



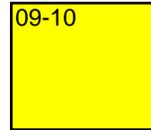
COMMONWEALTH of VIRGINIA
Department for the Aging

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AAA TUESDAY E-MAILING
October 21, 2008

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Note: The web addresses (links) in this document may change over time. The Department for the Aging does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.



COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors, Area Agencies on Aging

FROM: Deb Loving, Information Systems Specialist

DATE: October 21, 2008

SUBJECT: Revised Caregiver Guidance Document

The AoA has revised the service unit definition for Caregiver Counseling, Caregiver Support Group and Caregiver Training, effective for FY 2009 (October 1, 2008 - September 30, 2009) reporting.

Previously a unit of service was one session regardless of the number of people attending the session. The revised unit definition is one session per participant.

EXAMPLE: If seven (7) people attend a weekly caregiver support group meeting, the unit count is seven (7) and the unduplicated count of people served is seven (7). If during the subsequent support group meeting four (4) people return from the first meeting, and four (4) new people join, then the unit count for the month to date would be 15 (7 sessions in the first week + 8 sessions in the second week), and the unduplicated count of people served would be 11 (7 people in the first week + 4 new people in the second week).

To accommodate this change, VDA has revised the **National Family Caregiver Support Program (Title III-E) Guidance Document**. You may download the updated document from the following link:

<http://www.vda.virginia.gov/pdfdocs/NationalFamilyCaregiverSupportGuidance.pdf>

Please don't hesitate to contact me with any questions. Thanks.



09-11

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors
Health Promotion and Disease Prevention Coordinators

FROM: Elaine S. Smith, MS, RD
Program Coordinator

DATE: October 21, 2008

SUBJECT: Fall Prevention Funding Opportunity for AAAs ONLY

Virginia AAAs should have received an email and a letter last week from the Virginia Department of Health, Division of Injury and Violence Prevention (DIVP) announcing a new funding opportunity. Approximately \$60,000 of the Preventive Health and Health Services Block Grant for fiscal year 2009 has been made available to support fall prevention projects between December 1, 2008 and August 31, 2009.

Proposals are only being accepted from local Area Agencies on Aging operating in Virginia. All Virginia AAAs are encouraged to apply for this funding. The VDH, DIVP anticipates making three (3) awards of up to \$20,000 for each project. **Proposals are due by November 12, 2008.** The complete Request for Proposal (RFP) was attached to the email and letter sent out and it detailed the general and specific requirements that should be included in the application.

If you need a copy of the RFP or have questions after reviewing it, please contact Lenny Recuperero at Leonard.recuperero@vdh.virginia.gov or (804) 864-7734.



09-12

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: October 21, 2008

SUBJECT: 5 Day Notice to Request Selected Medicaid Transportation

We have received the following information from the Department of Medical Assistance Services (see attached for more details):

Effective November 3, 2008, DMAS will require 5 days notice when requesting transportation for a single trip. It begins Monday, November 3, but callers will not be denied trips by LogistiCare the first time or second they call with less than 5 days notice.

This does not apply to Standing Orders for day support, adult day health care, dialysis and other services that individuals attend at least 3 times weekly. Standing Orders account for about 75% of all Medicaid trips. There are also several exemptions listed in the attachment. There is additional information about using fixed-route public transit if that is available to your constituents. LogistiCare will also provide gas reimbursement to a friend, family member or volunteer organization who will take recipients to their Medicaid appointments.

1. Please contact your LogistiCare Regional office or the Call Center if you have questions that the attachment does not answer.
2. Please contact Tom Lawson, Broker Contract Manager at DMAS, about other transportation questions or concerns. E-mail tom.lawson@dmas.virginia.gov or call 804-786-9092.

Attachment



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

PATRICK W. FINNERTY
 DIRECTOR

SUITE 1300
 600 EAST BROAD STREET
 RICHMOND, VA 23219
 804/786-7933
 800/343-0634 (TDD)
www.dmas.virginia.gov

Request Trips from LogistiCare 5 Days in Advance, effective November 3, 2008

Beginning November 3, please call LogistiCare five (5) business days before the day of the appointment to reserve transportation. This applies only to Fee-for-service Medicaid and FAMIS recipients or those who arrange their non-emergency transportation. Recipients in Managed Care plans are not affected.

This change does not apply to Standing Orders for dialysis, adult day healthcare, day support and other programs that recipients are authorized to attend three days a week or more. Please continue to call 1-866-836-1570 when requesting a Standing Order.

The reason for this change is to improve the reliability of transportation by assigning trips sooner to a transportation provider. If the provider cannot accept your trip, it must be returned to LogistiCare within 24 hours for assignment to another provider. The 5-day change gives LogistiCare an extra 3 days to find a provider for the trip.

