



COMMONWEALTH of VIRGINIA
Department for the Aging

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November 8, 2011

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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.



12-37

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors, Care Coordinators,
Health Promotion and Disease Prevention Coordinators

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

DATE: November 8, 2011

SUBJECT: Community Change Through Environmental Approaches

The Virginia Foundation for Healthy Youth (VFHY) through the Virginia Department of Health is offering 5 Facilitating Community Change Through Environmental Approaches workshops. The 5 workshops are the same but will be offered in five different locations.

The one day workshop is designed for various target audiences and is appropriate for anyone, young or older, who can make an impact in their community. Participants will be introduced to the use of environmental approaches as a strategy to create community change and improve public health in the areas of obesity, tobacco, alcohol and other drug prevention.

The following link provides a flyer with additional information:
[Environmental Change Training Flyer](#)

You can register for these workshops by clicking on one of the following links:
[Regional Training Registration Page](#)

www.vfhy.org/training

There is no registration fee for any location of this workshop. If you have problems registering, contact Charlie McLaughlin at (804) 786-2279 or cmclaughlin@vfhy.org.



12-38

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Kathy Miller, Director of Programs

DATE: November 8, 2011

SUBJECT: New Assignment for Janet James and Transition Plan for Legal Services

New Assignment for Janet James

I am pleased to announce that Janet James will assume the duties formally performed by Faye Cates and will work 100% of her time with the Public Guardianship Program. Public Guardianship is an important and critical function for our agency and we are pleased that Janet is excited and looking forward to serving in this capacity. Please join me in congratulating Janet as she transitions to full time Public Guardianship duties.

Transition Plan for Legal Services

Legal Services, including State Legal Services Developer duties, Area Plan review, Elder Rights, Elder Abuse Prevention and the Project 2025 Legal Assistance initiative remain critical functions under the Older Americans Act and for VDA. VDA is working to ensure that these important duties are appropriately addressed. During the transition process, please note the following contact persons:

- ❖ For routine legal referral questions: Cecily Slasor at Cecily.slasor@vda.virginia.gov or (804) 662-9312.
- ❖ For Project 2025 Legal Assistance questions: Kathy Pryor at Kathy@vplc.org or (804) 782-9430. Note: Kathy is an Elder Law staff attorney at Virginia Poverty Law Center in Richmond.



