Commonwealth Council on Aging

2015 Annual Report
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To the Honorable Terence R. McAuliffe and Members of the General Assembly,

Pursuant to Virginia Code § 51.5-127, the Council is charged with promoting an efficient, coordinated approach by state government to meeting the needs of older Virginians. To that end, the Council was integrally involved this year in crafting Virginia’s State Plan for Aging Services 2015-2019, available at http://www.vda.virginia.gov/index.asp, by using its community conversation format for public input, participating in the stakeholder workgroup, and providing invaluable feedback on the plan goals.

The Council commends the work of the Department for Aging and Rehabilitative Services (DARS), the 25 local Area Agencies on Aging (AAAs), and public and private providers of services to older Virginians. This network of providers supports older Virginians and their caregivers through services that are critical for their independence and well-being.

The Council calls for increased statewide planning and funding for Virginia’s aging network to support wellness and supportive services such as home and community-based services, nutrition, and elder abuse prevention. The Council applauds the Governor’s Conference on Aging now being planned for spring 2016, which will provide a comprehensive picture of where we are now as a state and where we need to go to effectively meet the needs and leverage the human resources of Virginia’s rapidly aging population.

In this report, the Council highlights its Best Practices Awards and other activities and its policy recommendations. The Best Practices Awards honor model aging programs that improve the lives of older Virginians, and this year the Council again thanks Dominion Resources for its generous support of the awards.

Policy recommendations of the Council include promoting Geriatric Emergency Departments and safe and effective hospital discharges, monitoring and training programs for all guardians of older adults in the Commonwealth, seeking innovative models to de-institutionalize the nursing home environment, fostering an appropriately trained health care workforce for the aging population, and providing access for older adults to health insurance and the ballot box. The Council recommends monitoring the safety of frail older adults in long-term care facilities and ensuring safe placements of all individuals receiving services in the community. Finally, the Council recommends monitoring Commonwealth Coordinated Care, the Medicare and Medicaid dual eligible integration demonstration project, being implemented by the Department of Medical Assistance Services.

The Council is grateful for the opportunity to submit this report to you for your review and consideration.

Sincerely,

Beth Barber
Chair, Commonwealth Council on Aging
The Best Practices Awards, established in 2006, recognize and encourage the replication of model programs, particularly those that foster Livable Communities and Home and Community-Based Supports. By recognizing such programs, the Council encourages the development of supports that assist older adults to age in place and delay or even avoid unwanted institutionalization. We again thank Dominion Resources for its generous contribution, which allows us to recognize these organizations for their dedication and work in advancing services for older adults.

First Place ($5,000): Faith to Fate Advance Care Planning Initiative of Senior Connections, the Capital Area Agency on Aging, is an ongoing partnership between Senior Connections and five area churches that serve African American congregations and communities within the Greater Richmond and Tri-Cities regions. Ultimately enrolling 12 churches, its purpose is to deploy practical solutions to counter the alarming and widespread dearth of awareness of, information about, access to, and assistance with end-of-life medical and property asset legal discussions, planning, and free legal documents execution. Using the new professional advance care planning (ACP) program—Honoring Choices Virginia—as the best-practice “alternative to guardianship” for family members suddenly facing the incapacity of a family member, this is the first and only effort nationwide to leverage local African American churches as permanent ACP resource centers.

Second Place ($3,000): Central Senior Center of Fairfax County (CSC) for the past 20 years has provided a wide array of programs for thousands of frail older Korean Americans to help them stay in the community and enable them to be self-sufficient. It has grown to be the largest senior center with over 450 participants in Fairfax County. Koreans are Fairfax County’s third largest immigrant community. CSC provides four major services: Congregate Meal and Senior Center Day Program, Korean Meals on Wheels, Personal Care Aide Certification program, and Central Senior Center Home Care.

