve the quality and quantity of legal services offered to older Virginians.

In 2017, through a three-year grant from ACL and in partnership with the Virginia Poverty Law Center, DARS established a Senior Legal Helpline (SLH). SLH offers legal assistance advice and referrals for Virginians age 60 and over.

Callers can speak to attorneys at no cost on the following topics: public benefits, such as Medicaid and SSI, guardianship and guardianship alternatives, financial exploitation, limited consumer matters, LTC issues, age discrimination, and abuse and neglect.

Since inception, the Senior Legal Helpline has received close to 1,000 calls.

**1,000** 

Legal  
Assistance

Number of calls received by SLH since inception



# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 4 – ELDER JUSTICE (cont.)

### LTC Ombudsman Program

Under Title VII, the State LTC Ombudsman Program advocates for residents of LTC facilities. In keeping with its federal and state mandates, the Virginia Office of the State LTC Ombudsman, housed at DARS, investigates and resolves complaints on behalf of individuals receiving LTSS and engages in systemic advocacy to help protect the health, safety, welfare, and rights of these individuals.

Operating as one integrated statewide program, the Virginia Office of the State LTC Ombudsman:

- 1) provides oversight of its network of designated LTC ombudsman representatives who operate out of AAAs,
- 2) works to investigate and resolve complaints, and
- 3) collaborates with stakeholders to improve the quality of LTSS.

The Office of the State LTC Ombudsman and LTC ombudsman representatives work cooperatively with regulatory agencies such as the VDH and the VDSS, as well as other programs, such as APS.

LTC ombudsman representatives advocate for or with older persons receiving LTSS by:

- Receiving, investigating, and working to resolve complaints involving quality of care issues, made by or on the behalf of residents of LTC facilities, and for those receiving community-based LTSS;
- Assisting individuals receiving LTSS in exercising their rights;
- Providing consumer/public education, including information and referral assistance regarding Virginia’s network of LTSS;
- Providing technical support for the development of LTC resident and family councils;
- Monitoring and addressing regulations and policies affecting LTC recipients.

In Virginia, the LTC Ombudsman Program covers 303 nursing facilities with a total of 32,733 beds, and 538 assisted living facilities with a total of 34,631 beds. For FFY 2018, the LTC Ombudsman Program utilized just over 25 full-time and 80 volunteer ombudsman representatives to investigate or resolve 3,478 complaints on behalf of care recipients. Staff also provided over 12,000 consultations to individuals to assist with LTC decision making and problem-solving, and just under 1,400 consultations to LTC facility staff.

LTC Ombudsman Program

**303**

Nursing facilities

**538**

Assisted living facilities

**32,733**

beds

**34,631**

beds

Full-time

**25**

Volunteers

**80**

**3,478**

Complaints resolved

# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 4 – ELDER JUSTICE (cont.)

### Prevention of Elder Abuse, Neglect and Exploitation:

Under Title VII, Elder Abuse Prevention supports AAA programs and services that protect older adults from abuse. In Virginia, AAAs use this funding most often to supplement LTC Ombudsman funds and to provide public education, training, and information about elder abuse prevention. In addition, DARS as well as many AAAs and organizations in the aging network are partners with the Virginia Coalition for the Prevention of Elder Abuse (VCPEA) as well as local and regional SALT (Seniors and Law Enforcement Together) and TRIAD programs. These efforts facilitate cooperative efforts of law enforcement agencies (police/fire/sheriffs), older adults, and senior organizations focused on reducing crimes against Virginia’s older adults.

In addition to Title VII efforts, DARS houses an APS Division, which provides state supervision over aging programs delivered locally via local departments of social services (LDSS). These programs, which include AS, APS, AG, and Medicaid LTSS Screenings, provide protection, empowerment, and the opportunity for independence for adults.

Program	Description
Adult Services (AS)	<p>AS provides assistance to adults with an impairment and to their families, when appropriate. Services are designed to help adults remain in the least restrictive environment of their choosing—preferably their own home—for as long as possible. Adequate home-based services and case management decrease or delay the need for institutional placement, reduce costs, and ensure appropriate support services.</p> <ul style="list-style-type: none"> <li>In SFY 2018, LDSS provided or arranged just under 28,000 services for clients, including emergency assistance, home repairs, medical services, transportation, and counseling.</li> </ul> <p>SFY 2018  <b>28,000</b> LDSS services</p> <p>Services included emergency assistance, home repairs, medical services, transportation, and counseling</p>

# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 4 – ELDER JUSTICE (cont.)

Prevention of Elder Abuse, Neglect and Exploitation

Adult Protective Services (APS)

APS workers within LDSS investigate reports of abuse, neglect, and exploitation of adults 60 years of age or older and incapacitated adults age 18 or older. If protective services are needed and accepted by the individual, local APS workers may arrange for a wide variety of health, housing, social, and legal services to stop the mistreatment or prevent further mistreatment.

- In SFY 2018, LDSS received 31,436 reports of adult abuse, neglect, or exploitation, almost a 16% increase from SFY 2017.
- In SFY 2018, 74% of APS report subjects were adults age 60 or older.
- Overall substantiated APS reports rose 12% from SFY 2016 to 2017 and 9% from SFY 2017 to 2018.
- APS reports made by financial institutions have grown almost 252% since SFY 2014, and substantiated financial exploitation cases jumped 30% from the previous SFY.
- In SFY 2018 as part of community-based screening teams, LDSS completed more than 15,000 screenings on adults in need of Medicaid-funded LTSS.
- 19% of adults exercised their statutory right to refuse services, a consistent figure for the past several years.

SFY 2018

**31,436** reports of adult abuse, neglect or exploitation

16 percent increase from 2017

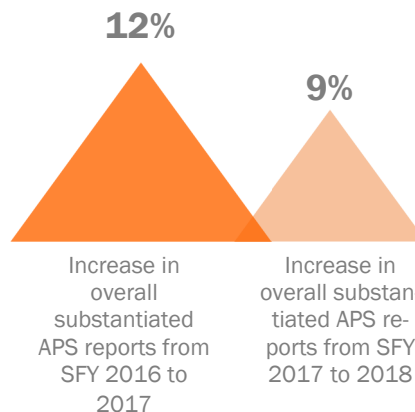
SFY 2018

**15,000**

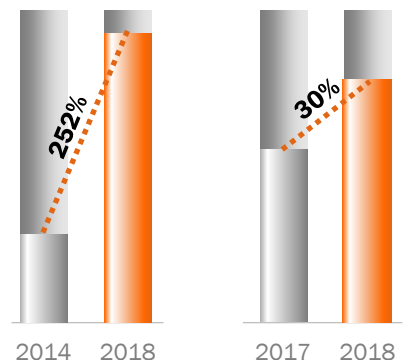
LDSS Screenings completed on adults in need of Medicaid-funded LTSS



74%  
Percent of APS report subjects aged 60 or older



Growth of APS reports made by financial institutions



# AGING PROGRAMS AND PLAN FOCUS AREAS

## OAA FOCUS 4 – ELDER JUSTICE (cont.)

Prevention of Elder Abuse, Neglect and Exploitation:

### Auxiliary Grant (AG) Program

An Auxiliary Grant (AG) is a supplement for individuals with Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals residing in specific LTC settings. AG payments ensure that individuals are able to maintain a standard of living that meets their basic needs. Individuals are only eligible for an AG payment if they reside in assisted living facilities (ALF) licensed by the VDSS, an adult foster care (AFC) home approved by LDSS, or a supportive housing (SH) setting certified through DBHDS.

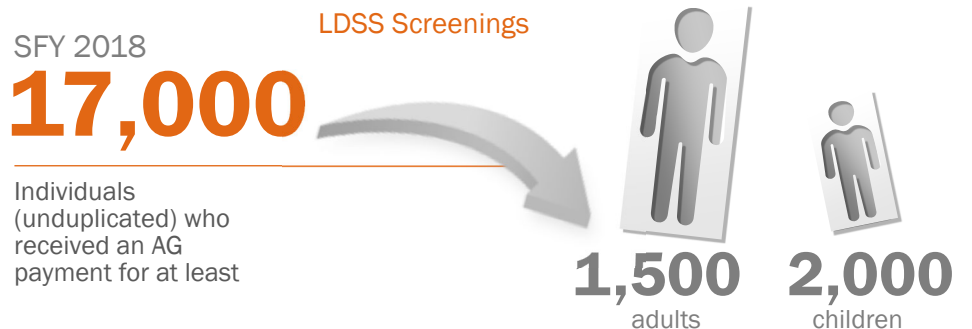
- Not all ALFs accept AG. As of June 30, 2018, fewer than 300 of the 575 licensed ALFs accepted individuals with AG. Some ALFs may accept one or two individuals with AG, while in other facilities nearly all of the individuals residing there receive AG.
- In SFY 2018, 4,577 individuals (unduplicated) received an AG payment for at least one month during the SFY.



### Medicaid LTSS Screenings

Local LDSS workers, in cooperation with local health department nurses, are responsible for performing screenings for Medicaid-funded LTSS for individuals residing in the community.

- LDSS conducted about 17,000 screenings in SFY 2018, roughly the same number in SFY 2017. More than 15,000 of these screenings were for adults and almost 2,000 were for children.



DARS. (2018). APS Division Annual Report, SFY 2018. Accessed on February 20, 2019. Retrieved from: <https://vadars.org/publications.htm#annualreports>.

# AGING PROGRAMS AND PLAN FOCUS AREAS

## VIRGINIA AREA 1 – OTHER PROGRAMS AND INITIATIVES

This section highlights additional state general funding for programs, programs that are funded by non-ACL federal agencies, and programs funded by state partners that support older adults.

### Care Coordination for Elderly Virginians (CCEVP)

AAAs in Virginia use CCEVP state general funds for five services types:

- 1) Service Coordination Level 1,
- 2) Service Coordination Level 2,
- 3) Senior Outreach to Services (SOS),
- 4) Options Counseling (OC), and
- 5) Care Transitions.

Service Coordination Level 1 is targeted to those older persons, age 60 years and over, who are deficient in one ADL and in need of either mobility assistance (either human or mechanical) or living with a cognitive impairment, such as ADRD. This services provides assistance, either in the form of accessing needed services, benefits, and/or resources or, arranging, in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, the needed services by providers. It entails investigating a person's needs, preferences and resources, linking the person to a full range of appropriate services and supports, using all available funding sources, and monitoring to ensure that services specified in the support plan are being provided. During FFY 2018, 67 unique individuals received this service.