12-39

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors

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

DATE: November 8, 2011

SUBJECT: My Plate for Older Adults Introduced

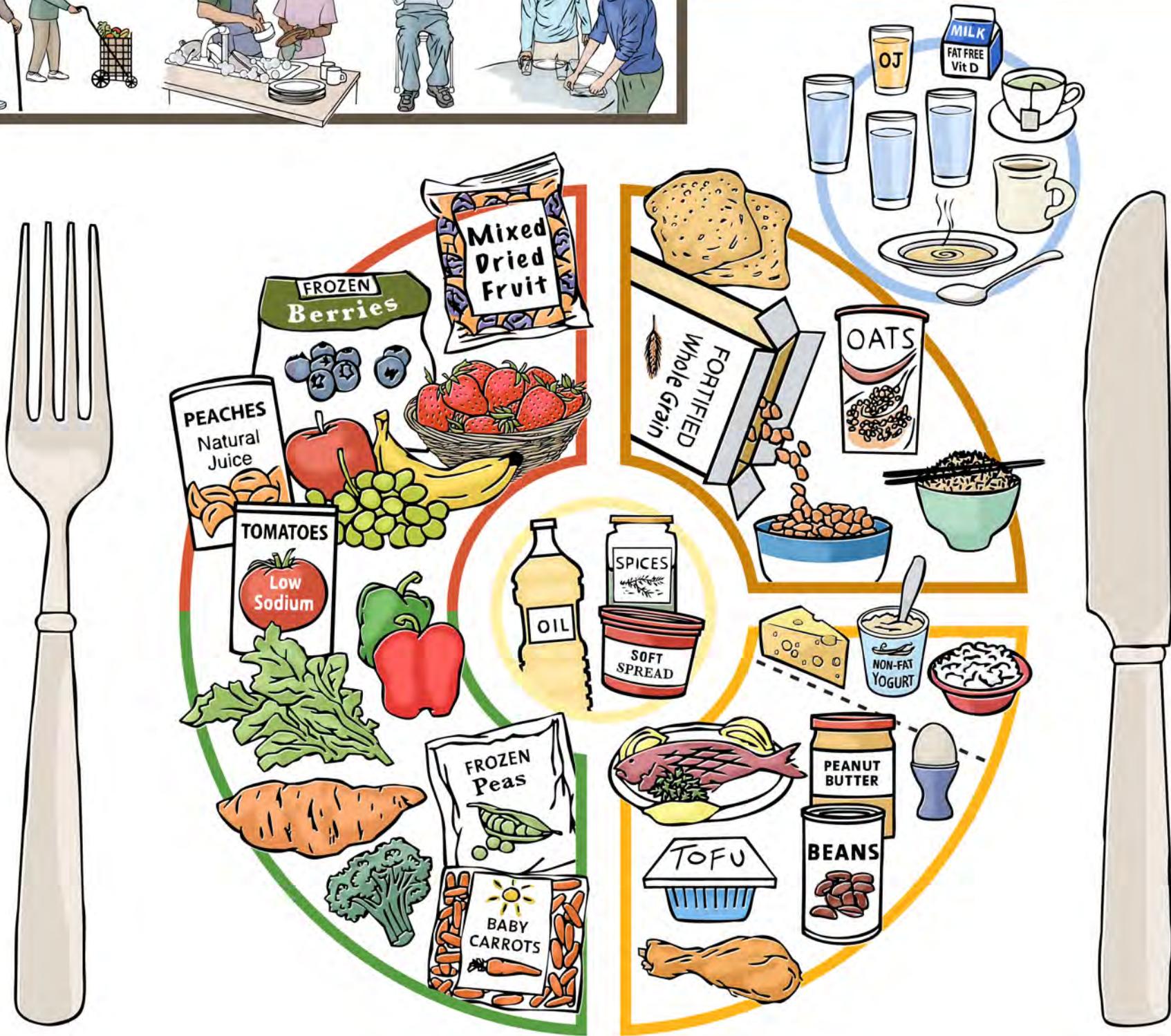
Last week nutrition scientists at the Jean Mayer USDA Human Nutrition Research Center on Aging (USDA HNRCA) at Tufts University introduced MyPlate for Older Adults which corresponds with MyPlate, the federal government's new food group symbol. MyPlate for Older Adults calls attention to the unique nutritional and physical activity needs associated with advancing years.

Click here to access, download, and print the icon from the HNRCA website:
http://hnrc.tufts.edu/images/MYplate_OlderAdults.pdf

Following is a link to the press release explaining the educational aspects of the icon:
<http://now.tufts.edu/news-releases/tufts-university-nutrition-scientists-unveil>

A copy of the icon follows this memo.

MyPlate for Older Adults





12-40

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Joseph D. Hoyle
Policy Analyst

DATE: November 8, 2011

SUBJECT: Free, Lunch-Time Webinars for the Professional Caregiver

Co-sponsored by the Virginia Alzheimer's Commission's AlzPossible Initiative and the Virginia Commonwealth University's Department of Gerontology, a series of five free, lunch-time webinars are being offered. Four of the five webinar topics and dates have been announced, as listed below. More details and background readings are available on [the AlzPossible webinar page](#).

- Gianluca De Leo, PhD MBA, an Assistant Professor at the Medical Laboratory and Radiation Sciences department at Old Dominion University, will present on the first topic, "**Improving Short-Term Memory Loss in Patients with Alzheimer's Dementia Using Smartphone Application for Capturing Daily Life Moments**," on Thursday, November 10th from noon – 1pm. [Click here to register and ask questions.](#)
- Sonya Barsness, MSG, principal of Sonya Barsness Consulting LLC, Tracey Gendron, MSG, a doctoral students in the Developmental Psychology program at VCU, and Lynne Seward, CTRS, CEO of A Grace Place Adult Care Center, will present on the second topic, "**Telephone Support Program for Caregivers - A Pilot Project**," will be on Tuesday, November 15th from noon – 1pm. [Click here to register and ask questions.](#)

- Christy Jensen, PhD, Director of Community and Health Services Research with the Center for Excellence in Aging and Geriatric Health in Williamsburg, will present on the third topic, “**The Triad in Dementia Care: Methods for Strengthening the Partnership,**” on Friday, December 2nd from noon – 1pm. [Click here to register and ask questions.](#)
- Jennifer A. Brush, MA CCC/SLP, a nationally recognized speech-language pathologist known for her work in the areas of memory and swallowing interventions for people with dementia, will present on the fourth topic, “**Environment and Communication Assessment Toolkit for Dementia Care,**” on Wednesday, December 7th from noon – 1pm. [Click here to register and ask questions.](#)

Dr. E. Ayn Welleford, PhD, Associate Professor and Chair of VCU’s Department of Gerontology, will moderate the discussions.

