



COMMONWEALTH of VIRGINIA
Department for the Aging

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April 20, 2010

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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: Directors, Area Agencies on Aging

FROM: Tim Catherman

DATE: April 20, 2010

SUBJECT: Governor recognizes Winners of the 2010 Governor's Volunteerism and Community Service Awards

Last week, Governor McDonnell recognized winners of the 2010 Governor's Volunteerism and Community Service Awards. This year's list includes work associated with two AAAs. The Outstanding Business Award went to Tony Pratt and Martinsville Family Pharmacy for working with Southern Area Agency on Aging. The Adult Volunteer Award (ages 19 - 59) went to Douglas Schiffman for working with Rappahannock Rapidan Community Services Board and Area Agency on Aging.

The press release can be viewed at [Governor McDonnell Recognizes Winners of the 2010 Governor's Volunteerism and Community Service Awards.](#)

Congratulations to both AAAs!



COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Kathy Miller, Director of Programs

DATE: April 20, 2010

SUBJECT: HHS and HUD Partner to Allow Rental Assistance to Support Independent Living for Non-Elderly Persons with Disabilities

As part of President Obama's Year of Community Living initiative, HHS and HUD have collaborated to provide housing support for non-elderly persons with disabilities to live productive independent lives in their communities rather than in institutional settings.

HUD is offering approximately \$40 million to public housing authorities across the country to fund approximately 5,300 Housing Choice Vouchers for non-elderly persons with disabilities, allowing them to live independently. HHS will use its network of state Medicaid agencies and local human service organizations to link eligible individuals and their families to local housing agencies who will administer voucher distribution.

Of the 5,300 vouchers set aside as part of this program, up to 1,000 will be specifically targeted for non-elderly individuals with disabilities currently living in institutions but who could move into the community with assistance (Category II). The remaining 4,300 (Category I) can be used for this purpose also, but are targeted for use by non-elderly individuals with disabilities and their families in the community to allow them to access affordable housing that adequately meets their needs.

In addition, HUD is encouraging housing authorities to establish a selection preference to make some, or all, of their Category I allocation available to individuals with disabilities and their families who, without housing assistance, are at risk of institutionalization. Housing authorities have 90 days to submit their applications to HUD. HUD expects to have funding awards ready late fall 2010.

SUBJECT:HHS and HUD Partner to Allow Rental Assistance to Support Independent Living for Non-Elderly Persons with Disabilities

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The vouchers will augment work already being done by the Centers for Medicare and Medicaid Services (CMS) through its Medicaid Money Follows the Person (MFP) grant program. Originally set to expire next year, the "Patient Protection and Affordable Care Act of 2010" extended the MFP program through 2016 with an additional appropriation of over \$2 billion. The Act also cut to three months, from the previous six months, the amount of time a person must be in an institution to qualify for help making the transition to community life.

Now in its third year, the MFP program has made it possible for almost 6,000 people to live more independent lives by providing necessary supports and services in the community. Some 29 states and the District of Columbia have MFP programs.

The Year of Community Living is an outgrowth of a 1999 Supreme Court decision in *Olmstead v. L.C.*, in which the court ruled that under the Americans with Disabilities Act (ADA) unnecessarily institutionalizing a person with a disability who, with proper support, can live in the community can amount to discrimination. In its ruling, the Court said that institutionalization severely limits the person's ability to interact with family and friends, to work and to make a life for him or herself.

As a result of the *Olmstead* ruling, HHS issued guidance to states on how to make their Medicaid programs more responsive to people living with disabilities who wish to reside in the least restrictive setting.

To read the full funding announcement, visit HUD's Web site. More information about the Money Follows the Person program can be found at http://www.cms.hhs.gov/CommunityServices/20_MFP.asp



COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Kathy Miller, Director of Programs

DATE: April 20, 2010

SUBJECT: Revision of Information and Referral/Assistance Service Standard

VDA is in the process of revising the Information and Referral/Assistance Service Standard, which has not been updated since 2005. The revisions are in line with an increased emphasis on information and referral in No Wrong Door (NWD), in order to create a true NWD system. This will also enable us to capture outcomes for reporting connected with the Aging and Disability Resource Center (ADRC) and Systems Transformation (STG) grants. Every effort has been made to incorporate all needed criteria with the minimum amount of changes. Please note that there will be no change in the current reporting process for agencies that still utilize AIM.