SOS is a model of service coordination that is designed to provide a mobile, brief intervention that links older adults to supports and services available in their community. AAAs use intensive information and assistance/outreach services to reach older adults. A face-to-face interview is conducted with an older adult to determine available services that can support him or her living in the community. The older adults are provided aid in accessing and implementing the needed supports and services. In FFY 2018, AAAs provided over 3,180 individuals with referrals and implemented services for over 2,500 individuals.

Service Coordination Level 2, which is comparable to the Care Coordination service provided under Title III-B, is targeted to older adults who are dependent in two (2) or more ADLs; and have significant unmet needs that result in substantive limitations in major life activities. For Service Coordination Level 2 under Care Coordination; see OAA Focus Area 1 for more information. For Options Counseling, see OAA Focus Area 3 for more information. For Care Transitions, see Virginia Focus Area 2 for more information.

FFY 2018

**3,180** 

Referrals provided by AAAs

FFY 2018

**2,500** 

Individuals for whom AAAs have implemented services

# AGING PROGRAMS AND PLAN FOCUS AREAS

## VIRGINIA AREA 1 – OTHER PROGRAMS AND INITIATIVES

### GrandDriver

An initiative of DARS funded by a National Highway Traffic Safety Administration grant through the Virginia Department of Motor Vehicles (DMV), Virginia GrandDriver is an educational resource designed to provide Virginians with information and resources about staying safe and mobile on the road as they age.

GrandDriver:

- gives senior Virginians and their families suggestions to improve driving skills and provides resources that will help mature drivers compensate for age-related changes so they can stay on the road as safely as possible, for as long as possible;
- encourages everyone to plan ahead for safe mobility before his or her driving cessation; and
- offers suggestions for alternative forms of transportation to help senior Virginians maintain their mobility and independence. GrandDriver offers free to low-cost driver assessments for mature drivers at 7 testing centers across Virginia.

### Medicaid Managed Care Advocates

In Virginia, the Office of the State LTC Ombudsman also receives state funding to ensure that individuals receiving LTSS under Medicaid Managed Care (CCC Plus) have access to person-centered assistance to better understand and exercise their rights and resolve problems with care and services regardless of setting.

Medicaid Managed Care Advocates:

- Provide assistance in understanding beneficiary rights, responsibilities and benefits under CCC Plus;
- Help beneficiaries resolve problems with their CCC Plus health plans or services;
- Assist beneficiaries to access covered benefits, care and services, and address quality issues;
- Serve as a resource for beneficiaries and family caregivers; and
- Identify problems and provide recommendations for quality improvement.

In FFY 2018, Managed Care Advocates (consisting of 4 staff) served a total of 1,434 beneficiaries. Of those served, advocates provided 566 beneficiaries with education and navigational assistance, and assisted 868 beneficiaries to resolve problems with care and services.



MCM staff

FFY 2018

**1,434**



Managed Care Advocates' beneficiaries



Education

**566**



Care/Services

**868**

# AGING PROGRAMS AND PLAN FOCUS AREAS

## VIRGINIA AREA 1 – OTHER PROGRAMS AND INITIATIVES

### Respite Care Initiative

Funded with state general funds, the Respite Care Initiative provides respite to caregivers of persons 60 years of age and older who have Alzheimer's disease or related dementias. The respite care aims to improve and enhance the quality of life for families or other caregivers by providing support and relieving stress of the caregiver(s) and to hopefully keep individuals in the community. Services, which can include adult day, companion, home health, homemaker, hospice or personal care services, are organized by AAAs and coordinated with local human services agencies. Respite care is limited to planned (not emergency), intermittent, part-time instances not to exceed 40 hours per month per client.

During FFY 2018, over 280 individuals were served and together they received just under 45,000 hours of respite care.

FFY 2018

**45,000** 

Respite care hours received by 280 individuals

### Senior Farmers' Market Nutrition Program (SFMNP)

With funding through the U.S. Department of Agriculture and in partnership with the VDACS, the SFMNP provides low-income seniors with checks (or vouchers) that can be exchanged for eligible foods at farmers' markets and roadside stands. The purpose of the SFMNP is to:

- 1) provide fresh, nutritious, unprepared, locally grown fruits, vegetables, and herbs from farmers' markets and roadside stands; and
- 2) increase the consumption of agricultural commodities by expanding, developing, or aiding in the development and expansion of domestic farmers' markets, and roadside stands.

In Virginia, 10 AAAs and one city participate in the SFMNP. In 2018, there were 194 SFMNP authorized farmers and they served 10,408 older adults. The Virginia redemption rate for the checks in 2018 was 82 percent.

FFY 2018

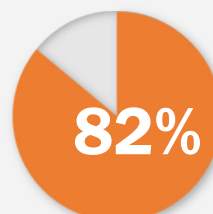
**194** 

SFMNP authorized farmers

FFY 2018

**10,408** 

Older adults served by the SFMNP authorized farmers



2018 Virginia redemption rate for the checks



# AGING PROGRAMS AND PLAN FOCUS AREAS

## VIRGINIA AREA 1 – OTHER PROGRAMS AND INITIATIVES

### Senior Cool Care

Senior Cool Care is a public-private partnership sponsored by Dominion Energy and administered by DARS that helps low-income older citizens in Virginia keep cool during summer months. The program provides single room air conditioners or fans to older Virginians who live within Dominion Energy's service area and who meet eligibility requirements. Older adults must be aged 60 or older, be at or below 150 percent of the poverty level, and need additional cooling at home. AAAs administer Senior Cool Care by screening applicants and distributing air conditioners or fans. With \$85,000 in funding for SFY 2018, AAAs were able to purchase 671 fans and 426 air conditioners for older adults.

SFY 2018

**85,000**

Senior Cool Care funding for AAA



**671**



**426**

### Public Guardian and Conservator Program (VPGCP)

The VPGCP provides guardian and conservator services for adults who are incapacitated and indigent and for whom no other proper or suitable person can be identified who is willing and able to serve as the individual's guardian, or conservator, or both, as applicable. Supported with state general funds, the VPGCP has the capacity to serve 1,049 individuals through contracts with 13 local providers (of which four are AAAs) across the Commonwealth that maintain 24-hour, 365-days-a-year coverage for their clients. A public guardian visits with each client, personally, at least once a month, and depending on the client's needs, supervises medical care, oversees residential care, monitors social service benefits, and advocates on the behalf of the client. For those individuals who are indigent and in need of public guardianship, but who have financial assets that need to be disposed of or managed, a public guardian can also serve as conservator. Under the VPGCP, DARS, working collaboratively with the DBHDS, has assisted in the transition of many vulnerable adults residing in state-operated training centers and state hospitals to the community. VPGCP staff also participates in the Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS) initiative, which is housed under the Virginia Supreme Court.

**1,049**



VPGCP's capacity to serve through contracts with 13 local providers





# AGING PROGRAMS AND PLAN FOCUS AREAS

## VIRGINIA AREA 1 – OTHER PROGRAMS AND INITIATIVES

### Smaller Programs Supported with State General Funds

The Governor and General Assembly have provided for small appropriations or seed money for the following programs:

***Birmingham Green (Manassas, VA)*** receives funding to provide residential services to low-income, individuals with disabilities.

***Jewish Social Services Agency (Fairfax, VA)*** receives funding to obtain assistance to low-income seniors who have experienced trauma.

***Pharmacy Connect of Southwest Virginia***, administered by Mountain Empire Older Citizens, Inc. (Big Stone Gap, VA), receives funding to provide free medications to individuals who are uninsured.

***VirginiaNavigator (Richmond, VA)*** receives funding to support the distribution of comprehensive health and aging information to Virginia's senior population, their families, and caregivers.

# AGING PROGRAMS AND PLAN FOCUS AREAS

## VIRGINIA AREA 2 – AGE IN PLACE

### Best Practices Awards

Developed and sponsored by the CCOA, the Best Practices Awards provide statewide recognition of successful, unique, local, or regional programs that serve older Virginians and their families. Since 2006, the awards, which have a special focus on aging in place, have recognized creativity and effectiveness in services that foster livable communities and provide HCBS.

From transportation to housing and caregiver support to multi-generational programming, the awards acknowledge and promote best practices, raise awareness about the value of HCBS, and encourage replication of stellar programs.

Information about winners can be found here:

<https://www.vda.virginia.gov/boardsandcouncils.htm>.

### Care Transitions

The term "care transitions" refers to the movement of individuals between health care practitioners and settings as their conditions and care needs change during the course of a chronic or acute illness. The goals of care transition programs are to improve transitions from the inpatient hospital setting to other care settings, to improve quality of care, to reduce readmissions for high risk individuals, and to document measurable savings to the Medicare program. Many AAAs in Virginia are involved in care transitions projects in partnership with their local hospitals or health care systems. Several AAAs have also banded together to create the Eastern Virginia Care Transitions Partnership to further advance care transitions in their communities.

Currently, all AAAs engaged in care transitions are using the Coleman Transitions Intervention Model that is based on the four pillars of:

- 1) medication self-management,
- 2) patient-centered record,
- 3) follow-up with the health care practitioner, and
- 4) knowledge of red flags.

In FFY 2018, AAAs provided care transitions to over 1,350 individuals.

FFY 2018

**1,350** ⇌

Recipients of transitions provided by AAAs

# AGING PROGRAMS AND PLAN FOCUS AREAS

## VIRGINIA AREA 2 – AGE IN PLACE (cont.)

### Collaborative Initiatives

Virginia is committed to supporting older adults to live in the homes and communities of their choice. According to AARP (2018), nationally almost 80 percent of adults age 50 and older say they want to remain in their communities and homes as they age.<sup>6</sup> In addition to state agency efforts described in this plan that broadly support aging in place, many AAAs are partners in collaborative projects that realize these ideals on a daily basis for older adults in their PSAs. In addition to common foci on affordable and accessible housing and transportation, these efforts also frequently focus on combating the ills of ageism and social isolation, and minimizing unnecessary institutionalizations. Across the Commonwealth, a myriad of local, regional, and grassroots initiatives are well underway to develop, maintain, and promote opportunities to facilitate the wishes of older adults to age in place and in their communities. Reflective of the uniqueness of each community, these efforts are frequently partnered with local housing agencies, public transportation, local governments, AAAs, economic development programs, universities, health systems, faith-based organizations, and service providers, among others. Listed below in broad brush groupings, the dynamic initiatives, which are too numerous to mention here, have the potential to leverage additional attention, energy, and resources, including those for affordable and accessible housing and transportation, beyond the traditional aging network and OAA program offerings.