When to Call for Transportation: In calculating the 5-day advance notice, LogistiCare counts the day of the call as the first day. The day of the appointment is not included in this calculation. In determining the 5-day notice, LogistiCare will include Saturday and Sunday. Use the table below to determine the last day to call for transportation to take you to your Medicaid-covered service.

<u>Step 1:</u> On November 3, 2008, if the day of your next appointment is on ...	<u>Step 2:</u> Call LogistiCare at 866-386-8331 no later than the day below.
Monday	Wednesday before your appointment
Tuesday	Thursday before your appointment
Wednesday	Friday before your appointment
Thursday	Friday before your appointment
Friday	Friday before your appointment
Saturday	Monday before your appointment
Sunday	Tuesday before your appointment

Where to Call for Transportation: Recipients should continue to call 1-866-386-8331 (toll-free) between the hours of 6:00 a.m. and 8:00 p.m., Monday through Friday, to schedule your transportation for routine appointments covered by Medicaid. Reservations are not taken on Saturday and Sunday. Medicaid service providers should please call your Facilities Line at 1-866-679-6330.)

Reservations for Urgent Trips: In urgent cases, transportation can be provided with less than a 5-day notice. An "Urgent Trip" can be provided if you have an unscheduled medical problem that is not life-threatening but your physician wants to see you sooner than five (5) days. For example, if you or your child wakes up ill and your doctor wants to see you in less than 5 days, call LogistiCare and ask for an "Urgent Trip."

Trips that fit into the "urgent" category include the following, among others:

- Follow-up appointments scheduled less than five days after your last appointment.
- An appointment changed to an earlier time by the physician.
- Unexpected pre-operative appointments
- Unexpected hospital admission or outpatient surgery
- Calls for pick-up after an appointment (the request must be filled with 1 hour of the call to LogistiCare)
- Hospital discharge (the request must be filled within 3 hours of the call to LogistiCare)
- Appointments for new medical conditions or tests
- Dialysis

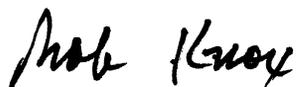
Urgent care calls are not for appointments where the caller forgot to arrange transportation. LogistiCare will verify the appointment with your doctor.

Bus Tickets and Gas Reimbursement are Available from LogistiCare

- **Bus Tickets:** DMAS encourages you to ride the bus to your Medicaid-covered services if you are willing and there is a bus stop nearby. Call 1-866-386-8331 and say that you would like to use your local bus system for your transportation provider. LogistiCare will authorize your trip(s) and send you bus tickets, tokens, or passes. Please allow 7-days for delivery of your bus tickets or passes. Frequent users may be able to receive a bus pass if your bus system offers one and it is cheaper than the number of tickets you need each week or month.
- **Gas Reimbursement:** LogistiCare can provide gas reimbursement for your Medicaid transportation needs if you cannot drive yourself. If a friend or family member will take you to Medicaid appointments, LogistiCare will pay them forty (40) cents a mile for gas. The driver cannot be the spouse of the recipient or the custodial parent of a minor child on Medicaid. Call 1-866-386-8331 to receive a short enrollment form by mail.

Out-of-State Transportation is Available from DMAS

- **Out-of-State Trips:** DMAS also provides transportation to pre-approved Medicaid-covered services in other states if DMAS determines that the service is not available in Virginia or the bordering cities and counties. Call Bill Zieser at 804-371-8855 for more information.



Robert E. Knox, DMAS Transportation Manager
Robert.knox@dmas.virginia.gov
www.dmas.virginia.gov/tra-transportation_services.htm



09-13

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Ellen M. Nau, Human Services Program Coordinator

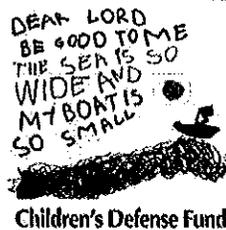
DATE: October 21, 2008

SUBJECT: Kinship Care

Major Federal Government Legislation - Kinship Care Providers

Last week, President Bush signed into law the *Fostering Connections to Success and Increasing Adoptions Act* (H.R. 6893). The legislation seeks to support relative caregivers (including grandparents), improve outcomes for children in foster care, and provide incentives for adoption. It includes a number of measures focused on placing children with grandparents or other relatives.

States will be able to provide kinship guardian assistance payments to relatives who have assumed legal guardianship of children for whom they have cared as foster parents. New Family Connection grants will guarantee funding for Kinship Navigator programs to help children who are living with relatives access supports and assistance. The legislation also addresses foster care licensing standards that have created barriers to placement of foster children with relatives. Please consult the attachment for information on H.R. 6893 provided by the Children's Defense Fund and the Center for Law and Social Policy. The Virginia Department of Social Services will be reviewing this legislation in relation to how it affects foster and relative care in Virginia.



