



COMMONWEALTH of VIRGINIA
Department for the Aging

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November 22, 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.

1610 Forest Avenue, Suite 100, Richmond, Virginia 23229
Toll-Free: 1-800-552-3402 (Voice/TTY) • Phone: 804-662-9333 • Fax: 804-662-9354
E-mail: aging@vda.virginia.gov • Web Site: www.vda.virginia.gov



COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman, Director of Administrative Services

DATE: November 22, 2011

SUBJECT: Director and Board Notes – Monitoring Changes

You may notice a few changes in monitoring protocol. When the monitoring date is set, Solomon will send the traditional engagement letter and monitoring documents. A copy of the engagement letter without the attachments is sent to the Board Chair and Treasurer. As you know, this letter provides information that VDA will be conducting a routine monitoring visit. It asks if there are any concerns that they would like to have reviewed and invites them to the exit interview.

Nationally it has become a trend to perform a more focused review of the Executive Director's and Chief Financial Officer's travel and expenses. It is common for most transactions to be reviewed rather than a sampling.

Each year we change some of the questions to cover different areas. This year we will include:

- A review of lines of credit and testing on changes in balances;
- Personnel files show a recent evaluation of the Executive Director and management staff;
- Whistle Blower Policy or Fraud Waste and Abuse Policy; and
- Executive Director and Board Self-Assessment.

In addition, Solomon will interview two or three employees, generally one from finance and one from programs about agency asset and financial controls.

If you have any questions, please let me know.



12-49

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Joseph D. Hoyle
Policy Analyst

DATE: November 22, 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. The third and fourth webinar topics and dates have been announced, as listed below. Details and background readings are available on [the AlzPossible webinar page](#).

- 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.



12-50

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Joseph D. Hoyle
Policy Analyst

DATE: November 22, 2011

SUBJECT: Administration on Aging's "News and Info"

Please consider subscribing to the Administration on Aging's "News and Info," a weekly electronic newsletter. To join or to view the archives, go to www.aoa.gov/AoARoot/Press_Room/Enews/index.aspx



12-51

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Kathy Miller, Director of Programs

DATE: November 22, 2011

SUBJECT: Reporting Earthquake Damage to FEMA

Residents and business owners in Louisa County who suffered damage from the Aug. 23 earthquake were approved for federal disaster aid Nov. 4, but **everyone in Virginia with earthquake damage should report it so that state officials can decide whether to request assistance for additional Virginia communities.**

"We know that this historic earthquake caused damage in places other than Louisa County," said Michael Cline, state coordinator of emergency management. "We need people who live outside of Louisa County to report their damage to their local emergency manager and also to FEMA. This will give us a better idea of how much more damage is out there, and we could possibly ask FEMA to make citizens and businesses in other Virginia localities eligible for federal disaster assistance."

Regardless of where you live in Virginia, those with earthquake damage should take the following actions:

- **Call your local emergency manager.** Every city, county and town in Virginia has an emergency manager. For a list of names and phone numbers, go to www.vaemergency.gov and look on the left side of the page for the link, or check your local phone directory for the local government listings.
- **Call FEMA.** The toll-free phone number is 1-800-621-FEMA (3362) or 1-800-462-7585 (TTY). This does not register you for disaster assistance but does let FEMA know that there is damage outside of Louisa County.

Also, some Louisa County residents may mistakenly believe that because they already have reported damage to county or state officials, they are then registered for federal earthquake assistance. **To formally register for earthquake disaster assistance, Louisa County residents must call FEMA at 1-800-621-FEMA (3362) or go online to www.DisasterAssistance.gov.**



12-52

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Cecily Slasor

DATE: November 22, 2011

SUBJECT: "The Legacy Project," sponsored by Cornell University

In 2004, Karl Pillemer, Ph.D., Professor of Gerontology in Medicine at the Weill Cornell Medical College, began collecting advice from America's elders. Dr. Pillemer's research team used various methods to collect their data. Researchers have collected nearly 1,500 responses to this question: "What are the most important lessons you have learned over the course of your life?" Older persons across the country shared their advice and/or wisdom on how to live a happy, healthy or successful life. In addition, Dr. Pillemer has transformed participants' advice into "lessons" on a website called *The Legacy Project*. Persons of any age can visit the website for advice on marriage, raising children, aging well and just being happy. The website is located at <http://legacyproject.human.cornell.edu/sample-page/>. Visitors young and older are encouraged to read the lessons, blog, and share their stories or advice. A book on the *Legacy Project* will be published in mid-November and will be available on Amazon.com. A contest is also underway to find some of the best advice from the older generation to the younger generation. Here is a link to information about the contest <http://legacyproject.human.cornell.edu/give-your-advice/>. You may want to share this with clients or use the site for an intergenerational project.