Age Wave Readiness	Dementia Friendly America	Livable Communities	Naturally Occurring Retirement Communities (NORCs)	Villages
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### Diversity and Inclusion

Under the OAA, service priority is given to older individuals with greatest economic and social need, with special emphasis on low-income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutional placement.

Beyond these federally enumerated target populations, DARS and the aging network have also expressed commitment to support older Virginians who are members of the lesbian, gay, bisexual, transgender, queer (LGBTQ) community, Native Americans, immigrants, and individuals with disabilities. Some AAAs have already engaged in staff diversity and cultural competency training to support increased awareness of serving diverse populations.

It is the desire of DARS and the aging network to provide services in a culturally competent manner that respects each person’s individuality, dignity, and ability to make their own choices.

<sup>6</sup>AARP (2018, August). *2018 Home and Community Based Preferences Survey: A National Survey of Adults Age 18-Plus*. Accessed on February 15, 2019. Retrieved from: <https://www.aarp.org/research/topics/community/info-2018/2018-home-community-preference.html>.

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 1: HEALTH PROMOTION AND ENGAGEMENT

*Strengthen services and supports that encourage healthy, active, and engaged lives*

### AGING IN PLACE

#### Objective

Support collaborative initiatives that engage in person-centered practices, eliminate ageism, encourage aging in place, and combat social isolation.

#### Strategies

- Discourage ageism within the aging network, health care, and social service systems
- Use person-centered and culturally sensitive language while working with older adults, when developing DARS materials, and conducting outreach activities
- Promote and encourage lifelong learning, volunteerism, and other pursuits that help older adults remain engaged in their communities
- Engage with AAAs, the aging network, stakeholders, and regional and local initiatives (including Age Wave, Dementia Friendly America, Livable Communities, NORCs, and Villages) to increase overall impacts and program sustainability
- Promote the expansion of regional and local initiatives and programs recognized to improve social engagement and combat isolation, such as adult day services, nutrition programs, and assistive technology
- Provide staff support to the CCOA and assist with the CCOA annual Best Practices Awards
- Maintain staff support for the DARS advisory boards
- Disseminate information about Best Practices Award winners to encourage replication or adaptation
- Leverage the NWD system to promote information on aging in place and HCBS
- DARS staff participate in DHCD stakeholder processes to develop program guidelines for housing programs or in the building code updates to assess how changes may particularly impact older Virginians
- In partnership with V4A, explore opportunities to hold a statewide conference on aging

#### Measures

- Best Practices Award winners
- Annual Older Virginians Month (May) Governor's Proclamation
- Number of collaborative regional and local initiatives
- NWD system referrals for HCBS

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 1: HEALTH PROMOTION AND ENGAGEMENT

*Strengthen services and supports that encourage healthy, active, and engaged lives*

### ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

#### Objective

Advance Virginia's dementia-capability by providing information and services that support individuals living with Alzheimer's disease and related dementias and their caregivers.

#### Strategies

- Provide training and technical assistance to AAAs and the aging network to support dementia-capable systems
- Partner with the ADRD Commission and the Alzheimer's Association to support the implementation of Virginia's Dementia State Plan
- Partner with the VDH to implement Senate Bill 305 (2018 General Assembly), which calls for the incorporation of dementia-specific information in relevant public health campaigns to raise awareness and understanding of Alzheimer's disease for health care providers and the public
- Identify and pursue funding that supports dementia training and services
- Collect data on cognitive decline using the Behavioral Risk Factor Surveillance System (BRFSS) and apply the findings to improve policy and service delivery
- Monitor and look for opportunities to coalesce around the federal Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act
- Maintain the AlzPossible.org website
- Support ACL ADPI grantees as they work to implement care coordination for people living with dementia
- Explore opportunities to participate in and support Dementia Friendly America efforts
- Offer dementia and caregiving training and technical assistance to CCC Plus health plans
- Provide targeted outreach to, and support for, caregivers

#### Measures

- Number of AAA staff and professional caregivers who receive dementia training
- Updated Dementia State Plan for 2020-2024 and subsequent implementation accomplishments
- ADRD Commission quarterly meetings

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 1: HEALTH PROMOTION AND ENGAGEMENT

*Strengthen services and supports that encourage healthy, active, and engaged lives*

### CHRONIC DISEASE SELF-MANAGEMENT EDUCATION (CDSME)

#### Objective

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Expand and enhance evidence-based health promotion programs available to older Virginians.

#### Strategies

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- Expand the CDSME network to include new strategic partnerships, including CILs and a federally recognized Native American tribe
- Expand availability of the CPSMP to address the opioid crisis
- Develop the evidence-based Walk with Ease program in conjunction with the Virginia VDH and AAAs in underserved geographic areas or with underserved populations
- Support and expand the current CDSME infrastructure
- Secure reimbursement opportunities and seek state funding and additional federal funding opportunities for CDSME
- Collaborate with public health departments, healthcare entities, and other private organizations to encourage them to share information about CDSME
- Provide training, technical assistance, and monitoring to affirm the quality of CDSME offerings

#### Measures

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- Number of older adults completing CDSME
- Number of CDSME programs offered, including those offered in underserved areas

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 1: HEALTH PROMOTION AND ENGAGEMENT

*Strengthen services and supports that encourage healthy, active, and engaged lives*

### FALLS PREVENTION

#### Objective

Reduce risk of falls through education, awareness, and outreach.

#### Strategies

- Disseminate evidence-based falls prevention information and materials to the aging network
- Establish the statewide Virginia Falls Prevention Coalition
- Provide training and technical assistance to AAAs on falls prevention activities and best practices
- Seek additional funding for sustainability of falls prevention programs and initiatives

#### Measures

- Creation of an active and successful statewide Falls Prevention Coalition and a Coalition webpage
- Number of older adults and individuals with disabilities who participate in falls prevention programs
- Number of Matter of Balance workshops provided

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 1: HEALTH PROMOTION AND ENGAGEMENT

*Strengthen services and supports that encourage healthy, active, and engaged lives*

### GRANDDRIVER

#### Objective

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Increase driver independence and safety through education, screening, awareness, and outreach.

#### Strategies

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- Maintain granddriver.net website
- Increase awareness of GrandDriver using web and social media
- Participate (present or exhibit) at conferences, workshops, health fairs, and expos across the Commonwealth
- Participate in CarFit events and trainings and train transportation professionals, health professionals (e.g., occupational and physical therapists and rehabilitation specialists) on how to conduct CarFit events
- Support driver assessments by Certified Driver Rehabilitation Specialists

#### Measures

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- Number of website hits
- Number of events, trainings, and presentations on the GrandDriver program
- Number of participants who complete CarFit checklists
- Number of driver assessments completed



# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 1: HEALTH PROMOTION AND ENGAGEMENT

*Strengthen services and supports that encourage healthy, active, and engaged lives*

### NUTRITION SERVICES

#### Objective

Improve nutritional health and food security for older adults by providing nutritionally adequate meals and nutrition counseling.

#### Strategies

- Provide nutritionally balanced meals that meet the current Dietary Guidelines for Americans
- Assist AAAs with the operation of senior nutrition programs through training, technical assistance, and monitoring of programs
- Strengthen nutritional counseling and education for congregate meal and home delivered meal recipients
- Collaborate with disease prevention and health promotion programs
- Work with VDACS to continue to grow the SFMNP
- Provide fresh fruits and vegetables to older adults while supporting local farmers through the SFMNP
- With AAAs, explore additional opportunities to leverage support and increase awareness of other benefits and resources available to older adults, such as SNAP
- As feasible, encourage person-centered practices and explore ways to increase flexibility in the meals offered at AAA nutrition services

#### Measures

- Number of participants served with congregate and home-delivered meals
- Number of meals provided to older adults
- Consumer satisfaction with nutrition services
- Menu adherence to the current Dietary Guidelines for Americans
- Redemption rate for the SFMNP

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 1: HEALTH PROMOTION AND ENGAGEMENT

*Strengthen services and supports that encourage healthy, active, and engaged lives*

### SENIOR COMMUNITY SERVICES EMPLOYMENT PROGRAM (SCSEP)

#### Objective

Increase the impact of the SCSEP in Virginia through successful older adult employment placements and host agency engagement.

#### Strategies

- Conduct outreach and distribute information in order to recruit more host agencies and participant referrals
- Collaborate with AAAs and DARS VR staff to identify opportunities to share information about SCSEP with potential participants and host agencies
- Subgrantees provide individualized, person-centered assessment to identify possible job placements that fit each older adult
- Help older adults stay employed or acquire employment skills that allow them to obtain and retain unsubsidized employment
- Provide training and technical assistance to subgrantees
- Conduct monitoring of subgrantees to ensure compliance with SCSEP requirements
- Support subgrantees to build and implement strong recruitment plans
- Update and re-procure the host agency contracts

#### Measures

- SCSEP participant placement rate
- SCSEP participant median earnings
- Number of host agencies

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 2: INFORMATION, ACCESS, AND COORDINATION SERVICES

*Bolster awareness of and increase access to quality, person-centered information, services and supports*

### COMMUNICATION, REFERRAL, INFORMATION, AND ASSISTANCE (CRIA) AND CARE COORDINATION SERVICES

#### Objective

Offer person-centered information, referral, and care coordination services.

#### Strategies

- Ensure all AAAs offer CRIA and care coordination services to older adults
- Provide up-to-date, accurate, and unbiased information about available resources to older adults, including those in underserved areas
- Deliver CRIA in a manner that is culturally and linguistically appropriate regardless of ethnicity, race, gender, religion, sexual orientation, or socioeconomic status
- Increase awareness about the care coordination service offerings (Title III-B Care Coordination, Service Coordination Level 1 and Level 2, SOS, OC, and Care Transitions) available through the aging network
- Connect individuals to Medicaid LTSS or other HCBS programs, if appropriate
- Promote person-centeredness and inclusiveness in professional approaches to older adults and caregivers
- Provide training, technical assistance, and monitoring to ensure the quality of services
- Verify staff providing CRIA and care coordination services have the required qualifications

#### Measures

- Number of individuals who receive CRIA
- Number of individuals participating in care coordination services

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 2: INFORMATION, ACCESS, AND COORDINATION SERVICES

*Bolster awareness of and increase access to quality, person-centered information, services and supports*

### NO WRONG DOOR (NWD)

#### Objective

Provide a barrier-free, high-quality, sustainable, person-centered, single statewide system of LTSS for individuals of all ages and disabilities.