A work group at VDA has been developing universal definitions that fit every agency participating in NWD so we that are all on the same page. The workgroup would really appreciate your insight and is asking that you and your I&A staff review the attached draft and respond. We are interested to know if the definitions are unclear or create difficulties for your agency. Please email your questions, suggestions or concerns to kathy.miller@vda.virginia.gov. I would appreciate your written feedback by April 28th. I will also be holding a conference call for all Executive Directors who wish to discuss the draft on May 3, from 3:00 to 5:00 pm. The call-in number is **1-866-842-5779** and the conference code is **8046629341**.

I look forward to your input on this draft.

COMMUNICATION, REFERRAL AND INFORMATION AND ASSISTANCE
VIRGINIA DEPARTMENT FOR THE AGING
SERVICE STANDARD

Definitions

Communication—The process of offering general information to a client, caregiver, professional or other individual.

Referral—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. A referral does not involve direct services provided by the referring agency (AAA).

Information and Assistance—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.

Referral and Information and Assistance services will collect data to support community needs assessment and community planning activities.

Eligible Population

Communication and **Referral** services are targeted to persons who are 60 years of age or older, persons with disabilities aged 18 and over, and their families and caregivers.

Individuals are eligible for **Information and Assistance** services if they are 60 years of age or older. Priority shall be given to older individuals who are in the greatest economic and social need, with preference given to low-income minority individuals and to those older persons residing in rural or geographically isolated areas.¹ Families and caregivers of older adults may also receive information and assistance for needed services.

Service Delivery Elements²

If an agency provides **Communication**, no further action is required. The agency may opt to document communications in PeerPlace or some other format.

Agencies providing **Referral** services are required to complete the Virginia Service – Quick Form.

Agencies providing **Information and Assistance** services must perform all of the following components:

Assessment: The process of identifying, analyzing, and prioritizing the needs of older persons, utilizing the Uniform Assessment Instrument Part A and other client assessment documents. Federal Poverty/VDA Sliding Fee Scale is required, unless all information needed to determine federal poverty is documented on the UAI. Cost sharing does not apply to this service.

¹ Older Americans Act of 1965, as amended, Section 306(a)(4)(A)(i) ² Implementation Guide for Older American Information and Referral Services, NASUA, September 1993.

Outreach: The process of identifying older adults who may be in need of service.

Strategies for outreach include, but are not limited to:

- Direct Mail - Offers a low cost, high contact rate and distribution of information with personalized content. It can be very selective about who is receiving the outreach message.
- Telephone Contact - Offers a low cost personalized way of contacting older adults. It allows immediate feedback and home visits may be determined as necessary.
- Electronic media – Offers a low cost alternative to contact older adults who have access to a computer. It includes email, website information and Internet viral marketing.

Follow-Up: A process of contacting individuals and the organizations to which they were referred to determine the outcome of the referral. Determining the quality and effectiveness of the referral and the service provided to the person referred. Additional assistance to the individual in locating or using needed services may be a part of the follow-up. Follow-up is required in 10% of the referrals to the program.³

Planning and Evaluation: The process of aggregating and analyzing information collected through the provision of the service; collecting and reporting data on unmet needs for other services; and evaluating the overall effectiveness of the Communication, Referral, and Information and Assistance service.

See “Client Records” for the required documentation.

Administrative Elements

Staff Qualifications:

- **Knowledge:** Communication, Referral and Information and Assistance service staff should have an awareness of the biological, psychological, and social aspects of aging; the impact of disabilities and illnesses on aging; interviewing principles; community resources; and public benefits eligibility requirements.
- **Skills:** Communication, Referral, and Information and Assistance service staff should have skills in establishing and sustaining interpersonal relationships; problem-solving; and advocacy.
- **Ability:** Communication, Referral, and Information and Assistance service staff should have the ability to: communicate with persons of different socio-economic backgrounds; conduct an effective interview; complete an assessment; arrange and negotiate service referrals; and work independently.

Job Descriptions: For each paid and volunteer position funded by Title III of the Older Americans Act, an Area Agency on Aging shall maintain:

- A current and complete job description which shall cover the scope of duties and responsibilities of Communication, Referral, and Information and Assistance service staff; and
- A current description of the minimum entry-level standards of each job.

³ Implementation Guide for Older American Information and Referral Services, NASUA, September, 1993. ⁴ 22 VAC 5-20-250, Grants To Area Agencies On Aging, Department for the Aging Regulations, Virginia Administrative Code

AIM System Agency Data Requirements

Units of Service: Units of service must be reported in AIM for each client receiving services. Service units can be reported for client on a daily basis, but not aggregated (summarized) more than beyond one calendar month.