12-53

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman, Director of Administrative Services

DATE: November 22, 2011

SUBJECT: PAA Chief Financial Officer Advertisement

Chief Financial Officer for Non-Profit

Responsible to CEO for directing overall financial, business planning, budgeting and human resources functions. Full-time position with competitive compensation/benefits package. Minimum: Bachelor Degree in Accounting and 3-5 yrs. Exp. Submit application (available on website) and resume:

William S. Massey, CEO
Peninsula Agency on Aging
739 Thimble Shoals Blvd., Suite 1006
Newport News, VA 23606-3585

Closing date: Wednesday, November 30, 2011, 4:00 PM

EOE & Drug Free Workplace



12-54

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors, Area Agencies on Aging
FROM: Tim Catherman, Director of Administrative Services
DATE: November 22, 2011
SUBJECT: Senior Services Ani-meals Program

Interesting program started by CVAAA. If you click on the link, there is video from ABC 13 WSET.

[Senior Services Ani-meals Program Underway](#)

Posted: Nov 15, 2011 3:55 PM EST

Lynchburg, VA - The Central Virginia Area Agency on Aging (CVAAA) has created a program to help people feed themselves and their pets.

A \$3,500 grant made it possible to start the Senior Services Ani-meals program. The community can get involved by donating cat or dog food.

So far the Agency's collected about 130 pounds of food at different locations throughout Region 2000. Agency leaders say seniors just can't afford the food, so they share their own meals with their pets.

"A lot of seniors have family that live out of town so their pet is their loving family member that they take care of," said RoseAnn Richards, director of nutrition services.

All donations stay local, and you can donate canned or dry cat or dog food at some of the following locations in Lynchburg: the CVAAA's main office, the Super Dollar Foods stores on Timberlake Rd. and at the Plaza, Templeton Senior Center, and the Farmer's Feed Supply in Boonsboro. You can also donate at the Brookneal Dollar Store, Moneta Farm Service and the CVAAA's satellite office in Altavista.

The Agency still has 12 bins that need public locations, especially in the city of Bedford and in Bedford, Amherst, Appomattox and Campbell counties.

If you'd like to get involved, call RoseAnn Richards at 434-385-9070 ext. 120 or e-mail her at rarichards@cvaaa.com.



12-55

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman, Director of Administrative Services

DATE: November 22, 2011

SUBJECT: Nondiscrimination Statements

There was a question about the use of nondiscrimination statements. Although all federal agencies and programs must adhere to nondiscrimination, the required posting of the notice is not universal. To our knowledge, there is no required posting of the notice for AoA specifically or HHS in general for electronic or print media that is produced. It is a good idea, but not a requirement. However, USDA and apparently Transportation has a requirement.

The SFMNP requires the following nondiscrimination statement on forms for application, proxy, ineligibility, educational brochures, etc.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

There is an alternative, short statement for places where there isn't enough room for the longer statement. The shorter statement is: "This institution (you can insert your own name) is an equal opportunity provider and employer."

Nondiscrimination Statements

November 8, 2011

Page 2 of 2

The SNAP program has a similar requirement. Their guidance says materials developed or reprinted with SNAP funds must include the **nondiscrimination statement** (*7 CFR Section 272.5(a)(4)*). The regulations say, "All Program informational material shall be available in languages other than English as required in §272.4(b) and shall include a statement that the Program is available to all without regard to race, color, sex, age, handicap, religious creed, national origin or political belief."

When it is not possible to include the full statement, the following abbreviated statement may be used, at a minimum, in print no smaller than the text: "*This institution is an equal opportunity provider and employer.*" **Credit** must be provided to the U.S. Department of Agriculture. Claudia Jackson with DSS would like to approve the material before it is printed.



12-56

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Ellen Nau, Program Coordinator

DATE: November 22, 2011

SUBJECT: Caregiving

National Family Caregivers Month
30 Days Of Caregiving Interactive Campaign

In honor of National Family Caregiver Month, Family Caregiver Alliance is sponsoring "30 Days of Caregiving," a campaign that feature a new blog posting on a unique aspect of caregiving each day during the month of November. A number of guest bloggers from national organizations will focus on the challenges of caregiving as well as the positive aspects. Family caregivers, researchers, professionals, and others who are interested in caregiving are invited to join the conversation via FCA's [blog](#) and [Facebook page](#).

