COMMONWEALTH of VIRGINIA

Department for the Aging
James A. Rothrock, Interim Commissioner

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May 1, 2012

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COMMONWEALTH of VIRGINIA
Department for the Aging

12-150

MEMORANDUM

TO: Executive Directors,
Area Agencies on Aging

FROM: Tim Catherman

DATE: April 10, 2012

SUBJECT: National Center for Creative Aging Invites Organizational Members to Apply for MetLife Foundation Creativity and Aging in America Technical Assistance Grant

The National Center for Creative Aging is accepting applications for the MetLife Foundation Creativity and Aging in America Technical Assistance Grant.

The program provides grants of $5,000 to develop arts and aging programs in selected communities in the areas of Lifelong Learning, Health and Wellness, and Community Engagement.

Each grant will support 1) Mentorship — the selected site will bring one of the MetLife Foundation Leadership Award Winners to provide onsite technical assistance, mentoring senior staff and helping to train staff, partnering organizations, and community members in developing an arts program in their setting; and 2) Best Practice Forum — a half-day forum bringing together programs, organizations, individuals, and community partners dedicated to arts, education, health, social work, and aging in the community.

Applicants must have 501(c)(3) tax-exempt status (organizations operating under the fiscal sponsorship of another agency are not eligible); have an annual organizational budget of at least $150,000; and be a current NCCA Organizational Member. Organizations selected must demonstrate the capacity to develop an arts and aging program in their setting with sustainability of the program as a goal.

Visit the NCAA Web site for complete program information and application procedures.

Contact:
Link to Complete RFP

1610 Forest Avenue, Suite 100, Richmond, Virginia 23229
Toll-Free: 1-800-552-3402 · 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

12-151

MEMORANDUM

TO: Executive Directors,
Area Agencies on Aging

FROM: Tim Catherman

DATE: April 27, 2012

SUBJECT: *Age in Action*

Here is the link for the spring 2012 issue of *Age in Action*, published by the Virginia Center on Aging and the Virginia Department for the Aging.

The following is an invitation from Ed Ansello to submit articles and other information for inclusion in future editions.

As you know, this quarterly publication has twice been judged to be the best aging-related newsletter in the South. We hope that you agree that this issue lives up to that standard. This issue contains a case study featuring the Fairfax Hoarding Task Force; an essay on dementia care and creation of a helpful video resource; articles on exercise and health, and on TSA assistance to people with disabilities; brief pieces on Road Scholars lifelong learning programs, and on Friendship Cafes; highlights from our Legislative Breakfast; plus editorials, resources, calendar items, and much more.

Each issue of *Age in Action* reaches an estimated 20,000 readers, including professionals in various fields, older adults, advocates, policy makers, educators, and others. I'd like to invite you to consider submitting essays or other pieces that might reach this substantial audience.

Please read and forward this issue to friends and colleagues. Invite them, also, to consider submitting articles, informational notes, Calendar of Events notices, prospective case studies, essays, and other items of interest. As you can readily see, while we publish *Age in Action* in Virginia, much of its content is generalizable to other settings.

We'd be happy to add newcomers to our e-mail distribution list. Tell people that they can write me directly at eansello@vcu.edu and I'll add them.

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COMMONWEALTH of VIRGINIA
Department for the Aging

12-152

MEMORANDUM

TO: Executive Directors,
Area Agencies on Aging

FROM: Tim Catherman

DATE: May 1, 2012

SUBJECT: Area Plan Training – May 22nd

On Tuesday, May 22nd, VDA will offer Area Plan Training. The training will be 2 hours from 10 to noon. We are offering the training by videoconference up to 10 remote sites. Sorry for the limit, but experience has demonstrated that training quality is improved with fewer sites. If you want to be a site, you are responsible for reserving the local video conference room and equipment. Please use local Health Departments or VDOT Residencies.

To request a Videoconference Site, please submit the attached request to Cecily Slasor at Cecily.Slasor@vda.virginia.gov by Friday, May 11th. If we receive more than 10 requests, we may ask that you attend the training at an adjacent location.