These **free** webinars are made possible through a grant from the Geriatric Training and Education Initiative, through the Virginia Center on Aging. As part of the reporting requirements, all attendees are kindly requested to complete a quick demographics survey following the event.



12-41

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman, Director of Administrative Services

DATE: November 8, 2011

SUBJECT: Nationwide Test of the Emergency Alert System – Wednesday,
November 9th @ 2pm

A nationwide test of the Emergency Alert System (EAS) will take place on Wednesday, November 9th at 2:00 pm eastern standard time, and will be the first time this system, which is often tested and used by officials at the local level, will be tested across the entire country.

The national Emergency Alert System is an alert and warning system can be activated by the President, if needed, to provide information to the American public during emergencies. NOAA's National Weather Service, governors, and state and local emergency authorities also use parts of the system to issue more localized emergency alerts. The test is an important exercise in ensuring that the system is effective in communicating critical information to the public in the event of a real national emergency. It is a critical communications tool that can provide alerts, warning and information rapidly across multiple television and radio platforms.

The purpose of the test is to assess the reliability and effectiveness of the EAS as a public alert mechanism. EAS Participants currently participate in state-level monthly tests and local-level weekly tests, but no top-down review of the entire system has ever been undertaken. The Federal Communications Commission, along with the Federal Emergency Management Agency, will use the results of this nationwide test to assess the reliability and effectiveness of the EAS as a public alert mechanism, and will work together with EAS stakeholders to make improvements to the system as appropriate.

During the test, viewers will hear a message indicating that "This is a test." Although the National EAS Test may resemble the periodic, monthly EAS tests that most Americans are already familiar with, there will be some differences in what viewers will see and hear, which is one reason for conducting a national EAS test. The audio

message will be the same for all EAS Participants; however, due to limitations in the EAS, the video test message scroll may not be the same or indicate that “This is a test.” This is due to the use of a “live” national code – the same code that would be used in an actual emergency. In addition, the background image that appears on video screens during an alert may indicate that “This is a test,” but in some instances there might not be an image at all. The text at the bottom of the television screen may indicate that an “Emergency Alert Notification has been issued.” This notification is used to disseminate a national alert and in this case, the test.

Additional information resources:

FCC website about test: <http://www.fcc.gov/encyclopedia/emergency-alert-system-nationwide-test>

FEMA Blog on test: <http://blog.fema.gov/2011/10/help-us-spread-word-on-november-9-this.html> (There is a really informative 3 ½ minute video on this link)



12-42

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors,
Area Agencies on Aging

FROM: Tim Catherman

DATE: November 8, 2011

SUBJECT: Aging's Productivity Measure for June thru August 2011

VDA's productivity measure in Virginia Performs is the percentage of frail older Virginians receiving in-home services that remain in the community one year later*. Fortunately, the decline since October – December 2010 appears to be leveling off. The most recent quarter's percentage, March thru May 2011, shows a slight increase to 64.15%. Attached is a chart of the statewide average Since July 2009.

Also attached is a sheet that shows the productivity measure for all of the AAAs except Appalachian Agency for Senior Citizens, District Three Senior Services, and Crater District AAA which transitioned to PeerPlace within the reporting period without importing AIM data.