- o Contacts: count the number of interactions with the client and with agencies, caregivers, professionals and others related to establishing services and for when a Quick Form is completed.
- o Persons served (unduplicated): the individual who is receiving a direct service(s).

Optional Group Units (Not Entered into AIM but reported on AMR)

- o Number of Web Hits
- o Number of calls (**put tick marks here**)

Group Units - These activities cannot be entered into the AIM system.

Program Reports:

- o Aging Monthly Report (AMR) is due to VDA by the twelfth (12th) of the following month. If the Area Agency on Aging provides this service, this report must be updated and submitted even if no expenditures or units of service occurred.

AIM client level data must be transmitted to VDA by the last day of the following month.

NWD Tools / PeerPlace System Agency Data Requirements

Note: Each field described below must be asked of an individual for Referral and Information and Assistance services in order to properly coordinate their services and to meet NAPIS and other federal reporting requirements. These fields include all data elements from the Virginia Service – Quick Form, as well as some additional fields now needed to coordinate services across agencies.

*Virginia Service – Quick Form data elements have been noted by an asterisk.

Date: date service need established.

First Name:*

Last Name:*

Street Address: where individual resides*

City: where individual resides*

State: where individual resides*

Zip: where individual resides*

Phone Number: include area code*

Required Fields:

DOB: Individual needing service.*

Contact Type: Received request for service information from Consumer, Caregiver, Professional, or other.

Service Type: Service Requested.

Disability Type: Record disability category of the individual needing service as either:

- Physical
- MR/DD/ID
- Mental Illness
- Traumatic Brain Injury
- Multiple Disabilities
- Unspecified
- No Disability

Federal Poverty: Answered as 'Yes' or 'No'*

Assistance Type: Individual needing service was provided:

- Options Counseling
 - Benefits Counseling (as part of options counseling)
 - Long Term Care Futures Planning (as part of options counseling)

Race:*

- American Indian/Alaskan Native
- Asian
- Black / African American
- Native Hawaiian or Other Pacific Islander
- Other
- White
- 2 or More Races

Ethnicity*

- Hispanic
- Non Hispanic

Does the Individual Requesting Service Live Alone: 'Yes' or 'No'*

Gender:*

- Male
- Female

FIPS Code:* (often referred to as county code) refers to Federal Information Processing Standards codes of jurisdiction of where the individual resides.

Referral Data Elements for the NWD Tools Application

Referral agency type: category of type of agency referred to.

- CIL
- CSB
- DRS

Units of Service: Units of service must be reported in PeerPlace for each client receiving services.

Contacts: count the number of interactions with the client and with agencies, caregivers, professionals and others related to establishing services, and when the required fields in the IA record are completed.

Persons served (unduplicated): the individual who is establishing the need for service(s).

Contributions/Program Income

The Area Agency on Aging shall formally adopt written policies and procedures, approved by the governing board, regarding the collection, disposition, and accounting for program income.⁵

- Cost Sharing/Fee for Service: An Area Agency on Aging is not permitted to implement cost sharing/fee for service for recipients of this service.⁶
- Voluntary Contributions: Voluntary contributions shall be allowed and may be solicited provided that the method of solicitation is non-coercive.⁷

Quality Assurance

Staff Training:

- Staff should receive orientation on agency policies and procedures, client rights, community characteristics and resources, and procedures for conducting the allowable activities under this service.
- Staff should receive a minimum of 10 hours of in-service training per year based on the need for professional growth and upgrading of knowledge, skills, and abilities.

Supervision/Case Review: Consultation, supervision and case review shall be available to all staff providing the service.

Program Evaluation: The agency should conduct regular systematic analysis of the persons served and the impact of the service.

⁵ 22 VAC 5-20-410, Grants To Area Agencies On Aging, Department for the Aging Regulations, Virginia Administrative Code
⁶ Older Americans Act of 1965, as amended, Section 315(a)
⁷ Older Americans Act of 1965, as amended, Section 315(b)

Client Records: Service providers must maintain specific program records that include:

- Virginia Service - Quick Form for referral purposes only.
- Part "A" Uniform Assessment Instrument (pages 1-4) for information and assistance clients requiring direct services, such as a home visit for assessment of service needs or multiple collateral contacts to facilitate services.
- Federal Poverty should be determined and documented. The Federal Poverty/VDA form may be used.
- Progress notes or contact logs to document case activity.