Third Place ($2,000): Volunteer Solutions (VS), Fairfax Area Agency on Aging is a program that has expanded way beyond the Fairfax Area Agency on Aging (AAA) in which it is housed. The mission is to mobilize & connect volunteers with meaningful opportunities to improve the lives of older adults and adults with disabilities in the community. The program has nine staff that work with nearly 4,000 volunteers throughout Fairfax County and the cities of Falls Church and Fairfax. The volunteers serve AAA, Adult Services, and Adult Protective Services clients within Fairfax County’s Adult and Aging Services. VS recruits, trains, and work with volunteers for Fairfax County’s adult day care centers and senior centers.

Honorable Mention:

Hopewell Respite Care Group
New Freedom Mobility Management Program -- Northern Neck, Middle Peninsula and New Kent and Charles City Counties
Successfully Aging at Home in the New River Valley – a Grassroots, Community-Based Initiative
Community Conversations on Aging

In 2015, the Council played a key role in formulating Virginia’s State Plan for Aging Services 2015-2019 (State Plan) available at http://www.vda.virginia.gov/index.asp. The State Plan reflects feedback from a public listening session held in Fishersville on February 13, 2015 before members of the Council with statewide input from videoconference sites in Roanoke, Abingdon, Fairfax, and Norfolk. Using demographic and service data, state agency reports on the impact of the aging population, and input from older adults and caregivers during listening sessions held by the Council and from aging network stakeholder meetings, DARS adopted the following service goals for its State Plan.

1. Assess and facilitate statewide community readiness for an aging population, recognizing both the untapped resources and the unmet needs of this population.
2. Empower older adults and their families to make person-centered and informed decisions about personal health and well-being, long-term services and supports, and end-of-life care options.
3. Enable people to live in the community as appropriate through the availability of formal and informal high-quality long-term services and supports, including supports for families and caregivers.
4. Strengthen statewide systems that protect the rights and prevent the abuse, neglect, or exploitation of older adults.
5. Enhance effective and responsive management of programs serving older adults to ensure the fiscal and programmatic accountability of those programs.

These service goals support the overarching State Plan vision of creating livable communities that are age-friendly and foster independence, and they form the framework for the State Plan’s strategic goals for 2015-2019.

Examining the Needs of Older Virginians

The Council partnered with the Virginia Hospital & Healthcare Association (VHHA) to provide an educational webinar for hospitals and other interested parties on the subject of Geriatric Emergency Departments (EDs) that is now archived on the Council’s website at http://www.vda.virginia.gov/council.asp. The emergency room visit rate for older patients exceeds that of all age groups other than infants. These older patients can have complex clinical presentations, and care is generally more costly. Geriatric EDs began appearing in the United States in 2008 and are becoming increasingly more common because they create the opportunity for care in an environment that is cost effective and produces positive outcomes. Luis Eljaiek, M.D., Medical Director of the Senior Services Emergency Department at Bon Secours St. Mary’s Hospital in Richmond, presented on Virginia’s first Geriatric Emergency Department initiative at the Council’s July 2015 meeting.

The Council has begun to study ways to deal with the rapidly growing population of frail older adults. Livable communities that are age-friendly and foster independence address the challenge of planning to care for a much larger population of some of the Commonwealth’s most vulnerable people: older adults who live for many months and sometimes years with advanced chronic illnesses and functional limitations. Virginia needs public policies that enable financially sound, affordable and sustainable programs for frail older adults and individuals living with long-term disabilities. The Council promotes a system of comprehensive plans of medical care and long-term services and supports for all individuals aging in place as appropriate that addresses their goals and is based on their preferences and values and those of family and friend caregivers.
Recommendations to the Governor and General Assembly

The Council offers the following recommendations about the needs identified by older Virginians and family caregivers to support their independence and well-being.

• **Support monitoring and training programs for all guardians** by partnering with the Virginia Supreme Court to develop a uniform process for data collection, training, and monitoring.