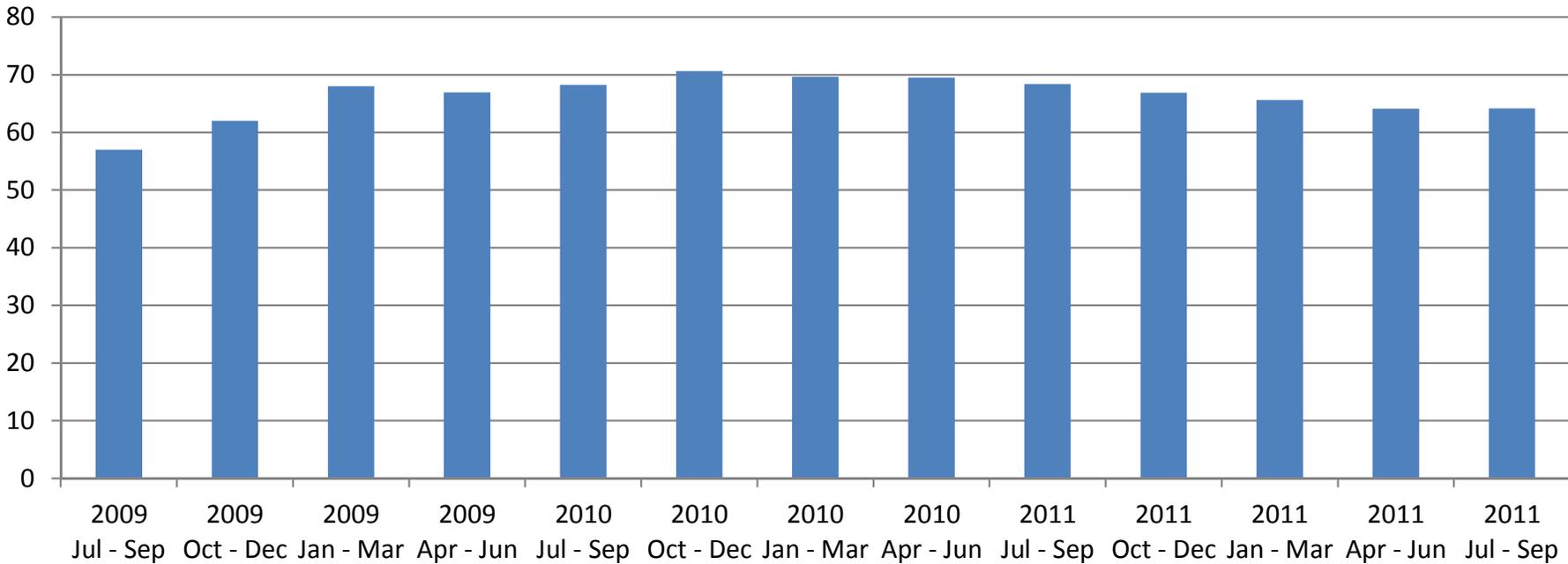
The productivity measure represents the network's ability to keep frail older Virginians in their home over a one year period. This measure is an attempt to show our network's success in helping seniors remain in their homes and communities and avoid or delay institutional care. We encourage you to monitor your AAA's productivity measure. VDA reports the measure quarterly in Virginia Performs at <http://vaperforms.virginia.gov>.

We continue to look forward to improve reporting the impact of the wonderful work you do to help older Virginians remain safe and independent in their homes and communities. If you have any questions about the reporting requirement, please contact Deb Loving by email deb.loving@vda.virginia.gov or phone (804) 662-9323.

* How the Productivity Measure is calculated.

The calculation begins by identifying clients in both PeerPlace and AIM that have 2 or more ADLs and received at least one in-home service such as Adult Day Care, Checking, Chore, Home Delivered Meals, Homemaker, or Personal Care during a certain quarter of the previous year divided by the same clients that received an in-home service in the same quarter one year later. The result is expressed as a percentage.

Percentage of Frail Older Virginians Receiving In-home Services that Remain in the Community One Year Later