#### Strategies

- Increase partner participation in the NWD System
- Provide ongoing training and technical assistance to promote successful use and participation in the System
- Integrate PCT and practices into assessment tools, training materials, and policies honoring individual choice and self-empowerment
- Increase consumer direction through development of online self-referral tool and person-centered consumer portal
- Develop and share “Best Practices” with local NWD communities and statewide partners that promote collaboration
- Coordinate and host NWD Resource Advisory Council meetings and sub-workgroups to discuss statewide governance, streamlined access, person-centered OC and marketing/communications for statewide implementation and monitoring progress
- Develop methodology to calculate Return on Investment for a NWD System
- Improve person-centered practice capacity of the statewide workforce by training providers in person centered thinking and OC
- Increase capacity of local NWD networks to produce positive, measurable results for individuals gaining access to home and community based services and supports

#### Measures

- Number of NWD Partners
- Number of individuals served through NWD, including self-referrals and provider referrals
- Number of individuals certified in person-centered OC
- Number of providers trained in PCT and OC
- Number of individuals receiving OC services
- Number of website visits and HCBS searches
- Number statewide services and programs maintained/updated in resource database

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 2: INFORMATION, ACCESS, AND COORDINATION SERVICES

*Bolster awareness of and increase access to quality, person-centered information, services and supports*

### TITLE III-B SERVICES AND HCBS

#### Objective

Provide an array of Title III-B services and HCBS that address social determinants of health and allow older adults to remain independent in their communities.

#### Strategies

- Fund transportation for older adults to obtain needed services to remain in their communities and that support engagement
- Provide person-centered community-based programming that improves the quality of life of older adults
- Support AAAs in expanding services by sharing best practices, tools, and resources
- Represent the services needs of older adults at the state level
- Provide training, technical assistance, and monitoring of programs and services to assure that funds are expended fully and appropriately in accordance with federal and state laws, regulations, and guidelines
- Encourage AAAs and other organizations to pursue new funding for services by sharing information on grant opportunities, partnership options, funding streams, and models that can be replicated

#### Measures

- Number of one-way transportation trips provided to older adults
- Number of individuals receiving Title III-B services and HCBS
- Number of monitoring visits conducted and reports issued

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 2: INFORMATION, ACCESS, AND COORDINATION SERVICES

*Bolster awareness of and increase access to quality, person-centered information, services and supports*

### VIRGINIA INSURANCE COUNSELING AND ASSISTANCE PROGRAM (VICAP) AND MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (MIPPA)

#### Objective

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Promote awareness of the VICAP program as a trusted resource for information.

#### Strategies

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- Produce and purchase media buys to run five topic focused television commercials (topics: Open Enrollment, General Program Awareness, Preventive Services, Low-Income Subsidy, and Volunteer Recruitment)
- Maintain program webpage through the DARS website
- Produce educational materials such as the Medicare Preventive Services Calendar and Low-Income Subsidy, Preventive Service, and Annual Wellness rack cards
- Offer or participate in outreach and education events on Medicare Parts A, B, C and D, low-income subsidy, CCC Plus program, Medigap (supplemental insurance), LTC Insurance, and preventive services and Medicare Annual Wellness benefits
- Build VICAP volunteer base through recruitment campaigns

#### Measures

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- Number of one-on-one counseling sessions, complaints, and referrals
- Number of client contacts, low income contacts, rural contacts, and non-native English speaking contacts
- Number of persons reached through presentations, booths/exhibits at health/senior fairs and enrollments events
-

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 3: ELDER JUSTICE

*Promote systems of protection and safety that facilitate dignity and respect*

### ADULT PROTECTIVE SERVICES (APS)

#### Objective

---

Strengthen the APS system to protect the rights and prevent abuse, neglect, and exploitation of older adults.

#### Strategies

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- Direct planning and oversight, and provide technical assistance to LDSS for AS and APS
- LDSS respond to APS reports in a timely manner
- Provide improved integrated e-learning to new APS workers and supervisors
- Increase NAMRS participation with agency, key indicator and case component level data
- With Virginia Polytechnic Institute and State University, study and implement enhancements to data collection for improved tracking and mitigation efforts within APS
- With Virginia Polytechnic Institute and State University, proactively review APS caseload trends and best practices to develop recommendations for LDSS
- Perform outreach and education about AS and APS with professionals and consumers

#### Measures

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- Number of APS reports
- Number and type of HCBS provided to AS or APS clients
- Updated state AS and APS regulations and policies that reflect current and best practices
- Publication of Annual APS Reports

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 3: ELDER JUSTICE

*Promote systems of protection and safety that facilitate dignity and respect*

### ADVANCE DIRECTIVES AND END-OF-LIFE CARE PLANNING

#### Objective

Encourage older adults to develop advance directives and engage in end-of-life care planning.

#### Strategies

- Disseminate information about the annual Healthcare Decisions Day to the aging network
- Encourage the aging network to participate in and host events for the annual Healthcare Decisions Day
- Track initiatives that promote advance care directives and end-of-life planning
- Offer education and provide public awareness about long-term care options
- Educate older adults, caregivers, and providers on end-of-life planning and alternatives to guardianship, including advance directives, medical powers of attorney, and pre-planning for incapacity
- Integrate existing materials and information on advance directives into an online legal information and training resource site

#### Measures

- Number of Health Care Decision Day events that are held
- Annual Advance Care Planning Month (April) as designated by the Virginia General Assembly



# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 3: ELDER JUSTICE

*Promote systems of protection and safety that facilitate dignity and respect*

### ELDER JUSTICE COLLABORATIONS

#### Objective

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Continue an active and supportive role in interagency efforts to increase awareness of elder justice and abuse prevention.

#### Strategies

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- DARS staff participate in the VCPEA Board and the VCPEA's annual conference
- DARS staff participate in the WINGS initiative
- AAAs participate in SALT and local TRIAD programs
- DARS staff support the SALT/TRIAD Counsel and programming, and participate in the annual SALT/TRIAD conference
- Track data related to the Virginia Senior Alert program
- Work in partnership with the VDH and VDSS to protect and maintain the safety of individuals receiving LTSS from licensed or certified providers
- Monitor federal elder justice activities and initiatives

#### Measures

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- Number of collaborative meetings attended
- Number of presentations at statewide conferences

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 3: ELDER JUSTICE

*Promote systems of protection and safety that facilitate dignity and respect*

### LEGAL ASSISTANCE

#### Objective

Continue statewide leadership and coordination of available legal resources for older adults.

#### Strategies

- Continue to fund a full-time position for Virginia's Legal Services Developer
- Sustain funding for the Senior Legal Helpline
- Continue to convene Legal Assistance Stakeholder meetings and:
  - develop suggested-voluntary uniform model contracts to assist AAAs in contracting with legal assistance service providers in Virginia; and
  - develop and implement uniform statewide legal assistance service standards in order to better define and measure the quality of units of legal assistance provided to individuals
- Refine and improve legal assistance systems, including the Senior Legal Helpline, to better reach OAA target populations
- Facilitate opportunities among government, public, and private entities to better work together to enhance the legal assistance system for Virginia's senior population
- Develop a free, online legal information and training resource using existing material from other sources
- Publish and broadly disseminate a report on the legal system and legal services provided on issues of most critical need for Virginia's seniors
- Engage in educational efforts to increase the number of pro bono attorneys, the number of pro bono hours provided by those attorneys, and the quality of the pro bono services provided to older Virginians

#### Measures

- Ongoing funding for the Legal Services Developer and the Senior Legal Helpline
- Number of model contracts with legal assistance providers
- Implementation of uniform legal assistance service standards and data collection guidance
- Number of Continuing Legal Education presentations to attorneys on issues most critical to address the legal needs of Virginia's most vulnerable older adults

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 3: ELDER JUSTICE

*Promote systems of protection and safety that facilitate dignity and respect*

### LTC OMBUDSMAN

#### Objective

---

Improve the quality of LTSS by offering high quality, person-centered advocacy to individuals as well as providing systemic LTSS advocacy.

#### Strategies

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- Provide technical assistance on the LTC Ombudsman Program to local ombudsman entities and ombudsman representatives
- Integrate federal LTC Ombudsman regulatory requirements into the state LTC Ombudsman regulations
- Respond to inquiries from and provide assistance to individuals enrolled in Medicaid CCC Plus who need beneficiary support services and assistance resolving problems
- Transition to the 2019 ACL National Ombudsman Reporting System data standards to allow for improved data collection and program monitoring
- Conduct annual trainings for ombudsman representatives
- Serve as a lead partner in LTC culture change efforts and the Virginia Culture Change Coalition
- Monitor LTSS and Medicaid managed care policy changes at the federal and state level and provide feedback as appropriate and needed

#### Measures

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- Successful revision to state regulations to ensure alignment with Code of Virginia and federal regulations for the LTC Ombudsman Program.
- Number of CCC Plus beneficiaries assisted.
- Number of LTC complaints investigated and resolved.

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 3: ELDER JUSTICE

*Promote systems of protection and safety that facilitate dignity and respect*

### PUBLIC GUARDIANSHIP AND CONSERVATOR PROGRAM (VPGCP)

#### Objective

Maintain the quality and consistency of public guardianship services for older adults.

#### Strategies

- Continue to operate an effective and efficient VPGCP that supports vulnerable older adults
- Provide training, technical assistance, and annual monitoring to VPGCP contracted providers
- Conduct annual in-person trainings that include a focus on person-centered practices for public guardians and conservators
- Continue to collaborate with DBHDS to improve guardianship services provided to eligible clients
- In accordance with § 51.5-150 B 9 of the Code of Virginia, seek funding to contract with an appropriate entity to conduct an evaluation of the VPGCP, or seek funding for a study to evaluate the VPGCP needs
- Educate professionals and consumers about guardianship and conservatorships
- Participate in the WINGS initiative
- Explore opportunities to modernize recordkeeping with electronic records for providers

#### Measures

- Number of individuals served by the VPGCP
- Number of monitoring visits of providers conducted

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 3: ELDER JUSTICE

*Promote systems of protection and safety that facilitate dignity and respect*

### SENIOR MEDICARE PATROL (SMP)

#### Objective

Increase the number of educated Medicare beneficiaries, caregivers, and consumers who will report suspected healthcare fraud, errors, and abuse in Virginia.

#### Strategies

- Increase the number of SMP team member hours in each planning and service area
- Grow the number of one-on-one counseling sessions and calls answered on the 1-800 fraud line
- Conduct outreach to aging organizations and community groups

#### Measures

- SMP team member hours
- Number of one-on-one counseling sessions, complaints, and referrals.