• **Provide funding for services and supports that enable older Virginians and those with long-term disabilities to remain in or return home.** These services and supports are provided by the Department for Aging and Rehabilitative Services and its network of Area Agencies on Aging, Centers for Independent Living, local departments of social services, and the Department of Medical Assistance Services. These services provide assistance for Virginia’s most vulnerable older adults, including those with Alzheimer’s Disease and related dementias, and enhance opportunities for home and community-based living. Examples include: Consumer-Directed Personal Care; Program of All-Inclusive Care for the Elderly (PACE); Chronic Disease Self-Management Program (CDSMP); Respite Care; Companion Services; Adult Day Health Care and related transportation, all of which avoid or delay institutionalization and prolong valuable support provided by family caregivers.

• **Increase funding for Elder Abuse Prevention and the Long Term Care Ombudsman Program** to move the state toward a “proactive model” for prevention of elder abuse. More education about self neglect is needed since self neglect constitutes approximately 55% of adult protective services reports.

• **Increase funding for the Auxiliary Grant Program.**

• **Improve nutritional health, alleviate hunger, and prevent malnutrition for older adults.**

• **Promote Senior Friendly Hospitals, Geriatric Emergency Departments, and elder safe home care.** The Commonwealth should mandate evidence-informed quality improvements for hospitals and home care providers to assure safety and the best outcomes for older patients.

• **Monitor Commonwealth Coordinated Care (CCC) for quality, safety, and effectiveness and assure through policy and regulation** that the aging network collaborates with the insurers for service delivery to the Medicare and Medicaid dual eligible population.

• **Monitor safety of frail elderly in long term care facilities and ensure safe placements of all individuals receiving services in the community.**

• **Promote innovative models to “de-institutionalize” the nursing home environment** and work towards more supports and integration to allow older adults to age in place. Encourage movement from the institutional model to the Greenhouse or Household Model of long-term care homes of 14-20 residents. Develop new reimbursement models and support budgets through savings from the CCC or savings from the model.

• **Promote an appropriately trained health care workforce for the aging population.**

• **Eliminate barriers to aging in place,** including, but not limited to, having the acute care screening team provide a DMAS 96 and Uniform Assessment Instrument upon request if the patient or caregiver expresses a concern about the ability to return home in the future with home and community-based supports.

• **Provide access to health care insurance for an additional 400,000 low income uninsured persons in Virginia.**

• **Ensure voting access for older adults.**
CERTIFICATE of RECOGNITION

By virtue of the authority vested by the Constitution of Virginia in the Governor of the Commonwealth of Virginia, there is hereby officially recognized:

OLDER VIRGINIANS MONTH

WHEREAS, there are approximately 1.5 million adults in the Commonwealth who are more than 60 years old, and this population will expand to more than 2 million by 2030; and

WHEREAS, the month of May has been designated by the U.S. Administration for Community Living as the time for communities across America to honor older citizens; and

WHEREAS, this year, in honor of the 50th anniversary of the Older Americans Act, the focus is on how older adults are taking charge of their health, getting engaged in their communities, and making a positive impact in the lives of others; and

WHEREAS, this year’s theme is “Get into the Act,” which emphasizes the value of promoting healthy aging, increasing community involvement for older adults, and focusing on important issues like the prevention of elder abuse; and

WHEREAS, Virginia is committed to helping all individuals live longer, healthier lives; and

WHEREAS, the Virginia Area Agencies on Aging and Senior Centers, integral parts of Virginia’s aging network for wellness and support services, welcome this year’s theme and will provide opportunities to enrich the lives of individuals young and old by:

- Holding May Day celebrations that may include special luncheons, guest speakers, live music, games and prizes at regional Active Lifestyle Centers (senior centers)
- Participating in regional TRIAD crime prevention programs for seniors
- Organizing a walkathon as a fundraiser for the local Emergency Fuel Fund that will purchase fuel or pay heating bills for older persons in the community next winter
- Highlighting the engagement of older adults at a Creative Aging Festival and other events that promote the benefits of older adult participation in the arts
- Developing service projects with regional senior centers to help support other local services organizations to increase older adult community involvement; and

WHEREAS, the Adult Services and Adult Protective Services Program has joined the Virginia Department for Aging and Rehabilitative Services to streamline services that will make communities safer for older Virginians;