CLASP
CENTER FOR LAW AND SOCIAL POLICY

Fostering Connections to Success and Increasing Adoption Act Will Improve Outcomes for Children and Youth in Foster Care

On October 7, 2008, President Bush signed into law the Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893). The act will help hundreds of thousands of children and youth in foster care by promoting permanent families for them through relative guardianship and adoption and improving education and health care. Additionally, it will extend federal support for youth to age 21. H.R. 6893 also will offer for the first time many American Indian children important federal protections and support. H.R. 6893 has bipartisan support and is fully paid for. This bill resolves differences between the House-passed Fostering Connections to Success Act (H.R. 6307) and the Senate Finance Committee-approved Chairman's Mark of S. 3038, the Improved Adoption Incentives and Relative Guardianship Support Act.

The Fostering Connections to Success and Increasing Adoptions Act improves outcomes for children and youth in foster care by:

Promoting Permanent Families for Children in Foster Care

With Relatives

- **Subsidized Guardianship Payments for Relatives.** Helps children in foster care leave care to live permanently with grandparents and other relative guardians when they cannot be returned home or adopted and offers federal support to states to assist with subsidized guardianship payments to these families. Clarifies that all children who currently receive federally-supported subsidized guardianship payments in states with Child Welfare Demonstration Waivers will be able to continue to receive that assistance under the new program.
- **Notice to Relatives When Children Enter Care.** Increases opportunities for relatives to step in when children are removed from their parents and placed in foster care by ensuring they get notice of this removal.
- **Kinship Navigator Programs.** Guarantees funds for Kinship Navigator programs, through new Family Connection grants, to help connect children living with relatives, both in and out of foster care, to supports and assistance they need.
- **Licensing Standards for Relatives.** Clarifies that states may waive non-safety related licensing standards for relatives on a case-by-case basis and requires the Department of Health and Human Services (HHS) to report to Congress on ways to further eliminate licensing barriers so that more children can be placed with relatives in foster care and be eligible for federal support.

With Adoptive Families

- **Incentives for Adoption.** Increases incentives to states to find adoptive families for children in foster care, especially those with disabilities or other special needs and older youth.
- **Adoption Assistance.** Increases opportunities for more children with special needs to receive federally-supported adoption assistance without regard to the income of the birth families from whom they were originally removed.

With Birth Families and Other Relatives

- **Establishes New Family Connection Grants.** Increases resources for Kinship Navigator programs, as described above, Family Group Decision-making meetings, Intensive Family Finding activities, and Residential Family-Based Substance Abuse Treatment, all of which can help children stay safely with family members and out of foster care or, once in care, return to their parents or other family members.
- **Keeping Siblings Together.** Preserves the sibling bond for children by requiring states to make reasonable efforts to place siblings together when they must be removed from their parents' home, provided it is in the children's best interests. In the case of siblings not placed together, states must make reasonable efforts to provide for frequent visitation or other ongoing interaction, unless such interaction would be harmful to any of the siblings.

Improving Outcomes for Children and Youth in Foster Care

- **Foster Care for Older Youth.** Helps youth who turn 18 in foster care without permanent families to remain in care, at state option, to age 19, 20, or 21 with continued federal support to increase their opportunities for success as they transition to adulthood.
- **Educational Stability.** Helps children and youth in foster care, guardianship and adoption achieve their educational goals by requiring that states ensure that they attend school and, when placed in foster care, they remain in their same school where appropriate, or, when a move is necessary, get help transferring promptly to a new school; also provides increased federal support to assist with school-related transportation costs.
- **Health Care Coordination.** Helps improve health care for children and youth in foster care by requiring the state child welfare agency to work with the state Medicaid agency to create a plan to better coordinate health care for these children in order to ensure appropriate screenings and assessments and follow-up treatment and to assure sharing of critical information with appropriate providers and oversight of prescription medications.

Increasing Support for American Indian and Alaska Native Children

- **Direct Access to Federal Support for Indian Tribes.** Offers, for the first time, many American Indian and Alaska Native children federal assistance and protections through the federal foster care and adoption assistance programs that hundreds of thousands of other children are eligible for already.
- **Technical Assistance and Implementation Services.** Requires HHS to provide technical assistance and implementation services dedicated to improving services and permanency outcomes for Indian children and their families.

Improving the Quality of Staff Working with Children in the Child Welfare System

- **Extended federal support for training of staff.** Expands the availability of federal training dollars, on a phased in basis, to reach more of those caring for and working with children in the child welfare system, including relative guardians, staff of private child welfare agencies, court personnel, attorneys, guardian ad litem, and court appointed special advocates.

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Directors
Area Agencies on Aging

FROM: Bill Peterson

DATE: October 21, 2008

SUBJECT: **Social Security Cost of Living Adjustment**

Social Security has announced that Social Security and Supplemental Security Income (SSI) beneficiaries will receive a 5.8 percent benefit increase in 2009. The 5.8 percent increase is the largest since 1982.