AARP Solutions Forum
The Challenges of Family Caregiving: What Needs to Be Done?

9:00 A.M. Eastern Time Thursday, December 1, 2011 at the Columbus Club, Union Station Washington D.C. To attend in person, go to:
<http://msg4svc.net/forms/TN/10/aarpppi/index.jsp>
For those who cannot attend, the forum will be webcast.
For more information on the webcast or attending in person, contact Cherri Thompson, 202-434-3883, chthompson@aarp.org

The Technical Assistance Centers For Caregiver Programs and Lifespan Respite
3:00 P.M. EDT on Thursday, December 8, 2011.
Webinar on Creativity, Communication and Dementia
Reserve your webinar seat at: <https://www3.gotomeeting.com/register/326233870>

Older Dominion Partnership

2011 Virginia Age Ready Indicators Benchmark Survey Report Released

The Older Dominion Partnership has released the results of the 2011 Virginia Age Ready Indicators Benchmark Survey. Conducted by the Southeastern Institute of Research (SIR) in coordination with the ODP and Virginia Area Agencies on Aging, the survey offers baseline data on the status of Virginia's seniors and baby boomers. See the full report at:

<http://olderdominion.org/>

Seed Grant Opportunity

A 2012 *Innovations in Caregiving* seed grant sponsored by the National Alliance for Caregiving and the MetLife Foundation will provide start-up funds of \$10,000 to five non-profit organizations for new caregiving education and support programs. The request for applications is available online at: http://web.raffa.com/nac/caregiver_award
A Replication Guide has been created that features the winners of the National Family Caregiving Awards. To view this guide, visit:

http://web.raffa.com/nac/caregiver_awards.

The deadline for submission is January 27, 2012.

A webinar featuring previous NAC award winner programs that can be replicated will be held on November 29, 2011 at 3:00pm EST. To register for the webinar, go to:

<http://www.visualwebcaster.com/event.asp?id=83575>

VA Caregiver Support

Please find attached a Fact Sheet on the VA Caregiver Support Program Interim Rule Implementation of the Program of Comprehensive Assistance for Family Caregivers. This program application process began in May, 2011 from seriously injured post 9-11 Veterans and their Family Caregivers for the new Program of Comprehensive Assistance for Family Caregivers.



FACT SHEET

Caregiver Support Program Interim Rule Implementation of the Program of Comprehensive Assistance for Family Caregivers

Family Caregivers provide crucial support in caring for our Nation's Veterans by allowing them to stay in the homes and communities they defended, surrounded by the loved ones they fought for. Caregivers in a home environment can enhance the health and well-being of Veterans under VA care. Additional VA services are now available to those Family Caregivers who share VA's daily charge to serve those "who have borne the battle." VA will accept applications from seriously injured post 9-11 Veterans and their Family Caregivers for the new Program of Comprehensive Assistance for Family Caregivers, starting May 9th, 2011. For those eligible to enroll in the program, training will begin in early June 2011. Many Veterans and caregivers, members of congress, Veteran Service Organizations and community partners helped make this legislation possible. We at VA appreciate all the support for the Family Caregiver as the regulation that will define this program is implemented.

IMPORTANT ELIGIBILITY NEWS:

- Veterans eligible for this program are those who sustained a serious injury including traumatic brain injury, psychological trauma or other mental disorder incurred or aggravated in the line of duty, on or after September 11, 2001.
- Veterans eligible for this program must also be in need of personal care services because of an inability to perform one or more activities of daily living and/or need supervision or protection based on symptoms or residuals of neurological impairment or injury.
- To be eligible for the Program of Comprehensive Assistance for Family Caregivers, Veterans must first be enrolled for VA health services, if not enrolled previously.
- Starting May 9, 2011, Veterans may download a copy of the Caregiver program application (VA CG 10-10) at www.caregiver.va.gov. The application enables Veterans to designate one primary Family Caregiver and up to two secondary Family Caregivers if desired. Caregiver Support Coordinators are available at every VA medical center to assist Veterans and their Family Caregivers with the application process. Additional application assistance can be found by via phone at 1-877-222 VETS (8387).
- If the Veteran is not currently enrolled, both the VA Form 10-10 EZ for VA health services and the application for the Caregiver Program (VA Form 10-10 CG) will need to be completed.
- The application must be completed and signed by both the Veteran or their legal representative and the primary Family Caregiver. The application can be hand carried to a local VA Medical Center (VAMC) for walk-in processing, or if expedited processing is preferred, it may be mailed to:

**Family Caregivers Program
Health Eligibility Center
2957 Clairmont Road NE
Suite 200
Atlanta, GA 30329-1647**

- Within three business days of receipt of the initial application, the Caregiver Support Coordinator at the Veteran's preferred VA Medical Center will contact the Veteran and primary Family Caregiver to arrange for the Family Caregiver to complete the application and schedule required training.
- A clinical team from VA will coordinate arrangements with the Veteran to complete a clinical eligibility assessment. This will include evaluating what assistance the Veteran needs with activities of daily living such as eating, bathing, grooming, and/or need for supervision or protection.
- Training is completed by the primary Family Caregiver once it is determined the Veteran meets clinical eligibility criteria. Training can be completed in one of three ways: Attending the Family Caregiver classroom training conducted at a local VA medical center or community location; completing the training online on a security protected website; or by self-study using a workbook and DVD that will be mailed to the Family Caregiver.
- Once the Family Caregiver training is completed, a VA clinician will visit the Veteran's home. The purpose of this visit is to make sure that the Family Caregiver and Veteran have everything they need to be safe and successful in the home setting.
- After the home visit is completed, the Family Caregiver will begin receiving a monthly stipend based on the Veteran's level need and required assistance. The Family Caregiver may also receive health insurance benefits through CHAMPVA if the Family Caregiver does not have existing health insurance. The stipend and health insurance benefits will be retroactive to the date of initial application.
- There are over two dozen services specific to Caregivers of Veterans of all eras that are currently being offered by VA. Contact your local VAMC Caregiver Support Coordinator or the Caregiver Support Line at 1-855-260-3274 for information on these and other caregiver resources and services.

For more information contact:

Darlene Dameron LCSW
Caregiver Support Coordinator
 McGuire VA Medical Center
 1201 Broad Rock Boulevard
 Richmond, Virginia 23249
 Telephone: 804.675.5000 ext. 4822
 Fax: 804.675-5667





12-57

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Ellen Nau, Program Coordinator

DATE: November 22, 2011

SUBJECT: Home and Community Based Services

VA Geriatrics & Extended Care Resources Guide

Please find attached information on Veteran's Home Based Primary Care Programs. Eligibility for and descriptions of the various services are outlined in the attachment. National points of contact are also listed.

Adult Day Care Licensure

A summary of the new Virginia Department of Social Services Performance Standardization Guidance and Tool for Licensure is attached to this email. This tool was developed as a catalyst for making licensure decisions that are based on provider compliance. Please make sure that your adult day care facility and/or your adult day services contractors are aware of these new licensing procedures.



VA Geriatrics & Extended Care Resources Guide

October, 2010 Version 1.0

Who is Eligible for

Non-Institutional Long-Term Care?

All Veterans enrolled in VA's health care system:

H&CBC are part of VHA Medical Benefits Package.

Referral: Care must be ordered by a VA provider for Veterans who meet clinical need for the service.

Payment*: Co-pay may be charged for Adult Day Health Care, Homemaker/Home Health Aide, Purchased Skilled Care, Community Respite or GEM, based on Eligibility/Means Test.

***Contact Team Social Worker/Care Manager to assist Veteran to complete Application for Extended Care Benefits (VA Form 10-10EC).**

Target Population: Veterans needing skilled services, case management, and assistance with Activities of Daily Living (ADL) or Instrumental ADL (IADL); isolated or experiencing caregiver burden

NOTE: H&CBC services may be used in combinations

Adult Day Health Care (ADHC): congregate, group health maintenance/rehab services. Actual mix of services varies. VA-provided or -Purchased.

**** Indications:** social isolation, ADL/IADL dependencies; close follow-up/care coordination; caregiver stress; at risk for nursing home care.

Home-Based Primary Care (HBPC):

comprehensive longitudinal primary care by VA interdisciplinary team at the home of a Veteran with complex chronic disabling disease when routine clinic based care is not effective.

**** Indications:** can benefit from interdisciplinary team, close monitoring, care coordination and caregiver support; frequent Urgent Care visits; hospitalizations or at-risk for nursing home care.

Purchased Skilled Home Care --provided in home via contract agencies to homebound Veterans in need of skilled services (e.g., Nursing, PT, OT, or Speech Therapy), or Social Services.

****Indications:** need for short- or long-term in-home skilled care services; difficulty traveling or excessive distance to VAMC for outpatient care.

