



**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*

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**November 29, 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.**



12-59

**COMMONWEALTH of VIRGINIA**  
*Department for the Aging*

**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Ellen M. Nau, Program Coordinator

**DATE:** November 29, 2011

**SUBJECT:** Intergenerational Programs

**Generations United**

A summary paper has been developed by Generations United to include participant input prior to, during and after the organization's 16<sup>th</sup> International Conference in June, 2011. <http://generationsunited.blogspot.com> Click on the appropriate title: *Generations United Final 2011 Conference Final Product* in the blog archive.

**What Makes an Age Friendly City?**

**Age Friendly City of Manchester, England and U.S. Communities Award Program**  
Manchester, England was designated as one of the first World Health Organization Age Friendly Cities. You can learn more about Manchester and the MetLife Foundation/Generations United Communities Awards program in the United States by attending a webinar on December 8, 2011 at 10 A.M. Applications for the awards program are due on January 31, 2012. Register for the webinar at: <https://www1.gotomeeting.com/register/852918145>

**Family Matters: Multigenerational Families in A Volatile Economy**

A discussion on the multigenerational perspective in America will be held on December 6, 2011 at 10:00 A.M. the National Press Club in Washington D.C. The event will mark the release of Generations United's report on multigenerational families and the economy. The number of Americans living in multigenerational households has surged 10.5 percent in the last 3 years. National speakers, Lynn Friss Feinberg, Senior Strategic Policy Advisor, AARP and Lisa Mensah, Executive Director, Initiative on Financial Security at the Aspen Institute will be the panelists. Darren Gersh, Washington Bureau Chief of PBS Nightly Business Report, will moderate. To attend, contact Generations United at 202-289-3979 or [gu@gu.org](mailto:gu@gu.org) The conference will not be livestreamed, but a video will be available after the session.



12-60

*COMMONWEALTH of VIRGINIA*  
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**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Katie M. Roeper, Assistant Commissioner

**DATE:** November 29, 2011

**SUBJECT:** Grant Opportunity

<http://innovations.cms.gov/initiatives/innovation-challenge/>

The Center for Medicare and Medicaid Innovation CMMI wants to partner for three years with “other care and payment model” innovations that do not match with demonstrations / grant opportunities already announced. CMMI wants to strengthen the current portfolio of models available for providers to test, beyond well-known interventions/programs (ex. Coleman Care Transitions Intervention). Interested parties of all types are welcome to apply with the exception of states.

Grant Objectives:

1. Engage a broad set of innovation partners to identify and test new care delivery and payment models that originate in the field and that produce better, care, better health, and reduce cost through improvement for identified target populations.
2. Identify new models of workforce development and deployment and related training and education that support new models either directly or through new infrastructure activities
3. Support innovators who can rapidly deploy care improvement models (within six months of award) through new ventures or expansion of existing efforts to new populations of patients, in conjunction (where possible) with other public and private sector partners.

Funding Range: No minimum (anticipated \$1 million), Maximum \$30 million.

Key Attributes: Applications, which must further the three aims of CMS (better health, better health care, and lower costs), must have three attributes in line with the three objectives of the grant (listed above):

1. After receiving initial start-up/support, have a sustainable business model
2. Workforce development/deployment (identifying new roles for/retooling existing health professionals, as well as training new types of workers to provide non-clinical care and exploring team-based approaches to better utilize an effective mix of health care practitioners)
3. May be implemented or brought-to-scale quickly (less than 6months)

Evaluation: Evaluation measures should be collected and analyzed on an on-going basis, and enabled where possible by health IT such as certified electronic health records, registries, data analytics and electronic reporting mechanisms. There will be opportunities to access and use Medicare/Medicaid data to evaluate programs.

Each model is expected to generate savings for the total cost of care for the beneficiary population its program affects and applicants must provide detailed financial models explaining the logic driving their forecast cost of care savings. Applicants are encouraged to focus on high risk/high opportunity populations, such as populations with chronic disease and/or mental health or substance abuse issues and including Medicare, Medicaid, and CHIP beneficiaries.

Timeline:

- Early December TBA, Follow-up Webinars on Project Narrative and on Quality Measures and Financial Planning
- December 19<sup>th</sup>, Letters of Intent
- January 27<sup>th</sup>, Applications Due
- March 30<sup>th</sup>, 1<sup>st</sup> Round of Awards
- August 31<sup>st</sup>, 2<sup>nd</sup> Round of Awards (pending further/leftover funds)

Also, of interest, is a Time magazine article on the challenge:

<http://moneyland.time.com/2011/11/21/how-health-care-reform-can-create-jobs-and-cut-costs/>



12-61

**COMMONWEALTH of VIRGINIA**  
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**MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Tim Catherman, Director of Administrative Services

**DATE:** November 29, 2011

**SUBJECT:** Director and Board Notes – Whistleblower and Fraud Waste and Abuse Policies.

Nonprofit agencies are required to by the IRS to have a Whistleblower policy. The *Instructions for Form 990 Return of Organization Exempt From Income Tax* further state that major changes in the policy need to be reported to the IRS. The instructions further state,

A whistleblower policy encourages staff and volunteers to come forward with credible information on illegal practices or violations of adopted policies of the organization, specifies that the organization will protect the individual from retaliation, and identifies those staff or board members or outside parties to whom such information can be reported.

In Virginia state government we have the *Fraud and Abuse Whistle Blower Protection Act*, Section 2.2-3009 of the Code of Virginia. Local governments should have their own policies.