The Cost-of-Living Adjustment (COLA) for 2009 is based on the increase in the Consumer Price Index from the third quarter of 2007 through the third quarter of 2008.

See the attached press release for some of the other important changes that are affected by the COLA.

Attachment



News Release

SOCIAL SECURITY

Social Security Announces 5.8 Percent Benefit Increase for 2009

Monthly Social Security and Supplemental Security Income benefits for more than 55 million Americans will increase 5.8 percent in 2009, the Social Security Administration announced today. The 5.8 percent increase is the largest since 1982.

Social Security and Supplemental Security Income benefits increase automatically each year based on the rise in the Bureau of Labor Statistics' *Consumer Price Index for Urban Wage Earners and Clerical Workers* (CPI-W), from the third quarter of the prior year to the corresponding period of the current year. This year's increase in the CPI-W was 5.8 percent.

The 5.8 percent Cost-of-Living Adjustment (COLA) will begin with benefits that over 50 million Social Security beneficiaries receive in January 2009. Increased payments to more than 7 million Supplemental Security Income beneficiaries will begin on December 31.

Some other changes that take effect in January of each year are based on the increase in average wages. Based on that increase, the maximum amount of earnings subject to the Social Security tax (taxable maximum) will increase to \$106,800 from \$102,000. Of the estimated 164 million workers who will pay Social Security taxes in 2009, about 11 million will pay higher taxes as a result of the increase in the taxable maximum.

Information about Medicare changes for 2009 can be found at www.Medicare.gov.

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NOTE TO CORRESPONDENTS: A fact sheet showing the effect of the various automatic adjustments is attached.



Fact Sheet

SOCIAL SECURITY

2009 SOCIAL SECURITY CHANGES

o **Cost-of-Living Adjustment (COLA):**

Based on the increase in the Consumer Price Index (CPI-W) from the third quarter of 2007 through the third quarter of 2008, Social Security and Supplemental Security Income (SSI) beneficiaries will receive a 5.8 percent COLA for 2009. Other important 2009 Social Security information is as follows:

	<u>2008</u>	<u>2009</u>
o <u>Tax Rate:</u>		
Employee	7.65%	7.65%
Self-Employed	15.30%	15.30%

NOTE: The 7.65% tax rate is the combined rate for Social Security and Medicare. The Social Security portion (OASDI) is 6.20% on earnings up to the applicable taxable maximum amount (see below). The Medicare portion (HI) is 1.45% on all earnings.

o **Maximum Taxable Earnings:**

Social Security (OASDI only)	\$102,000	\$106,800
Medicare (HI only)	No Limit	

o **Quarter of Coverage:**

	\$1,050	\$1,090
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o **Retirement Earnings Test Exempt Amounts:**

Under full retirement age	\$13,560/yr. (\$1,130/mo.)	\$14,160/yr. (\$1,180/mo.)
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NOTE: One dollar in benefits will be withheld for every \$2 in earnings above the limit.

The year an individual reaches full retirement age	\$36,120/yr. (\$3,010/mo.)	\$37,680/yr. (\$3,140/mo.)
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NOTE: Applies only to earnings for months prior to attaining full retirement age. One dollar in benefits will be withheld for every \$3 in earnings above the limit.

There is no limit on earnings beginning the month an individual attains full retirement age.

o **Social Security Disability Thresholds:**

Substantial Gainful Activity (SGA)

Non-Blind	\$ 940/mo.	\$ 980/mo.
Blind	\$1,570/mo.	\$1,640/mo.

Trial Work Period (TWP)	\$ 670/mo.	\$ 700/mo.
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o **Maximum Social Security Benefit: Worker Retiring at Full Retirement Age:**

	\$2,185/mo.	\$2,323/mo.
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o **SSI Federal Payment Standard:**

Individual	\$637/mo.	\$674/mo.
Couple	\$956/mo.	\$1,011/mo.

o **SSI Resources Limits:**

Individual	\$2,000	\$2,000
Couple	\$3,000	\$3,000

o **SSI Student Exclusion:**

Monthly limit	\$1,550	\$1,640
Annual limit	\$6,240	\$6,600

o **Estimated Average Monthly Social Security Benefits Payable in January 2009:**

	<u>Before 5.8% COLA</u>	<u>After 5.8% COLA</u>
All Retired Workers	\$1,090	\$1,153
Aged Couple, Both Receiving Benefits	\$1,773	\$1,876
Widowed Mother and Two Children	\$2,268	\$2,399
Aged Widow(er) Alone	\$1,051	\$1,112
Disabled Worker, Spouse and One or More Children	\$1,695	\$1,793
All Disabled Workers	\$ 1,006	\$1,064