Homemaker and Home Health Aide (HM/HHA):

personal care services in home using public and private agencies for patients who meet criteria for nursing home placement.

****Indications:** needs assistance with ADL or IADL.

Respite Care temporarily relieves spouse or other caregiver from burden of caring for chronically ill or

disabled Veteran at home. Respite Care can be arranged for in-home or nursing home/hospital.

****Indication:** Caregiver stress

Home Hospice Care --provided by Community Hospice agencies. Comfort-oriented, supportive services in home for Veterans in advanced stages of incurable disease. Bereavement care available to family following patient's death. Services provided by interdisciplinary team 24 h/day, 7day/week

**** Indications:** chronic progressive disease with life expectancy of 6 months or less.

Home Telehealth--can coordinate Veterans' total care to maintain independence by managing chronic illnesses cost-effectively with electronic support.

****Indications:** need for close monitoring of vital signs and/or frequent communication with veteran or caregivers.

Contact Care Coordn/Telehealth Service

"Geriatric Evaluation" (GE): assessment and care plan development—**MUST BE AVAILABLE to all veterans who may benefit.** Offered in GEM, HBPC, Geriatric Primary Care, and other programs meeting specific staffing criteria.

Geriatric Evaluation and Management (GEM) for older Veterans with multiple medical, functional, and psychosocial problems and/or geriatric syndromes (e.g., falls). Provided in inpatient or outpatient setting by interdisciplinary team.

Geriatric Primary Care for frail elderly Veterans whose **care needs are not adequately addressed in Primary Care Clinics** due to complexity/behavior.

Hospice-Palliative Care Consultation Team:

Required at all facilities--assist

Veterans/families/staff

with chronic disease care & end-of-life issues.

Specialty Clinics & Other Resources

Dementia Clinics: provide consultation related to diagnosis and treatment; family interventions

Geriatric Problem-Focused Clinics focus on clinical challenges associated with geriatric syndromes

Geriatric Research, Education and Clinical Centers (GRECCs)--20 Centers of Excellence responsible for increasing knowledge on aging; develop improved clinical services; educational activities targeting VA staff and trainees from the full range of health disciplines.

Who is Eligible for VA Nursing Home Care?

Eligibility and admission criteria are unique to each venue of nursing home care. Details on eligibility can be found at www.va.gov/elig

Referral: Contact your team **Social Worker** or your local GEC department.

Payment: Under the Millennium Health Care Act, 1999, VA must pay full cost of care for Veterans who require nursing home care and meet the following criteria:

- Service-Connected (SC) disability rating of 70 percent or more; OR
- Needs nursing home care for a SC disability; OR
- Rated 60 percent SC and is either unemployable or has an official rating of "permanently and totally disabled."

Nursing Home Care can be provided to other Veterans if space and resources are available thru the following settings (next panel):

VA Community Living Centers: located on or near VA Medical Centers, provide a dynamic array of **short stay** (<90 days) and **long stay** (>91 days) services.

- Short stay services:** skilled nursing, rehabilitation, respite and hospice care.
- Long stay services:** dementia care, spinal cord injury care, and long term maintenance care.
- Admission priority** for those with SC conditions.
- Non-Service Connected (NSC) veterans** may be provided **short term nursing home care** if space and resources are available.
- NSC Veterans** may be responsible for the LTC "Institutional Co-pay" for nursing home care including Respite and GEM, based on Eligibility status and Means Test criteria.

Contact **Social Worker** to complete *Application for Extended Care Benefits (VA Form 10-10EC)*.

Community Nursing Home (CNH) Program: contracts for care of Veterans in community nursing homes approved by VA. The CNH program makes it easier for some Veterans to remain closer to families. GEC provides quality oversight.

State Veterans Home (SVH) Program: a grant program in which VA pays part of the daily charge for nursing home care. SVH may admit non-veteran spouses and gold star parents. Admission criteria differ by state. VA surveys state homes for compliance with VA standards.

Emerging Programs

Medical Foster Home (MFH) --a variant of Community Residential Care: home chosen by Veteran who is unable to live independently. A means to receive family-style living with room, board, personal

care. MFH Veterans are enrolled in HBPC.

****Indications:** medical supervision needs; socially isolated; multiple medical issues/complex care needs.

Veteran-Directed Home & Community Services (VDHCS) provide Veterans of all ages opportunities to receive H&CBC services in consumer-directed fashion, enabling them to avoid nursing home and continue to live in home/community. Offered in collaboration with the Administration on Aging.

****Indications:** Motivated for self-directed care; needs assistance with personal care services, chore services; ADL/IADL dependencies; at risk for requiring nursing home care.