NOW, THEREFORE, I, Terry R. McAuliffe, do hereby recognize May 2015 as OLDER VIRGINIANS MONTH in our COMMONWEALTH OF VIRGINIA, and I call this observance to the attention of all our citizens.
CERTIFICATE of RECOGNITION

By virtue of the authority vested by the Constitution of Virginia in the Governor of the Commonwealth of Virginia, there is hereby officially recognized:

ADULT ABUSE PREVENTION MONTH

WHEREAS, more than 1.5 million Virginians are currently over the age of 60 and the population of older Virginians will increase to more than 2 million by 2030; and

WHEREAS, during fiscal year 2014, Virginia Adult Protective Services received over 21,000 reports of adult abuse, neglect, and exploitation; and

WHEREAS, older Virginians and Virginians with disabilities may be targets for abuse, which can occur in families and communities of all social, economic, racial and ethnic backgrounds; and

WHEREAS, in order to reduce the incidence of adult abuse in Virginia, there are a number of adult abuse prevention programs that provide vital services to older Virginians and Virginians with disabilities, including a 24-hour hotline, crisis intervention, emergency shelter, home-based and community services, public education, and legal advocacy; and

WHEREAS, Adult Abuse Prevention Month offers all Virginians the opportunity to participate in community efforts to improve the safety and well-being of people throughout the Commonwealth, to recognize the organizations and individuals who serve them, and to remember victims of adult abuse and their families; and

WHEREAS, the Virginia Department for Aging and Rehabilitative Services, home to the State Adult Protective Services Division, promotes an integrated vision and streamlined services to assist older Virginians and Virginians with disabilities to live in communities free of abuse, neglect, or exploitation;

NOW, THEREFORE, I, Terence R. McAuliffe, do hereby recognize May 2015 as ADULT ABUSE PREVENTION MONTH in our COMMONWEALTH OF VIRGINIA, and I call this observance to the attention of all of our citizens.
Beth Barber, Chair, of Charlottesville
Term ends 6/30/16

Valerie Price, Vice-Chair, 3rd Congressional District
Term ends 6/30/17

Kyle R. Allen, D.O, A.G.S.F., of Williamsburg
Term ends 6/30/16

Robert B. Blancato, 8th Congressional District
Term ends 6/30/16

Mitchell Patrick Davis, 9th Congressional District
Term ends 6/30/17

David M. Farnum, of Roanoke
Term ends 6/30/16

Arthur R. Giesen, of Waynesboro
Term ends 6/30/16

Joni C. Goldwasser, 6th Congressional District
Term 6/30/17

Carter Harrison, of Cartersville
Term 6/30/18

Valerie L’Herrou, JD, 7th Congressional District
Term ends 6/30/18

Richard W. Lindsay, M.D., of Charlottesville
Term ends 6/30/16

William Mahoney, of Sterling
Term 6/30/19

Shewling Moy, 2nd Congressional District
Term ends 6/30/18

Brenda A. Kelley Nelum, 11th Congressional District
Term ends 6/30/16

Roberto Quinones, 10th Congressional District
Term ends 6/30/18

Kathryn B. Reid, 5th Congressional District
Term ends 6/30/17

Vernon Wildy, of Glen Allen
Term ends 6/30/16

Veronica Williams, 1st Congressional District
Term ends 6/30/18

Sandra Williamson-Ashe, Ed. D., 4th Congressional District
Term ends 6/30/18

Ex Officio Members

The Honorable William A. Hazel, Jr., MD
Secretary of Health and Human Resources

James A. Rothrock, Commissioner
Robert Brink, Deputy Commissioner
Virginia Department for Aging and Rehabilitative Services

Lynne Williams
Virginia Department of Social Services

Terry A. Smith
Director, Division of Long Term Care, Department of Medical Assistance Services

Bill Massey
Representative, Virginia Association of Area Agencies on Aging
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The purpose of the Council shall be to promote an efficient, coordinated approach by state government to meeting the needs of older Virginians.  (Code of Virginia §51.5-127)

http://www.vda.virginia.gov/council.asp

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**DARS | Virginia Department for Aging and Rehabilitative Services**

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