Draft Agenda:

- Contract Changes
- Funding Allocations
- Contractor Information Form
- Program Reporting Reminders and Clarifications
    - Title III-D

This training is targeted to individuals who will be completing the Area Plan pages and budget.

If you have any questions, please contact Cecily Slasor or me.

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AAA STAFF PARTICPATING FROM A VIDEO CONFERENCING SITE MUST COMPLETE THIS FORM

Date of Video Conference: May 22, 2012

VIDEO CONFERENCE SITE INFORMATION

Site Name/Location:

Tech Contact Name:

Tech Email:

Tech Phone:

IP ADDRESS (Complete Only If You Are **Not** Participating From a Local Health Dept. or VDOT Site):

AAA STAFF INFORMATION

Participant Name (s):

Email Address of Lead Coordinator (One Email Address Only):

Phone:

COMPLETE AND EMAIL TO CECILY SLASOR AT
Cecily.Slasor@vda.virginia.gov

NO LATER THAN
May 11, 2012

COMMONWEALTH of VIRGINIA
Department for the Aging

12-153

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Amy Marschean, Senior Policy Analyst

DATE: April 23, 2012

SUBJECT: Older Virginians Month Proclamation

Governor McDonnell has named May 2012 as Older Virginians Month in the Commonwealth of Virginia. In the Department for the Aging's continuing effort to go "green," we are providing you with the Older Virginians Month Proclamation in an electronic format that can be used on your websites or in newsletters. I thank all of you who provided input to Commissioner Rothrock about your May activities in honor of this year's theme for May of "Never Too Old to Play." Those creative ideas were captured in the Governor's proclamation and your efforts clearly enrich the lives of older citizens in communities across the Commonwealth. Please forward this to Senior Centers in your area who are likewise recognized for their efforts.

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CERTIFICATE of RECOGNITION

By virtue of the authority vested by the Constitution in the Governor of the Commonwealth of Virginia, there is hereby officially recognized:

OLDER VIRGINIANS MONTH

WHEREAS, there are approximately 900,000 adults in the Commonwealth who are 65 years old or older and this figure is expected to double to more than 1.8 million by 2030, when one in every five Virginians will be age 65 or older; and

WHEREAS, since 1963, the month of May has been designated by the U.S. Administration on Aging as the time for communities across America to express appreciation to older citizens by celebrating their contributions and achievements; and

WHEREAS, this year's theme for May is "Never Too Old to Play," which emphasizes the important role older adults play in sharing their experience, wisdom, and understanding and passing that knowledge on through interactions with children, youth, and adults from other generations; and

WHEREAS, the Virginia Area Agencies on Aging and Senior Centers, integral parts of Virginia's aging network for wellness and supportive services, have embraced this year's theme with events that include dances, picnics, fitness programs, walkathons, Senior Olympics, a Senior Prom, a theatrical performance, and talent and fashion shows; and

WHEREAS, older Virginians should be recognized for and encouraged in their efforts to contribute their skills and knowledge to our Commonwealth of Opportunity through civic, community, and social engagement; and

WHEREAS, older adults who stay physically and socially active and mentally engaged have experienced health benefits, and their participation in community life also enriches the lives of everyone involved, both old and young; and

WHEREAS, the newly established state agency merging the Virginia Department for the Aging and the Department of Rehabilitative Services will create an integrated vision and streamline services and technologies that will assist older adults to participate more fully in their communities;

NOW, THEREFORE, I, Robert F. McDonnell, do hereby recognize May 2012 as **OLDER VIRGINIANS MONTH** in our **COMMONWEALTH OF VIRGINIA**, and I call this observance to the attention of all our citizens.

Robert F. McDonnell
Governor

Janet V. Polarek
Secretary of the Commonwealth

COMMONWEALTH of VIRGINIA
Department for the Aging

12-154

MEMORANDUM

TO: Executive Directors,
Area Agencies on Aging

FROM: Tim Catherman

DATE: April 30, 2012

SUBJECT: National Women's Health Week - May 13, to May 19, 2012

The following is from the Administration on Aging.