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 4: CAREGIVING

*Improve access to resources and services that support family caregivers*

### CAREGIVER SUPPORTS AND SERVICES

#### Objective

---

Provide a variety of high-quality caregiver supports and services.

#### Strategies

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- Offer person-centered Title III-E services that reflect each caregiver's specific needs
- Utilize the NWD system and NWD partners to make electronic referrals and to securely share individual-level data and progress in meeting caregiver needs
- Conduct outreach and promote the VLRVP and the Respite Care Initiative program
- With partnerships, increase knowledge and awareness of respite care
- Provide caregiver services, with a special emphasis on caregivers of individuals living with dementia and grandparents or relative caregivers, that result in financial relief, reduced stress and/or anxiety, enhanced relationships with family members, and improved quality of life
- Seek grant opportunities and other funding sources to support caregivers
- Provide AAAs training, technical assistance and monitoring for Title III-E services and the Respite Care Initiative

#### Measures

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- Number of individuals and caregivers receiving services through OAA and state-funded programs
- Number of hours of respite care provided with OAA and state-funded programs
- Number of families reporting temporary relief of their caregiving burden through the VLRVP.

# GOALS, OBJECTIVES, STRATEGIES & MEASURES

## GOAL 4: CAREGIVING

*Improve access to resources and services that support family caregivers*

### STATEWIDE CAREGIVER INITIATIVES

#### Objective

Advance statewide planning and coordination efforts that support Virginia caregivers.

#### Strategies

- Develop and share outreach approaches that support underserved populations and inclusivity
- Expand the Virginia Family Caregiver Solution Center to include resources that assist grandparents and relative caregivers
- Participate in and provide support for the Virginia Caregiver Coalition
- Increase the membership of the Virginia Caregiver Coalition
- Collect statewide data on caregiving using the BRFSS and apply the findings to improve policy and service delivery
- Increase caregiver education and public awareness of caregiver needs through NWD, the Virginia Caregiver Coalition, and ACL grant funded programs

#### Measures

- Virginia Caregiver Coalition meetings
- Annual Family Caregivers Month (November) Governor's Proclamation.

# QUALITY MANAGEMENT

## MONITORING, OVERSIGHT AND REMEDIATION

DARS reviews each AAA and Contractor in accordance with the requirements detailed in each of these sections and with a team of DARS staff who are assigned monitoring responsibilities as a core function

**The DARS monitoring process is divided into three functional areas:**



DARS reviews each AAA and Contractor in accordance with the requirements detailed in each of these sections and with a team of DARS staff who are assigned monitoring responsibilities as a core function of their duties. Centralizing this responsibility among the team allows for specialization and the development of a comprehensive knowledge of AAA operations, needs, and practices.

**Monitoring of AAAs and contractors involves two distinct levels:**



The desk review process involves an on-going, continuous review of AAA and contractor monthly statistical and financial reports, analysis of spending patterns, and unit cost analysis.

DARS staff periodically visit AAAs and contractors to conduct on-site reviews. These on-site visits are scheduled based on random selection with the final objective to review all 25 of the AAAs and other contractors within a three-year period (or at least eight per year).<sup>7</sup>

On-site visits last a period of one to five days depending on the scope of the review, the size of the organization, and the complexity of the operations. A schedule of the reviews is distributed at the beginning of each calendar year. Upon prior determination by DARS staff and management, a selected contractor may be incorporated into the interim or regular monitoring schedule based on the need for a visit.

DARS provides a copy of the internal review/monitoring instrument to the AAAs and contractors in advance of an on-site visit. DARS recommends that executive directors from the AAAs and contractors distribute copies of the monitoring instruments and checklists to their staff in preparation for the on-site visit. DARS strongly encourages the AAAs and other contractors to utilize these tools for self-assessment and to incorporate appropriate requirements into their monitoring of sub-contractors.

For desk and on-site reviews, DARS staff draft reports that identify any deficiencies, observations, and corrective action recommendations. Upon the completion of the on-site review, DARS staff and the AAA or contractor will also have an exit conference to communicate the deficiencies and recommendations noted during the review. As needed, AAAs and contractors are provided instructions for completing a Corrective Action Plan (CAP).

The DARS staff follow-up on items identified as needing corrective action. DARS staff provide technical assistance, or if needed, arrange additional training, to assist with compliance as necessary.

<sup>7</sup>With the following exception: DARS conducts annual on-site visits to VPGCP contractors.



# QUALITY MANAGEMENT

## DATA COLLECTION

PeerPlace is the AAA's primary data collection system to report on the OAA programs. The real-time, cloud-based software includes information about the OAA participants, what services participants receive, and what type of funding is expended for programs. DARS contracted for system use in 2008 and has invested much in the way of resources to enhance the data collection system's ever changing business requirements. The data collection system serves as a critical data source for measures of the performance of OAA programs. DARS also uses the data collected to perform valuable analyses of other program components.

Annually, DARS staff also reviews the PeerPlace data and performs a comparison of previous year's numbers for individuals served and the services provided. If a difference in excess of 10 percent for either individuals or units is found during the comparison, DARS will reach out to the AAA and request an explanation.

## CONTINUOUS IMPROVEMENT

Training and technical assistance to AAAs and other contracted organizations is the primary method DARS employs to continuously improve services for older Virginians. The monitoring team members, each with unique expertise, facilitate the provision of technical assistance and training to the aging network. Follow-up activities in response to desk or on-site reviews as well as, ongoing communication throughout the year are also integral to continuous quality improvement.

Beyond Virginia's efforts, DARS staff monitors national trends and information from ACL and national organizations, such as the National Association of States United for Aging and Disabilities (NASUAD), National Association of Area Agencies on Aging (N4A), and the National Council on Aging (NCOA), among others, to identify best practices and strategies that can be used in the Commonwealth to improve programs and services. DARS staff, in turn, share best practices gleaned from those efforts with AAAs and contractors.

# QUALITY MANAGEMENT

## QUALITY MANAGEMENT INITIATIVES

### Objective

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In order to be effective stewards of state and federal funds, monitor and oversee programs funded by OAA and state general funds.

### Strategies

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- Update the Aging Services Standards to reflect current practices
- Conduct annual training for AAAs on the development and submission of Area Plans
- Monitor the national development of performance measures and identify opportunities to integrate them in the AAA contracts
- Offer virtual AAA governing board trainings
- Hold monthly programmatic and fiscal review meetings to ensure fiscal and service integrity
- Review, and revise as necessary, monitoring tools for each program
- Provide ongoing technical assistance to AAAs
- Monitor data systems to ensure collection fidelity and the accuracy of the data
- Conduct desk and on-site reviews of AAAs, and as needed, require CAPs to correct issues
- Facilitate information sharing so that the aging network workforce is adequately trained and knowledgeable in their program areas

### Measures

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- Number of on-site monitoring visits
- Updated Aging Service Standards
- Number of AAA Area Plan trainings and AAA governing board trainings
- Number of AAAs demonstrating compliance following a CAP imposition.

# INTRASTATE FUNDING FORMULA

## BACKGROUND

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

- (C) 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 subchapter 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;**
- (D) submit its formula developed under subparagraph (C) to the Assistant Secretary for approval;**

**In October 2011, the Virginia Department for the Aging (VDA) (as of 2013, the Virginia Department for Aging and Rehabilitative Services and henceforth in this document referred to as “DARS”) convened an Intrastate Funding Formula (IFF) Task Force (Task Force). The Task Force was similar to the previous Task Forces required by the Virginia General Assembly set forth in the 2005 Virginia Appropriations Act.**

After thoughtful discussion and careful consideration, the Task Force decided to avoid the drastic impact that application of the new census data would have on the distribution of funds without an adjustment. The decision was made not to change the formula factors. Instead, the group recommended that 50 percent of the Federal Fiscal Year’s (FFY) 2012 allocation would be the base. The other 50 percent would be distributed using the most recent 60 plus American Community Survey (ACS) Compilation produced by the U.S. Bureau of Census for the U.S. Administration on Aging (AOA). The Task Force further decided that no agency would receive less funding than they received in FFY 2006. The Task Force presented its recommendation to the Commissioner of DARS. The recommendation was accepted as offered.

## TITLES 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]

DARS, in consultation with Virginia’s Area Agencies on Aging (AAAs), developed an intrastate funding formula for Older Americans Act (OAA) funds. The Commonwealth’s Title III and VII-Chapter 3 funding factors and their weights are as follows:

<b>Population 60+</b>	<b>30%</b>
<b>Population 60+ in Rural Jurisdictions</b>	<b>10%</b>
<b>Population 60+ in Poverty</b>	<b>50%</b>
<b>Population 60+ Minority in Poverty</b>	<b>10%</b>

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

# INTRASTATE FUNDING FORMULA

## DESCRIPTION OF FORMULA 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.

### **Population 60+ in Rural Jurisdictions**

This factor addresses the geographical isolation faced by older Virginians who live in the rural areas. DARS 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. Census Bureau and is updated in the formula when the census population data is updated. Square mileage by jurisdiction is obtained from the U.S. Census Bureau and is updated in the formula when the decennial census population data is updated.

The determination of rural or urban is reassessed when the population numbers are updated or when the U.S. Census Bureau updates land area.

### **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.

### **Medically Underserved Area**

Section 362 of the Older Americans Act of 1965, as amended, requires states to give priority to areas that are medically underserved. DARS applies a medically underserved factor to Title III-D, Disease Prevention and Health Promotion Services.

The U.S. Department of Health and Human Services, Health Resource and Services Administration (HRSA), maintains the Medically Underserved Areas/Populations. These areas or populations designated by HRSA have too few primary care providers, high infant mortality, high poverty or a high elderly population.

A base of \$2,000 per AAA has been established whether or not any portion of the AAA is medically underserved. Next, medically underserved is determined for each jurisdiction. DARS updates this factor when the population data is updated. If any portion in whole or part is medically underserved, the entire jurisdiction is included in the funding allocation.

# INTRASTATE FUNDING FORMULA

## POPULATION FACTORS

All population factors for the state plan beginning with FFY 2013 uses the five-year American Community Survey (ACS) special tabulation prepared for the U.S. Administration for Community Living (ACL) under contract by the U.S. Census Bureau. The population factors are updated with the most recent ACS tabulation available when the new AAA area plan year's proposed funding allocations are prepared.

## FUNDING LEVELS

Virginia, working with the AAAs, modified its IFF beginning with the FFY 2013 distribution. The IFF includes a base of fifty percent of the FFY 2012 allocation for each AAA. All funds awarded above the base will be distributed using the IFF with data from the most recent 60-plus ACS special compilation produced by the U.S. Census Bureau for ACL. In no case will an AAA receive less than what was received in FFY 2006.