VDA PRODUCTIVITY MEASURE			Unduplicated Totals			ADC			Checking			Chore			HDM			PC			Homemaker			Duplicated Totals		
PSA	PUB	(AIM) AAA Name	Year Ago	This Qtr	%	Year Ago	This Qtr	%	Year Ago	This Qtr	%	Year Ago	This Qtr	%	Year Ago	This Qtr	%	Year Ago	This Qtr	%	Year Ago	This Qtr	%	Year Ago	This Qtr	%
8A	107	Alexandria	111	69	62.16%	23	16	69.57%	0	0	0.00%	0	0	0.00%	88	53	60.23%	0	0	0.00%	0	0	0.00%	111	69	62.16%
8B	108	Arlington	216	161	74.54%	0	0	0.00%	0	0	0.00%	0	0	0.00%	160	116	72.50%	66	53	80.30%	0	0	0.00%	226	169	74.78%
8C	109	Fairfax	733	332	45.29%	0	0	0.00%	0	0	0.00%	0	0	0.00%	668	321	48.05%	0	0	0.00%	74	18	24.32%	742	339	45.69%
8D	110	Loudoun	268	138	51.49%	0	0	0.00%	0	0	0.00%	0	0	0.00%	268	138	51.49%	0	0	0.00%	0	0	0.00%	268	138	51.49%
11	114	Central Virginia	451	341	75.61%	0	0	0.00%	0	0	0.00%	0	0	0.00%	400	296	74.00%	0	0	0.00%	74	66	89.19%	474	362	76.37%
12	115	Southern	778	546	70.18%	0	0	0.00%	0	0	0.00%	2	1	50.00%	649	459	70.72%	65	41	63.08%	201	148	73.63%	917	649	70.77%
13	116	Lake Country	421	284	67.46%	5	4	80.00%	346	220	63.58%	0	0	0.00%	331	233	70.39%	9	4	44.44%	57	40	70.18%	748	501	66.98%
14	117	Piedmont	260	199	76.54%	0	0	0.00%	0	0	0.00%	0	0	0.00%	248	195	78.63%	0	0	0.00%	14	5	35.71%	262	200	76.34%
16	119	Rappahannock AAA	221	154	69.68%	0	0	0.00%	11	7	63.64%	0	0	0.00%	131	83	63.36%	0	0	0.00%	91	74	81.32%	233	164	70.39%
22	124	Eastern Shore	144	98	68.06%	0	0	0.00%	0	0	0.00%	0	0	0.00%	133	90	67.67%	9	7	77.78%	8	5	62.50%	150	102	68.00%
10 AIM agencies reporting			3,603	2,322	64.45%	28	20	71.43%	357	227	63.59%	2	1	50.00%	3,076	1,984	64.50%	149	105	70.47%	519	356	68.59%	4,131	2,693	65.19%
CORRESPONDING DATA FROM VDA VA117:			3,608	2,323	64.38%	28	20	71.43%	357	227	63.59%	2	1	50.00%	3,081	1,985	64.43%	149	105	70.47%	519	356	68.59%			