The following are good informational excerpts from the *Online CPA Journal*:

The Association of Certified Fraud Examiners' 2006 "Report to the Nation on Occupational Fraud and Abuse" found:

- More than \$600 billion in annual losses is attributed to fraud.
- Anonymous reporting mechanisms are the antifraud measure with the greatest impact on reducing losses: Companies with anonymous reporting mechanisms reported median losses of \$100,000, while those without reported median losses of \$200,000.
- Tips from employees, customers, and vendors and anonymous tips account for:
  - 34% of the detection of all fraudulent activity;
  - 34% of the detection of fraudulent activity for not-for-profit organizations;
  - 39.7% of the detection of fraudulent activity for government agencies; and
  - 48% of the detection of owner/executive fraud schemes.

BoardSource (formerly the National Center for Nonprofit Boards) and Independent Sector (a leadership foundation for charities, foundations, and corporate giving programs) published a joint report, “The Sarbanes-Oxley Act and Implications for Nonprofit Organizations.” It makes several recommendations:

Nonprofits must develop, adopt, and disclose a formal process to deal with complaints and prevent retaliation. Nonprofit leaders must take any employee and volunteer complaints seriously, investigate the situation, and fix any problems or justify why corrections are not necessary.

### **Developing a Whistleblower Policy**

A whistleblower policy may be drafted and implemented by management, but it should then be submitted to the audit committee or board of directors. The foundation of any whistleblower policy is a clear and specific definition of whistleblowing. Other key aspects of a whistleblower policy include the following:

- **Clear definition of individuals covered by the policy.** A whistleblower policy should cover individuals within the organization as well as external parties who conduct business with the organization. For example, for a university, those covered could include faculty, staff, student employees, vendors, and customers.
- **Nonretaliation provisions.** Whistleblower policies should prevent discrimination or retaliation against employees who report problems. Policies should also include methods to encourage employees, vendors, customers, and shareholders to report evidence of fraudulent activities. In addition, a whistleblower policy should include a disclaimer that anyone filing a claim must have reasonable belief that an issue exists and act in good faith.
- **Confidentiality.** Protecting whistleblowers’ confidentiality is an important part of any whistleblower policy. Confidentiality is of great concern because the goal is to create an atmosphere where employees will feel comfortable submitting their names with claims to allow for further questioning and investigation. Allowing employees to file anonymous claims may increase the possibility of claims actually being reported; however, it may also increase the possibility of false claims being filed. The policy should explain how the claims will be investigated once received and whether the employee should expect to receive any feedback.
- **Process.** A whistleblower policy needs to address the process employees should follow in filing their claims. Organizations may require whistleblowers to direct their claims to a certain person, such as a compliance officer, or, alternatively, to follow a ladder of reporting until they reach the top of management. The latter helps ensure that the employee addresses the claim with a supervisor before heading straight to the CEO or an external party. Specific reporting mechanisms within the process could include telephone or e-mail hotlines, websites, or suggestion boxes.
- **Communication.** A whistleblower policy cannot be effective unless it is communicated to employees, vendors, customers, and shareholders. Employees can be informed through employee handbooks. Training could be

provided internally during the human resources orientation process or by an outside party. Information can be posted throughout the company and on intranet sites. Customer service representatives can be trained to answer questions about the whistleblower policy.

Upon completion of the whistleblower policy, the organization should develop implementation and enforcement mechanisms that are consistent with the policy. Although the first step—creating an environment where a whistleblower will report problems that exist—is the crucial one, to be fully effective a whistleblower policy must be consistently implemented, claims investigated and evaluated, and proper enforcement taken when necessary.

Attached is a sample policy that could be used.

# **Sample Virginia Agency on Aging (VAA) Whistleblower and Non-Retaliation Policy**

## **I. General**

VAA Board resolution: The board of directors approves the inclusion of the following statement in the Employee Handbook, and directs the Executive Director to ensure that it is given to and acknowledged by all employees. In addition, the Executive Director will ensure this **Whistleblower and Non-Retaliation Policy** is posted in the workplace where employer required notices are posted.

VAA's Code of Ethics requires directors, officers, employees, and volunteers to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of VAA, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

## **II. Reporting Responsibility**

It is the responsibility of all directors, officers, employees, and volunteers to comply with and to report violations or suspected violations of the Code of Ethics, VAA policies, or laws in accordance with this policy.

## **III. No Retaliation**

No director, officer, employee, volunteer, or contractor who in good faith reports a violation of the Code, VAA policies, or law shall suffer harassment, retaliation or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns within VAA prior to seeking resolution outside VAA.

## **IV. Reporting Violations**

Directors, officers, employees, and volunteers should share their questions, concerns, suggestions or complaints with someone who can address them properly.

In most cases, employees and volunteers should report to the VAA Executive Director.

However, if an employee or volunteer is not comfortable speaking with the Executive Director or is not satisfied with the response, that employee or volunteer is encouraged to report to any officer of the Board.

## **V. Acting in Good Faith**

Any good faith report, concern or complaint is fully protected by this policy, even if the report, question or concern is, after investigation, not substantiated.

Anyone filing a complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the VAA policy, or law. Any allegations that prove not to be substantiated and have been made maliciously or with knowledge that they were false will be treated as a serious disciplinary offense.

**VI. Confidentiality**

Upon the request of the complainant, VAA will use its best efforts to protect the confidentiality of the complainant for any good faith report. Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

**VII. Handling of Reported Violations**

All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation. The complainant will be informed that follow-up has or is occurring within two weeks after the Executive Director or board officer has received the complaint or report. The Executive Committee shall be informed of all such complaints or reports.

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It is optional, but a good practice to have the employee sign this statement when they are hired. If this option is selected, here is a proposed statement that should be added.

My signature below indicates my receipt and understanding of this Policy. I also verify that I have been provided with an opportunity to ask questions about the Policy.

\_\_\_\_\_  
Employee Signature and Date