## 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.

DARS regulations, found in Section 22VAC30-60-100 (Priority Services), require AAAs to expend the following amounts:

- At least 15% of its Title III-B allotment for services associated with access 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 older adults.

In accordance with 22VAC30-60-100, DARS may waive this requirement for any category of services described if the AAA demonstrates to DARS 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 DARS.

# INTRASTATE FUNDING FORMULA

## **COST SHARING/FEE FOR SERVICE (FFS)**

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 all services permitted to cost share or charge fees under the OAA.

AAAs use the most current Federal Poverty/DARS Sliding Fee Scale to determine client fees for all services except: OAA Care Coordination, Information and Assistance, Congregate and Home Delivered Meals, Public Information and Education, Legal Assistance, Elder Abuse, and Ombudsman.

AAAs may request a waiver to not implement Cost Sharing/Fee for Older Americans Act services if it can adequately demonstrate:

- 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
- That cost sharing would be an unreasonable administrative or financial burden upon the AAA.

## **LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM**

Virginia's AAAs operate 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, along with the state funds, are 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 (VDH) maintains the number of nursing facility beds, the Virginia Department of Social Services (VDSS) maintains the number of assisted living facility beds, and the Virginia Department of Behavioral Health and Developmental Services (DBHDS) 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 the most recent available data when the new area plan year's proposed funding allocations are prepared.

# INTRASTATE FUNDING FORMULA

## CURRENT POPULATION ESTIMATES

Below is Virginia's population by funding formula factors for FFY 2020 based on U.S. Census Bureau 2011-2015 ACS estimates. The table below presents the population used in the funding formula factors for each AAA for FFY 2020.

		2011 - 2015 ACS			
		Pop 60+	Poverty 60+	Pov & Minority	Rural
Virginia	Totals	1,580,765	118,144	45,739	328,665
PSA 1	Mountain Empire Older Citizens	22,535	2,934	79	22,535
PSA 2	Appalachian Agency for Senior Citizens	28,440	3,704	119	28,440
PSA 3	District Three Senior Services	52,640	5,610	300	33,205
PSA 4	New River Valley Agency on Aging	35,375	2,685	175	9,085
PSA 5	LOA Area Agency on Aging	68,370	5,880	1,395	7,845
PSA 6	Valley Program for Aging Services	65,770	5,215	365	11,930
PSA 7	Shenandoah AAA	50,960	3,800	410	17,365
PSA 8A	Alexandria Division of Aging and Adult Services	21,915	1,270	765	-
PSA 8B	Arlington Agency on Aging	30,605	2,165	1,210	-
PSA 8C	Fairfax AAA	196,485	9,220	5,455	-
PSA 8D	Loudoun County AAA	40,375	1,715	860	-
PSA 8E	Prince William AAA	61,010	2,420	1,245	-
PSA 9	Rappahannock-Rapidan CSB and AAA	39,060	2,339	554	15,225
PSA 10	Jefferson Area Board for Aging	52,455	3,515	910	13,235
PSA 11	Central Virginia AAA	59,730	5,020	1,505	3,845
PSA 12	Southern AAA	67,770	7,025	2,270	52,010
PSA 13	Lake Country AAA	24,090	3,265	1,660	24,090
PSA 14	Piedmont Senior Resources AAA	25,145	3,398	1,898	25,145
PSA 15	Senior Connections, The Capital AAA	197,895	13,305	6,780	2,070
PSA 16	Rappahannock AAA	52,905	3,025	955	9,975
PSA 17	Bay Aging	42,105	3,195	1,250	26,795
PSA 19	Crater District AAA	36,995	4,259	2,604	7,935
PSA 20	Senior Services of Southeastern Virginia	199,010	15,255	8,695	4,515
PSA 21	Peninsula Agency on Aging	95,705	6,120	3,395	-
PSA 22	Eastern Shore AAA - Community Action Agency	13,420	1,805	885	13,420

## ATTACHMENT A—OAA STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

### Older Americans Act, as Amended in 2016

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.*

#### ASSURANCES

##### Sec. 305, ORGANIZATION

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

(2)The State agency shall—

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

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

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

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

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

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

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

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



## ATTACHMENT A—OAA STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

### Sec. 306(a), AREA PLANS

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

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

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

(B) 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 sub-clause (I);

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

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

## ATTACHMENT A—OAA STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

## ATTACHMENT A—OAA STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

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

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

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

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

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

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

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

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

- to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

### Sec. 307, STATE PLANS

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

(3) The plan shall—

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

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

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

(B) The plan shall provide assurances that--

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

## ATTACHMENT A—OAA STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

- (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) The plan shall provide that with respect to legal assistance –

(A) the plan contains assurances that area agencies on aging will

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

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

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

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

## ATTACHMENT A—OAA STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

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

- (A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—
  - (i) public education to identify and prevent abuse of older individuals;
  - (ii) receipt of reports of abuse of older individuals;
  - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
  - (iv) referral of complaints to law enforcement or public protective service agencies where appropriate;...

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

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited 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

## ATTACHMENT A—OAA STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

(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.

(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.

## ATTACHMENT A—OAA STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

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

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

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

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

### **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

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

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

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

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

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

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

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

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

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;

## ATTACHMENT A—OAA STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

- (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. 305 ORGANIZATION

- (a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .
- (2) the State agency shall—
- (G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;
  - (ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and
  - (iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

#### Sec. 306 – AREA PLANS

- (a) . . . Each such plan shall— (6) provide that the area agency on aging will—
- (F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;
- (6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

#### Sec. 307(a) STATE PLANS

- (1) The plan shall—



## ATTACHMENT A—OAA STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

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

(2) The plan shall provide that the State agency will –

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

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

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

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

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

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

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

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

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

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

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

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

## ATTACHMENT B—OAA INFORMATION REQUIREMENTS

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

### **Section 305(a)(2)(E)**

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

DARS mandates all AAAs to contractually comply with the “Assurances – Local Plan for Aging Services”, which require AAAs to abide by the assurances and provisions provided in Sections 306 and 307 of the OAA.

In Virginia the OAA programs are an important safety net program. Through the area plan process, AAAs target services to older individuals with greatest economic and social need, with special emphasis on low-income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutional placement.

### **Section 306(a)(17)**

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

The local AAAs work with their clients to prepare for a disaster. Many AAAs have provided their clients that receive congregate and home delivered meals with a limited supply of shelf-stable meals to be used in the event of a disaster.

The Area Plan Contract for Aging services requires the AAAs to develop a Continuity of Operations Plan (COOP) detailing how the agency plans to maintain its operations during an emergency or other situation that would disrupt normal operations. The COOP must be approved by the agency’s governing board or governing body.

For Area Plan submissions, DARS also requires AAAs to include information detailing how the AAA will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.

### **Section 307(a)(2)**

The plan shall provide that the State agency will –...

(C) *specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306*

## ATTACHMENT B—OAA INFORMATION REQUIREMENTS

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

DARS has established, through the Virginia Administrative Code (state agency regulations), the minimal amount of funding that can be spent on priority services such as access, in-home, and legal assistance.

In accordance with 22VAC30-60-100 A, at least 15 percent of its Title III-B allotment for services associated with access services, such as care coordination, information and assistance, and transportation services.

In accordance with 22VAC30-60-100 B, at least 5 percent 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.

In accordance with 22VAC30-60-100 C, at least 1 percent of its Title III-B allotment for legal assistance for older adults.

Each AAA may apply for a waiver if it can demonstrate to DARS that services being provided in such category in the area are sufficient to meet the need for such services in such area. The request for waiver is submitted to DARS after a public comment period and is reviewed by agency staff prior to approval.

### Section 307(a)(3)

The plan shall—

...

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

- (i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
- (ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*
- (iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

In FFY 2000, DARS awarded rural jurisdictions of Virginia \$12,577,037. By FFY 2018, the amount of funding had increased to at least \$16.2 million. The increase occurred through additional federal funds that have been awarded and state general funds that have been appropriated by the Virginia General Assembly and the Governor.

In 2010, the Virginia IFF was modified so that no agency would receive less funding than they received in FFY 2006. As a result, future funding to rural areas is assured.

### Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are

## ATTACHMENT B—OAA INFORMATION REQUIREMENTS

taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

Since the 1980's, Virginia's IFF has had rural factor as one of its four components. The percent of funds allocated to rural regions has held steady at 10 percent. In 2000, 68 of the approximately 134 jurisdictions were classified as rural. As of the FFY 2020 funding allocations, 64 jurisdictions were classified as rural. As Virginia's population continues to grow, fewer jurisdictions benefit from the 10 percent allocation resulting in a smaller pool of jurisdictions benefiting from the 10 percent allocation pool of funds.

### Section 307(a)(14)

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

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

The IFF allocates 10 percent of the funds to individuals age 60 and older who are minority and in poverty. For FFY 2020, Virginia used the five-year compilation of the American Community Survey. The 2015 ACS indicates there are 45,739 individuals in poverty and are minorities.

To help address low-income minority older individuals with limited English proficiency, one of Virginia's IFF factors is poverty. This factor alone is used to allocate 50 percent of the funds. In a comparison with other state IFF, Virginia ranks very high in its allocation of funds based on a poverty factor. Virginia has an additional factor to address minority in poverty and allocates 10 percent based on this factor.

### Section 307(a)(21)

The plan shall –

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

## ATTACHMENT B—OAA INFORMATION REQUIREMENTS

As of spring 2019, Virginia has seven federal recognized tribes (Pamunkey, Chickahominy, Eastern Chickahominy, Upper Mattaponi, Rappahannock, Nansemond, and Monacan). To be eligible for funding, tribes must represent at least 50 older adults age 60 or older and seek OAA funding. As of July 1, 2019, no tribes have met this the threshold and sought OAA funding. DARS remains engaged with these tribes, committed to partnerships with them and providing Title VI application assistance, if requested, and responsive to any changes into the future. DARS is also pleased to partner with Upper Mattaponi to provide CDSME specifically to Native Americans.

There are approximately 3,226 Native Americans in Virginia age 65 and older. With a national poverty rate of 18.8 percent, it is estimated that at least 606 of those individuals live below poverty. For FFY 2018, data from AAAs indicated that 49 individuals receiving OAA services self-reported as American Indian or Alaskan Native. Of those, 23 were below poverty.