			Unduplicated Totals			ADC			Checking			Chore			HDM			PC			Homemaker			Duplicated Totals		
PSA	PUB	(PeerPlace) AAA Name	Year Ago	This Qtr	%	Year Ago	This Qtr	%	Year Ago	This Qtr	%	Year Ago	This Qtr	%	Year Ago	This Qtr	%	Year Ago	This Qtr	%	Year Ago	This Qtr	%	Year Ago	This Qtr	%
1	100	Mountain Empire	462	362	78.35%	76	57	75.00%	86	74	86.05%	0	0	0.00%	247	179	72.47%	84	74	88.10%	129	92	71.32%	622	476	76.53%
2	101	Appalachian			0.00%			0.00%			0.00%			0.00%			0.00%			0.00%			0.00%	0	0	0.00%
3	102	District 3			0.00%			0.00%			0.00%			0.00%			0.00%			0.00%			0.00%	0	0	0.00%
4	103	New River	194	125	64.43%	0	0	0.00%	0	0	0.00%	0	0	0.00%	163	96	58.90%	0	0	0.00%	55	42	76.36%	218	138	63.30%
5	104	LOA	568	375	66.02%	1	1	100.00%	0	0	0.00%	0	0	0.00%	545	363	66.61%	9	5	55.56%	25	11	44.00%	580	380	65.52%
6	105	Valley Program	471	267	56.69%	0	0	0.00%	0	0	0.00%	0	0	0.00%	428	260	60.75%	82	21	25.61%	0	0	0.00%	510	281	55.10%
7	106	Shenandoah	127	82	64.57%	0	0	0.00%	0	0	0.00%	0	0	0.00%	74	51	68.92%	48	31	64.58%	21	12	57.14%	143	94	65.73%
8E	111	Prince William	183	85	46.45%	39	21	53.85%	0	0	0.00%	0	0	0.00%	97	46	47.42%	66	26	39.39%	0	0	0.00%	202	93	46.04%
9	112	Rappahannock Rapidan	64	37	57.81%	9	6	66.67%	0	0	0.00%	0	0	0.00%	56	32	57.14%	0	0	0.00%	1	1	100.00%	66	39	59.09%
10	113	JABA	144	94	65.28%	66	37	56.06%	0	0	0.00%	0	0	0.00%	73	51	69.86%	0	0	0.00%	11	6	54.55%	150	94	62.67%
15	118	Senior Connections	305	190	62.30%	7	5	71.43%	9	7	77.78%	0	0	0.00%	288	181	62.85%	4	0	0.00%	0	0	0.00%	308	193	62.66%
17/18	120	BayAging	296	198	66.89%	5	2	40.00%	0	0	0.00%	0	0	0.00%	284	193	67.96%	11	5	45.45%	7	5	71.43%	307	205	66.78%
19	121	Crater			0.00%			0.00%			0.00%			0.00%			0.00%			0.00%			0.00%	0	0	0.00%
20	122	Senior Services	237	139	58.65%	0	0	0.00%	0	0	0.00%	0	0	0.00%	232	139	59.91%	4	0	0.00%	3	0	0.00%	239	139	58.16%
21	123	Peninsula	398	248	62.31%	0	0	0.00%	0	0	0.00%	0	0	0.00%	364	236	64.84%	70	24	34.29%	0	0	0.00%	434	260	59.91%
12 PeerPlace agencies reporting			3,449	2,202	63.84%	203	129	63.55%	95	81	85.26%	0	0	0.00%	2,851	1,827	64.08%	378	186	49.21%	252	169	67.06%	3,779	2,392	63.30%
CORRESPONDING DATA FROM PP STATE RPT			3,431	2,182	63.60%	200	129	64.50%	87	69	79.31%	0	0	0.00%	2,839	1,822	64.18%	376	177	47.07%	247	160	64.78%			

GRAND TOTAL (AIM + PEERPLACE REPORTS):			7,052	4,524	64.15%	231	149	64.50%	452	308	68.14%	2	1	50.00%	5,927	3,811	64.30%	527	291	55.22%	771	525	68.09%	7,910	5,085	64.29%
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Revised Date: 10/14/2011

For the Period: 06/01/2011 - 08/31/2011

Produced from AIM Report VA117 and PeerPlace VDA Productivity Measure Staying Home Report

Data is based on clients provided at least one unit of In-Home service during the period (except deceased), who also had service during the same quarter last year, had at least 2 ADL's, and have a UAI assessment on file.

Activities of Daily Living (ADL): Bathing, bladder, bowel, dressing, eating, toileting, and transferring.

Appalachian (PSA 2), District 3 (PSA 3) and Crater District (PSA 19) transferred from AIM to PeerPlace with NO Data Migration during the Sep-Nov/2010 reporting period, so they will be omitted from this report until the Sep-Nov/2011 reporting period.



12-43

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: James Rothrock, Interim Commissioner

DATE: November 8, 2011

SUBJECT: Martha Roherty Testimony to the U.S. Senate Special Committee on Aging

On November 3, 2011, Martha Roherty, Executive Director of the National Association of State Units on Aging and Disability (NASUAD) testified to the U.S. Senate Special Committee on Aging hearing on assisted living on Capitol Hill.

Here are her remarks.

On behalf of the National Association of States United for Aging and Disabilities (NASUAD), I would like to thank the Senate Committee on Aging for the opportunity to testify at today's hearing on assisted living facilities.

NASUAD represents the nation's 56 state and territorial agencies on aging and disabilities, which play a variety of roles with respect to assisted living. Some of our member agencies collaborate with their partners at the Single State Medicaid Agency to develop and operate Medicaid-financed assisted living services, while others oversee assisted living operations in the context of Medicaid quality monitoring strategies. Additionally, many NASUAD members are responsible for the Adult Protected Services (APS) program in their state, and most also administer the State Long-Term Care Ombudsman Program, as well as Information and Referral (I&R) agencies, including Aging and Disability Resource Centers (ADRCs).