Caregiver Support Programs: VA Resources and Community Partnerships (Alzheimer's Association) vary by facility. Caregivers play key roles in helping high-risk veterans remain safely at home. GEC promotes expansion of Caregiver efforts through various venues.

****Indications:** Caregiver burden and stress; can benefit from period of relief

National GEC Points of Contact (POCs)

(red letters refer to each POC's programs; contact info in Outlook)

James F. Burris, MD (Chief Consultant, GEC)

Rick Green, MSW (Adult Day Health Care) **(A)**

Tom Edes, MD (Director, Home and Community Care) **(B)**

Dan Schoeps (Chief, Purchased Care) **(C)**

Scott Shreve, DO (Hospice and Palliative Care) **(D)**

Kenneth Shay, DDS, MS (Director, Geriatric Programs) **(E)**

Susan G. Cooley, PhD (Chief, Dementia Initiatives) **(F)**

Christa Hojlo, PhD (Director, VA Community Living Ctrs) **(G)**

Nancy Quest, RN (Director, State Veterans Homes) **(H)**

This guide was developed for the 2010 Patient Centered Medical Home Summit by a group led by Barb Hyduke, Rosie

Durham, Dwight Nelson, Sam Nasr, and Kathy Horvath.

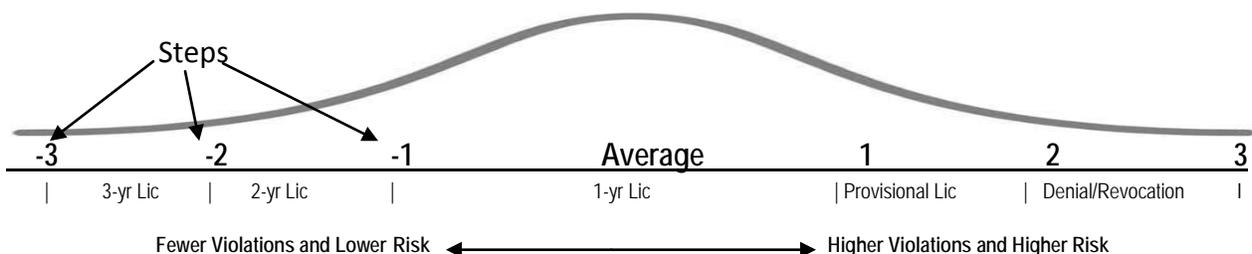
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Performance Standardization Guidance and Tool for Licensure

What Is It? The *Performance Standardization Guidance and Tool for Licensure* was developed to ensure a consistent method for making licensing decisions that are based upon provider compliance. With the performance standardization licensure guidance and tool, decisions are made objectively by comparing the statistical averages of a specific provider’s compliance scores to the scores of other providers statewide.

How is this done? The DOLP Help and Information Network (or DOLPHIN) is a data collection system that calculates and reports the average number of violations per inspection and the average assessed risk scores on violations of health and safety standards annually for each provider and for the state by program type. Licensing staff use these reports to identify the scores for each provider who applies for a renewal of license. The provider’s scores are compared to the License Determination Table, which contains the statewide averages. A license type is then recommended after comparing the provider’s scores to the statewide averages and determining whether there were any negative events during the licensure period such as (1) a sanction, (2) an Intensive Plan of Correction (IPOC) required at any point within the 12 months prior to the expiration date of the license, and/or (3) having an average risk rating score of 6 or higher at renewal (relevant only when considering the issuance of a 2- or 3-yr license).

Examples: If Provider A’s violations and risk scores were on par with the statewide averages, as indicated in the License Determination Table, and there were no negative events as described above, then licensing staff would issue a 1-year license. If Provider B’s violations and risk scores were statistically one step above the statewide averages, then a provisional license would be recommended. If Provider C’s score is two steps above the statewide averages, then licensing staff would consider denying the license application. By contrast (and with the exception of child day care centers that only have the option of a 2-year or provisional license for a renewal), if Provider D’s violations and risk scores were statistically one step below the statewide averages, then a 2-year license would be recommended. Finally, if the scores fell two steps below the statewide averages, then the licensee would receive a 3-year license. Hence, scores falling below (or to the left of) the statewide averages mean fewer violations and lower risk while scores rising above (or to the right of) the statewide averages mean a higher number of violations and higher risk. The graph below illustrates how each license is determined based on the relative position of the step (technically referred to as standard deviations) achieved by a licensee’s averages in comparison to the overall state averages.