### Section 307(a)(28)

- (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (B) Such assessment may include—
  - (i) the projected change in the number of older individuals in the State;
  - (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
  - (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
  - (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

## ATTACHMENT B—OAA INFORMATION REQUIREMENTS

There are a few major changes that will impact Virginia's aging programs over the next decade and beyond. They include the overall increase in the aging population and aging population that is living longer, funding streams that have not kept pace with the increased demands, the uncertainty of future federal funding, the growth in Medicaid and non-Medicaid HCBS, the push for health promotion and disease prevention efforts, and the expansion of CCC Plus in Virginia Medicaid.

In Virginia, like many other states, rural localities continue to lose residents, and urban areas continue to see a growth in population. The result for the aging network are disproportionate levels of geographically and potentially socially isolated rural older adults who need services and supports, while the growth in urban areas has been marked by an increase in racially and ethnically diverse older adults and older adults whose primary language is not English.

DARS leadership continue to monitor the shifting demographics, particularly as it relates to the upcoming 2020 Census effort, and the OAA priority population categories and those age 85 and older. The outcomes of the 2020 Census will prove invaluable to further identifying and assessing needs as they relate to characteristics.

The business model of the aging network and AAAs is changing, and the key aging network partners in Virginia are already evaluating these changes for opportunities and challenges.

DARS continues to seek opportunities to grow services through ACL grants and grants from other federal agencies and statewide partners. While usually time-limited in scope, grants have enabled the Commonwealth to build capacity, look for opportunities to imbed programming into core service offerings, and develop plans to sustain services into the future. With a particular eye for strong evaluations with all projects, DARS hopes to create both evidence-based services and services that have a proven track record for increasing the effectiveness and efficiency of programs and saving public taxpayer dollars.

With demographic shifts and funding limitations, AAAs have also begun to target traditional OAA services to individuals in the most critical need. To serve other populations and maintain a broad offering of services, AAAs have started to shift their business model to market available private pay services and to contract with CCC Plus health plans for additional funding revenue. The future development of performance measures at the national level could shift public funding from FFS reimbursement to pay-for-performance reimbursement.

### **Section 307(a)(29)**

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

## ATTACHMENT B—OAA INFORMATION REQUIREMENTS

In Virginia, the Virginia Department of Emergency Management (VDEM) is responsible for working with local government, state, federal agencies and voluntary organizations to provide resources and expertise through the phases of emergency management. VDEM, in cooperation with the VDH, has established a workgroup, called the Access and Functional Needs Workgroup, to help older Virginians to plan and recover from a disaster. DARS has two representatives that serve on this workgroup to provide overall disaster assistance. One DARS representative works on the agency's disaster preparedness plan with VDEM, while the DARS Aging Programs Director provides technical expertise to ensure state emergency efforts meet the needs of older Virginians.

VDEM has dedicated a portion of their website to educate and help citizens. The link is: <https://www.vaemergency.gov/prepare-recover/>. It provides useful information on taking control before a disaster strikes, preparing an emergency supply kit, making a plan (including contact information and insurance needs), planning for pets, and staying informed.

VDEM has created two new operational positions to support individuals with disabilities during response and recovery operations. These are not full time positions; they are active only during response and recovery, as needed. The Access and Functional Needs Officer is a Command Staff position with responsibility for ensuring the accessibility of the Virginia Emergency Support Team's response and recovery operations. The Access and Functional Needs Coordinator supports and assists at mass care facilities, recovery centers, and distribution sites to ensure universal accessibility of emergency programs and services.

Since January 2016, VDEM has facilitated conference calls with disability service organizations and agencies during every state and federally-declared disaster in Virginia. The purpose of these calls is to facilitate a common operating picture of the mass care, emergency assistance, and recovery for a disaster event; identify existing concerns and needs and emerging issues for individuals with disabilities and others with access and functional needs; coordinate the activities of the agencies and organizations responding to identified and anticipated needs; disseminate public talking points and information to the disability community; solicit information from the disability community regarding needed public messaging, rumors, and effectiveness of current public information; and make decisions on the acquisition, prioritization, and allocation of resources and assistance to localities and individuals.

If needed, in the event of a serious disaster, DARS has coordinated with Federal Emergency Management Agency (FEMA), the Virginia National Guard, and VDEM for the distribution of food.

### **Section 307(a)(30)**

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

## ATTACHMENT B—OAA INFORMATION REQUIREMENTS

VDH convenes the Health and Human Resources Subpanel of the Secure and Resilient Commonwealth Panel, of which DARS is a member. The Commissioner of DARS, or her designee(s), attend the meetings.

<https://www.pshs.virginia.gov/initiatives/secure-and-resilient-commonwealth-panel/>

In regards to our Emergency Response Plan, VDH uses the subpanel as a sounding board to provide a brief/update on the status of the agency's planning initiatives and an overview of the plans, as they are available.

Additionally, Secretary Daniel Carey challenged the subpanel to enhance Virginia's abilities to reach at-risk (access and functional needs) populations. As such, the Chair of the HHR Subpanel is developing a work group to address access and functional needs with the purpose to develop recommended initiatives and goals for Virginia HHR agencies' consideration in broadening emergency preparedness, response and recovery planning covering those populations. VDH has developed a draft Access and Functional Needs Plan that will be an annex to the ERP.

A draft of the plan will soon be available, at that time the plan will be vetted through the above mentioned workgroup. Additionally, VDH will utilize the Access and Functional Needs Workgroup, convened by the VDEM, of which DARS is also a member, to further vet and proof the plan.

### **Section 705(a) ELIGIBILITY --**

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

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

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

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

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

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

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

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

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

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



## ATTACHMENT B—OAA INFORMATION REQUIREMENTS

*(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.*

In addition to §§ 51.5-134 through 143 of the Code of Virginia, and 22VAC30-60 of the Virginia Administrative Code, DARS also publishes an Aging Services Standards Manual for AAAs and a LTC Ombudsman Policies and Procedures Manual for local ombudsman entities to use for the delivery of Title VII services to older adults. Staff from DARS and the Office of the State LTC Ombudsman monitor the AAAs for compliance with all applicable laws, regulations and policies, and as needed, provide training and technical assistance to support improved compliance efforts. Taken together, these support the assurance of compliance Section (705) (a)(1) of the OAA.

With regard to Section (705) (a)(2) of the OAA, DARS is committed to receiving the opinions and feedback of older adults, caregivers, AAAs, providers, advocates, external partners, and other stakeholders as evidenced by the plan development process. The process included a series of public hearings across Virginia that specifically included OAA services consumers, a comprehensive stakeholder meeting, ongoing engagement with the DARS advisory boards, and a final opportunity for written public comment on the draft plan. In the development of Area Plans, AAAs also conduct needs assessments, host public hearings or town hall meetings, and review satisfaction surveys and feedback received throughout the previous year. DARS staff reviews the Area Plans for these elements.

DARS, the State LTC Ombudsman, local ombudsman entities, AAAs, VICAP counselors, the Senior Medicare Patrol program volunteers, and Virginia's NWD partners are committed to providing information and assistance to individuals to access benefits and exercise their rights. Through person-centered planning, CRIA, OC, and other services, the aging network explores options and supports individual efforts to access benefits and exercise their rights. These actions support Virginia's assurance that the Commonwealth is in compliance with Section (705) (a)(3) of the Older Americans Act.

## ATTACHMENT B—OAA INFORMATION REQUIREMENTS

In accordance with Section (705) (a)(4) of the OAA, state general revenue funds as well as federal OAA funds are allocated to AAAs designated as local host entities for the LTC Ombudsman Program (funding distributed in accordance with terms of the Interstate Funding Formula and indexed to the locality's proportion of the state's LTC beds). Title VII funds are not used to supplant funds under this subtitle.

In Virginia, the LTC Ombudsman Program's services are provided to individuals who reside in LTC facilities, and with state general funding, to those receiving community-based LTSS. While practices are in complete alignment with the OAA and federal regulations for LTC Ombudsman Programs, efforts are underway to bring the Virginia's regulations into alignment with the federal ones. Although an often long and multi-layered process, DARS anticipates that updated state regulations will be in place soon and support the already existing practices that do not place additional restrictions on local ombudsman entities as required by Section (705) (a)(5) of the OAA.

AS and APS is available for "any person 60 years of age or older, or any person 18 years of age or older who is incapacitated and who resides in the Commonwealth" (§ 63.2-1600 et seq. of the Code of Virginia). Virginia operates a 24-hour APS Hot-Line (1-888-832-3858) to receive reports of suspected abuse, neglect or exploitation, and laws govern specific mandated reporters (§ 63.2-1606 of the Code of Virginia). Sections 51.5-148 and 63.2-1600 et seq. of the Code of Virginia as well as 22VAC30-100 of the Virginia Administrative Code outline requirements for the delivery of APS programming. This is supplemented with an APS Policy Manual used by all APS staff across the 120 LDSS. DARS provides training and technical assistance to support compliance with these laws, regulations and policies. Further, confidentiality is a pillar of the State LTC Ombudsman Program practice and the operations of Virginia's AS and APS programs. State laws and regulations, specifically §§ 51.5-134 through 143, 51.5-148, 63.2-1600 et seq. of the Code of Virginia, and 22VAC30-60 and 22VAC30-100 of the Virginia Administrative Code, provide clear parameters for staff who work with these programs. As needed, DARS consults with counsel with the Virginia OAG regarding any concerns about confidentiality or the disclosure of information about clients. Combined, these spell out all the elements required under Section (705) (a)(6) of the OAA.

All assurances within this information requirement are met under federal and state regulations of the OAA by DARS.