Increasingly, long-term care residents are choosing to live in residential settings, such as assisted living facilities, instead nursing homes. Accordingly, over the past several years, the number of beds in nursing homes has been on the decline, while the number

of beds in other residential settings has been steadily growing.¹ As this trend continues, so do the opportunities for us to work together and enhance the quality of care across the home and community based continuum.

The only federal requirements for state oversight and monitoring of assisted living facilities exist in the context of Section 1915(c) Medicaid waivers, and under the new Section 1915(i)'s related quality assurance standards. However, Medicaid-licensed units comprise only a small portion of all assisted living facilities. There is no federal guidance outlining or enforcing a state's role in the oversight and monitoring of private pay assisted living facilities, which make up the majority of the marketplace.

In my formal written statement, I outline in more detail the core quality and oversight components with respect to Medicaid-financed assisted living, but in my oral statement today I will focus on five key recommendations that are supported by NASUAD's members.

Federal guidance on standard requirements for a Resident's Bill of Rights and Disclosure Statement.

Building on the recommendations made by the Senate Committee on Aging's Assisted Living Work Group in 2003, NASUAD's first recommendation is for the development of a federal framework to help standardize the requirements for a Resident's Bill of Rights and a Disclosure Statement. Currently, about half of the states have requirements for Resident's Rights, while virtually all have requirements for Disclosure Statements, though the content varies considerably from state to state. Federal guidance in this area, along with suggested tools to help states ensure compliance, would promote national standards for assisted living residences while offering prospective assisted living residents and their families a consistent format for comparing assisted living options.

Increased federal support for options counseling, including such counseling services delivered by I&R staff and ADRCs.

NASUAD members also support an increased federal investment in options counseling, including the counseling services delivered by I&R staff and ADRCs. Potential residents, particularly those who could quickly exhaust their resources and turn to Medicaid, need objective, third-party assistance with understanding their assisted living options, including what they can afford and for how long. Even with the federal support for these programs that states currently receive, states report that they do not have adequate funding to meet the demand.

¹ In 2005, there were 1.8 million beds in licensed nursing homes and 1 million beds in board and care and other settings. In the following years, these numbers trended downward and upward, respectively, so that by 2010, there were 1.7 million beds licensed in nursing homes, and 1.2 million in board and care and other settings. NORS Data for FY10, Table A-6.

Increased federal funding for state programs that provide resident advocacy services, including Adult Protective Services and State Long-Term Care Ombudsman.

We also recommend increasing the federal funding for state programs that provide resident advocacy services, including APS and the State Long-Term Care Ombudsmen. Through a regular presence in assisted living facilities, ombudsmen are uniquely positioned to both monitor a facility's quality and address resident complaints. An increased federal investment would increase the program's ability to provide ensure quality. Given the responsive nature of APS workers, who conduct investigations when they receive a formal complaint report, a federal funding stream dedicated to APS would similarly allow these workers to increase the program's existing capacity and better protect residents of assisted living facilities. Specifically, increased and dedicated funding would enable APS and ombudsmen to leverage their authorized access to assisted living facilities by allowing them to conduct more visits, both scheduled and unannounced, and these programs would also be able to better supplement the work of state survey and licensure agencies, which generally survey assisted living facilities only once per year unless a complaint is submitted.

Full Funding for the Elder Justice Act.

Fully funding the Elder Justice Act is also a NASUAD member priority. As the number of aging consumers grows, so does the need to protect the most vulnerable among us, in part by improving the quality and accessibility of resources regarding long-term care, including assisted living. The Elder Justice Act provides such consumer safeguards and protections, but does not provide funding to carry out the duties it assigns. That is why, in addition to increasing the funding for the ombudsman program and dedicating federal dollars to the provision of adult protective services, an adequate investment is also needed to implement the Elder Justice Act.

Broad Federal Definition.

Finally, NASUAD members support a broad federal definition for assisted living that is based on the core principles of assisted living that were developed by this Committee's work group in 2003. There is tremendous variation among state assisted living definitions, and therefore any federal framework must be broad enough to account for the wide array of state models, while still addressing the autonomy, choice, privacy, and dignity of assisted living residents.

Thank you again, Senator Kohl, Senator Corker, and Senator Nelson, for your leadership on these important issues and for the invitation to testify here today. I welcome your questions and comments, and I look forward to continuing to work together to improve the quality of life for older adults and individuals with disabilities, in whatever place they call home.