12-58

COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman, Director of Administrative Services

DATE: November 22, 2011

SUBJECT: Joint Commission on Health Care – Decision Matrix and Conversion Report

Today the Joint Commission on Health Care (JCHC) released its decision matrix, "Policy Options for 2012 General Assembly Session". The matrix contained only one option related to aging, replicating the James Madison University's Caregivers Community Network. The relevant two page recommendation from the 59 page document is attached.

In addition, the JCHC released its report on Virginia's conversion health foundations for 2010. The conversion foundations had their genesis in a not-for-profit hospital. Attached is a report which identifies on the first page the amount of funds given by each foundation and on the second page the category where the funds were awarded. Congratulations to Crater District AAA for receiving \$30,000 and Peninsula AA for receiving a combined total of \$132,206.

The complete reports can be viewed on the JCHC website at <http://jchc.virginia.gov/meetings.asp>.

Replicating James Madison University's Caregivers Community Network

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In 2009, JCHC conducted the study, *Improving Aging-at-Home Services and Support for Culture Change Initiatives*, and members approved a policy option to include on the JCHC 2010 work plan a staff study of the feasibility of replicating James Madison University's Caregivers Community Network in other areas of the Commonwealth. It was determined that one of the proposed policy options would be to introduce a budget amendment to fund demonstration grants for a two-year period. Consequently, presentation of the study was delayed until 2011 to correspond with the beginning of the two-year budget cycle.

Background

The Caregivers Community Network is a cost-effective and award-winning program that began in 2001 and addresses the need for affordable caregiver services by partnering with James Madison University (JMU). Services, such as personalized in-home companion care and errand running that provides respite for the caregiver, are provided for frail elders and their caregivers on a sliding fee scale. However, 71 percent of the clients are low-income and receive services free of charge. JMU students, as part of an elective course, and community volunteers are trained and assigned to families that have requested services; and most of the budget needs of the program are provided in-kind by the University.

To encourage other Virginia universities and colleges to create their own Caregiver Community Network programs, it is suggested that two to three demonstration grants be awarded via a competitive process that would provide two years of funding to allow schools adequate time to develop and implement the program. After the first two years, the new programs should be sustained using a combination of grants, student tuition, fundraising, and care-recipient fees.

Policy Options and Public Comment

Six comments were received regarding the Caregivers Community Network. The commenters generally explained how valuable the JMU program had been for them and only one specifically addressed the proposed options. Comments were submitted by:

- Lynne Seward on behalf of the Virginia Adult Day Health Services Association (VADHSA)
- Courtney Tierney on behalf of the Virginia Association of Area Agencies on Aging (VAAAA)
- Bernice Stipic
- Ken Lane
- Ginny Joseph
- Barbara Meadows

Option 1: Take no action.

Option 2: Introduce a budget amendment (language and funding) for the Virginia Department for the Aging to provide grant funding of \$370,900 GFs for two demonstration projects to replicate JMU's Caregivers Community Network at other colleges or universities in the Commonwealth.

Option 3: Introduce a budget amendment (language and funding) for the Virginia Department for the Aging to provide grant funding of \$509,400 GFs for three demonstration projects to replicate JMU's Caregivers Community Network at other colleges or universities in the Commonwealth.

Option 4: Include on the JCHC 2012 work plan, a staff study of the availability of respite services for caregivers in the Commonwealth. (Option added by JCHC members)

Lynne Seward on behalf of the Virginia Adult Day Health Services Association commented in support of Option 4.

Four caregivers (**Bernice Stipic, Ken Lane, Ginny Joseph, and Barbara Meadows**) discussed the benefits they and their loved ones received from JMU's Caregivers Community Network Program.

Courtney Tierney on behalf of the **Virginia Association of Area Agencies on Aging** commented in support of "expanding the availability of regular respite in the community with best practices from around the country guiding that work." Ms. Tierney wrote:

"We appreciate the Commission's awareness of the enormous impact that family caregiving has on thousands of Virginians and the demonstrated value of regular respite for those dedicated families....we can validate the importance of regularly scheduled respite in decreasing depression, illness and stress among caregivers, thus increasing coping skills and wellness for both the caregiver and the older family member needing care. With 80% of care in the U.S. provided by family members, we all need to determine the best ways to support these caregivers in their important role without compromising their own health and overall wellness.

...Although a full range of respite services is not available in all Virginia communities, even in areas where it is readily available, resources are underutilized and underfunded. Many caregivers are reluctant to ask for help and paying for that help is a barrier for many who have had to leave the workforce prematurely to take on caregiving.