NOT SIGNED YET

Date

NOT SIGNED YET

Kathryn A. Hayfield, Commissioner  
Virginia Department for Aging and Rehabilitative Services

## ATTACHMENT C—PLANNING and SERVICES AREAS/AREA AGENCIES ON AGING

PSA	AAA	Jurisdictions and Contact Information
1	MOUNTAIN EMPIRE OLDER CITIZENS, INC. 1501 3rd Avenue East PO Box 888 Big Stone Gap, VA 24219-0888	Counties of Lee, Scott and Wise; City Of Norton Toll-Free: 1- 800-252-6362 Fax: 276-523-4208 Website Address: <a href="http://www.meoc.org/">http://www.meoc.org/</a>
2	APPALACHIAN AGENCY FOR SENIOR CITIZENS, INC. 216 College Ridge Road Wardell Industrial Park P.O. Box 765 Cedar Bluff, VA 24609-0765	Counties of Buchanan, Dickenson, Russell, and Tazewell Toll-free: 1-800-656-2272 Fax: 276-963-0130 Website Address: <a href="http://www.aasc.org/">http://www.aasc.org/</a>
3	DISTRICT THREE GOVERNMENTAL CO-OPERATIVE 4453 Lee Highway Marion, VA 24354-4269	Counties of Bland, Carroll, Grayson, Smyth, Washington, and Wythe; Cities of Bristol and Galax Toll-free: 1-800-541-0933 Fax: 276-783-3003 Website Address: <a href="http://www.district-three.org">http://www.district-three.org</a>
4	NEW RIVER VALLEY AGENCY ON AGING 141 E Main Street Pulaski, VA 24301-5029	Counties of Floyd, Giles, Montgomery, and Pulaski; City of Radford Toll-free: 1-866-260-4417 Fax: 540-980-7724 Website address: <a href="http://www.nrvaoa.org">www.nrvaoa.org</a>
5	LOA – LOCAL OFFICE ON AGING 4932 Frontage Road NW P.O. Box 14205 Roanoke, VA 24019	Counties of Alleghany, Botetourt, Craig, and Roanoke; Cities of Covington, Roanoke and Salem Alleghany Highlands: (540) 962-0465, Botetourt County: (540) 966-1094 & (540) 884-2892 Craig County: (540) 864-6031 Fax: 540-981-1487 Website Address: <a href="http://www.loaa.org/">http://www.loaa.org/</a>
6	VALLEY PROGRAM FOR AGING SERVICES, INC. 325 Pine Avenue P.O. Box 817 Waynesboro, VA 22980-0603	Counties of Augusta, Bath, Highland, Rockbridge, and Rockingham; Cities of Buena Vista, Harrisonburg, Lexington, Staunton, and Waynesboro Toll-free: 1-800-868-8727 Fax: 540-949-7143 Website Address: <a href="http://valleyprogramforagingservices.org">http://valleyprogramforagingservices.org</a>
7	SHENANDOAH AREA AGENCY ON AGING, INC. 207 Mosby Lane Front Royal, VA 22630-3029	Counties of Clarke, Frederick, Page, Shenandoah, and Warren; City of Winchester Toll-free: 1-800-883-4122 Fax: 540-636-7810 Website Address: <a href="http://www.shenandoahaaa.com">http://www.shenandoahaaa.com</a>
8A	DIVISION OF AGING and ADULT SERVICES DEPT. OF COMMUNITY & HUMAN SERVICES 4401 Ford Avenue, 1st Floor Alexandria, VA 22302	City of Alexandria Phone: 703-746-5999 Fax: 703-746-5975 Website Address:
<a href="http://ci.alexandria.va.us/dhs/community_partners/aging_netwk.html">http://ci.alexandria.va.us/dhs/community_partners/aging_netwk.html</a>		

## ATTACHMENT C—PLANNING and SERVICES AREAS/AREA AGENCIES ON AGING

PSA	AAA	Jurisdictions and Contact Information
8B	ARLINGTON AGENCY ON AGING 2100 Washington Boulevard, 4th Floor Arlington, VA 22204	County of Arlington Phone: 703-228-1700 Fax: 703-228-1148 Website Address: <a href="http://www.arlingtonva.us/aging">www.arlingtonva.us/aging</a>
8C	FAIRFAX AREA AGENCY ON AGING 12011 Government Center Pkwy Suite 708 Fairfax, VA 22035-1104	County of Fairfax; Cities of Fairfax and Falls Church Toll-Free: 1-866-503-0217 Fax: 703-449-8689 Website Address: <a href="http://www.fairfaxcounty.gov/dfs/olderadultservices/">http://www.fairfaxcounty.gov/dfs/olderadultservices/</a>
8D	LOUDOUN COUNTY AREA AGENCY ON AGING Dept. of Parks, Recreation and Community Services 742 Miller Drive SE Leesburg, VA 20175	County of Loudoun Phone: 703-777-0257 Fax: 703-771-5161 Website Address: <a href="http://www.co.loudoun.va.us/prcs/aaa/index.htm">http://www.co.loudoun.va.us/prcs/aaa/index.htm</a>
8E	PRINCE WILLIAM AREA AGENCY ON AGING 5 County Complex Court, Suite 240 Woodbridge, VA 22192-9200	County of Prince William; Cities of Manassas and Manassas Park Phone: 703-792-6400 Fax: 703-792-4734 Website Address: <a href="http://www.pwcgov.org/aoa/default.htm">http://www.pwcgov.org/aoa/default.htm</a>
9	RAPPAHANNOCK-RAPIDAN COMMUNITY SERVICES 15361 Bradford Road P.O. Box 1568 Culpeper, VA 22701-1568	Counties of Culpeper, Fauquier; Madison, Orange, and Rappahannock Phone: 540-825-3100 Fax: 540-825-6245 Website Address: <a href="http://www.rrcsb.org/">www.rrcsb.org/</a>
10	JEFFERSON AREA BOARD FOR AGING 674 Hillside Drive, Suite 9 Charlottesville, VA 22901-1799	Counties of Albemarle, Fluvanna, Greene, Louisa, and Nelson; City of Charlottesville Phone: 434-817-5222 Fax: 434-817-5230 Website Address: <a href="http://www.jabacares.org">http://www.jabacares.org</a>
11	CENTRAL VIRGINIA ALLIANCE FOR COMMUNITY LIVING, INC. 501 12th Street, Suite A Lynchburg, VA 24504	Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg Phone: 434-385-9070 Fax: 434-385-9209 Website Address: <a href="http://www.cvaaa.com">http://www.cvaaa.com</a>
12	SOUTHERN AREA AGENCY ON AGING, INC. 204 Cleveland Avenue Martinsville, VA 24112-3715	Counties of Franklin, Henry, Patrick & Pittsylvania; Cities of Danville and Martinsville Toll-free: 1-800-468-4571 Fax: 276-632-6252 Website Address: <a href="http://www.southernaaa.org/">http://www.southernaaa.org/</a>

## ATTACHMENT C—PLANNING and SERVICES AREAS/AREA AGENCIES ON AGING

PSA	AAA	Jurisdictions and Contact Information
13	LAKE COUNTRY AREA AGENCY ON AGING 1105 West Danville Street South Hill, VA 23970-3501	Counties of Brunswick, Halifax, and Mecklenburg Toll-free: 1-800-252-4464 Fax: 434-447-4074 Website Address: <a href="http://www.lcaaa.org/">http://www.lcaaa.org/</a>
14	PIEDMONT SENIOR RESOURCES AREA AGENCY ON AGING, INC. 1413 South Main Street Farmville, VA 23901	Counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward Toll-free: 1-800-995-6918 Fax: 434-767-2529 Website Address: <a href="http://www.psraaa.org">http://www.psraaa.org</a>
15	SENIOR CONNECTIONS The Capital Area Agency On Aging, Inc. 24 E Cary Street Richmond, VA 23219-3796	Counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent; and Powhatan; City of Richmond Toll-free: 1-800-989-2286 Fax: 804-649-2258 Website Address: <a href="http://www.seniorconnections-va.org">http://www.seniorconnections-va.org</a>
16	HEALTHY GENERATIONS AREA AGENCY ON AGING (dba) Rappahannock Area Agency on Aging 460 Lendall Lane Fredericksburg, VA 22405	Counties of Caroline, King George, Spotsylvania, and Stafford; and City of Fredericksburg Toll-free: 1-800-262-4012 (Virginia only) Fax: 540-371-3384 Website Address: <a href="http://www.raaa16.org">http://www.raaa16.org</a>
17 18	BAY AGING 5306 Old Virginia St PO Box 610 Urbanna, VA 23175-0610	Counties of Essex, Gloucester, King and Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond and Westmoreland Toll-free: 1-866-758-2386 Fax: 804-758-5773 Website Address: <a href="http://www.bayaging.org/">http://www.bayaging.org/</a>
19	CRATER DISTRICT AREA AGENCY ON AGING 23 Seyler Drive Petersburg, VA 23805-9243	Counties of Dinwiddie, Greensville, Prince George, Surry, and Sussex; Cities of Colonial Heights, Emporia, Hopewell, and Petersburg Phone: 804-732-7020 Fax: 804-732-7232 Website Address: <a href="http://www.cdaaa.org">http://www.cdaaa.org</a>
20	SENIOR SERVICES OF SOUTHEASTERN VIRGINIA Interstate Corporate Center, Bldg 5 6350 Center Drive, Suite 101 Norfolk, VA 23502-4101	Counties of Isle of Wight and Southampton; Cities of Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk and Virginia Beach Phone: 757-461-9481 Fax: 757-461-1068 Website Address: <a href="http://www.ssseva.org/">http://www.ssseva.org/</a>
21	PENINSULA AGENCY ON AGING 739 Thimble Shoals Blvd, Executive Center Building 1000, Suite 1006 Newport News, VA 23606-3585	Counties of James City and York; Cities of Hampton, Newport News, Poquoson and Williamsburg Phone: 757-873-0541 Fax: 757-873-1437 Website Address: <a href="http://www.paaainc.org/">http://www.paaainc.org/</a>
22	EASTERN SHORE AREA AGENCY ON AGING COMMUNITY ACTION AGENCY, INC. 5432 Bayside Road Exmore, VA 23350	Counties of Accomack and Northampton Toll-Free 1-800-452-5977 Fax: 757-442-9303 Website Address: N/A

## ATTACHMENT D—FUNDING OVERVIEW

### FEDERAL FISCAL YEAR (FFY) 2018 – DIRECT FEDERAL FUNDING TO DARS

Agency or Source	Amount
U.S. Administration for Community Living / U.S. Administration on Aging	\$34,735,536
U.S. Department of Labor	\$1,714,565
Discretionary / Competitive Federal Grants	\$3,387,460
<b>TOTAL</b>	<b>\$39,837,531</b>

### STATE FISCAL YEAR (SFY) 2018 – DIRECT STATE FUNDING TO DARS<sup>1, 2</sup>

Agency or Source	Amount
Community Based Services	\$3,951,263
Transportation	\$1,431,604
Home Delivered Meals	\$5,047,510
Care Coordination for Elderly Virginians	\$2,007,625
Respite Care Initiative	\$456,209
LTC Ombudsman	\$374,487
LTC Ombudsman – Medicaid Managed Care Advocates	\$395,124
Public Guardianship Program	\$4,508,333
Virginia Navigator	\$201,875
Directed Appropriations	\$600,000
<b>TOTAL</b>	<b>\$18,974,030</b>

<sup>1</sup> Does not include DARS Administration General Fund Dollars

<sup>2</sup> Does not include funding for AS, APS or AG, which are accounted for in the VDSS budget.