...We would ask that The Joint Commission on Health Care recommend expanding the availability of regular respite in the community with best practices from around the country guiding that work. We ask that you seek out these successes and work to ensure that our Virginia families can access them. As always, the V4A is most willing and ready to assist in your endeavors."

In a subsequent discussion, Ms. Tierney asked that V4A be included if a JCHC study is approved for 2012. She also asked that the study focus on the most useful support services for family and informal caregivers, whether those services are designated as respite or not. Virginia's 25 area agencies on aging have enjoyed flexibility in designing support programs that address the needs of their family and informal caregivers; however, some of the programs are not designated as respite care services.

Potential Revision of Option 4: *Include on the JCHC 2012 work plan, a staff study of the benefit and availability of support services for family and informal caregivers in the Commonwealth. In completing the study, staff will work with representatives of the Virginia Department for the Aging, the Virginia Association of Area Agencies on Aging, AARP-Virginia, Virginia Alzheimer's and Related Disorders Commission, Virginia Center on Aging, and other stakeholders.*

III. FOUNDATION ACTIVITIES TO IMPROVE HEALTH STATUS

In 2010, Virginia’s conversion health foundations expended a total of \$36.6 million on charitable activities. Of this, \$15.7 million was targeted to programs and activities to improve the health and well-being of residents. Exhibit 2 provides a foundation listing and the corresponding total FY 2010 grant awards targeted to health and human services. Detailed information about each foundation’s 2010 grant awards, including 353 grant listings, can be found in Appendix B.

All of the conversion foundations had their genesis in a not-for-profit hospital. Accordingly, they have targeted a substantial portion of their grantmaking to supporting health and human service-related activities. The foundations have provided an important and often crucial influx of resources to community-based nonprofit organizations throughout their service areas. In so doing, they have become a key force in addressing some of the most complex and multi-faceted health and human issues facing Virginia’s residents.

Exhibit 2. Expenditures on Health & Human Service Activities, FY 2010

Foundation Name	Health & Human Services Expenditures (FY 2010)
The Alleghany Foundation	\$433,379
The Bedford Community Health Foundation	142,328
The Cameron Foundation	2,400,153
Danville Regional Foundation	1,805,067
Greensville Memorial Foundation	47,576
The Harvest Foundation	1,813,600
Jenkins Foundation	1,626,750
John Randolph Foundation	811,135
Obici Healthcare Foundation	1,333,694
Williamsburg Community Health Foundation	3,817,308
Wythe-Bland Foundation	1,488,666
Total Expenditures	\$15,719,656

The categories of funding for these services include, but are not limited to, access to health services, health education and health promotion, human services, nonprofit infrastructure development, health workforce development, capital investments, and planning studies. For this year’s report, the categories were expanded to provide more specificity in reporting. Exhibit 3 illustrates the foundations’ total FY 2010 grantmaking by these categories.

Exhibit 3. Health & Human Services (HHS) Grants by Funding Category, FY 2010

Category of Funding	Amount Awarded
1. Access to Health Services: Medical Care	\$6,705,977
a. Chronic Disease Management	992,246
b. Prescription Drug/Other Medication Access	295,748
<i>Subtotal Medical Care (1+a+b) = \$7,999,971</i>	
2. Access to Health Services: Dental Care	458,675
3. Access to Health Services: Mental Health Care	817,216
4. Substance Abuse Prevention/Treatment	374,500
<i>Subtotal Mental Health (3 + 4) = \$1,191,716</i>	
<i>Subtotal Access to Health Services (1-4) = \$9,644,362</i>	
5. Health Education & Health Promotion	2,377,904
6. Human Services (excludes early childhood & elderly)	1,572,041
7. Early Childhood Development	406,743
8. Services & Support for the Elderly	683,171
<i>Subtotal Human Services (6 + 7 + 8) = \$2,661,955</i>	
9. Infrastructure Development/Nonprofit Capacity-Building	318,796
10. Health Workforce Development	157,029
11. Health & Human Services-Related Capital Investments	120,000
12. Community Needs Assessments & Other Planning Studies	55,500
13. Other: Scholarships, Awards & Community Contributions	384,110
TOTAL HHS GRANTS <i>Total non-capital grants = \$15,599,656</i>	\$15,719,656

The largest proportion of grants was given for projects related to access to health services (62% of non-capital; 61% overall)—a continuing priority for the foundations. This general category includes access to medical, dental and mental health as well as substance abuse services. While