National Women's Health Week empowers women to make their health a top priority. It also encourages women to take the following steps to improve their physical and mental health and lower their risks of certain diseases:

* Visit a health care professional to receive regular checkups and preventive screenings http://www.womenshealth.gov/whw/health-resources/screening-tool/index.cfm.
* Get active http://www.womenshealth.gov/fitness-nutrition/how-to-be-active-for-health/.
* Eat healthy http://www.womenshealth.gov/fitness-nutrition/how-to-eat-for-health/.
* Pay attention to mental health http://www.womenshealth.gov/mental-health/, including getting enough sleep and managing stress.
* Avoid unhealthy behaviors, such as smoking http://www.womenshealth.gov/smoking-how-to-quit/ and not wearing a seatbelt or bicycle helmet.

Please join us and spread the word! The US Dept of Health and Human Services, Office on Women's Health, will commemorate the 13th Annual National Women's Health Week from Mother's Day, May 13, to May 19, 2012 with the theme "It's Your Time." National Women's Health Week provides an opportunity to raise awareness and increase access to health care for women across the life cycles. During the Week, community-based and faith-based organizations, tribal nations, state and local departments of health, and grassroots networks work together to bring attention to and create an understanding of women's and girls' health issues; provide free or low-cost health screenings for women nationwide; and educate women about steps they can take to improve their physical and mental health and prevent disease.

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National Women’s Health Week consists of:

a) Women’s Health activities and events, such as community health fairs, health walks, conferences, training sessions, magazine articles, radio and television talk shows that take place around the nation to highlight the health needs of women and girls across the life cycles;
b) Health screenings provided on National Women’s Check-up Day, Monday, May 14;
c) Proclamations by Governors and Mayors to commemorate National Women’s Health Week;
d) Online calendar of community events for National Women’s Health Week.

Want to participate in National Women’s Health Week?

Using the National Women’s Health Week website, you can:

1) Plan- Plan an activity on health needs of women or girls in your community. You will find ideas for different kinds of events, a checklist for planning your event, and information on using a proclamation on the National Women’s Health Week website.
2) Register- To be part of the national calendar of National Women’s Health Week events, register your organization’s event and proclamation.
3) Promote- You can download logos, posters, NWHW fact sheets, press template, e-cards to promote your event
4) Evaluate- Find tools to help determine if your activity met your goals and the needs of your audience

Take the Pledge!

The 10th annual National Women's Checkup Day will be held on Monday, May 14, 2012, during National Women's Health Week. National Women's Checkup Day is a nationwide effort, coordinated by the U.S. Department of Health and Human Services' Office on Women's Health, to:

* Encourage women to visit health care professionals to receive or schedule a checkup.
* Promote regular checkups as vital to the early detection of heart disease, diabetes, cancer, mental health illnesses, sexually transmitted infections, and other conditions.
* Women can participate in National Women's Checkup Day in several ways:
* Women should contact their current doctor or nurse or one of the participating health care professionals to schedule checkups and screening services on National Women's Checkup Day.

* During their checkups, women should discuss with their health care professionals which of the tests are right for them, when they should have them, and how often.
* Women can prepare themselves for their checkups with A Checklist for Your Next Checkup, http://www.ahrq.gov/ppip/healthywom.htm developed by the Agency for Healthcare Research and Quality of the U.S. Department of Health and Human Services.

Women can learn what screenings and immunizations they need and at what age at by using the interactive screening chart and immunization tool.
http://www.womenshealth.gov/whw/health-resources/screening-tool/

COMMONWEALTH of VIRGINIA
Department for the Aging

12-155

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Kathy Miller, Director of Programs

DATE: May 1, 2012

SUBJECT: Unmet Demand for Services Data Collection and Reporting in PeerPlace

Virginia Department for the Aging
Technical Assistance for Unmet Demand for Services Data Collection and Reporting

As of April 1, 2012 the Unmet Demand for Services data collection and reporting will now occur in the NWD Communication, Referral, and Information and Assistance (CRIA) tool. Instead of obtaining a "snapshot" of the unmet service demand in your service area for one month each quarter, you will be able to capture ongoing unmet needs information in the client CRIA Encounter. When an individual is determined to have an unmet need, you will be able to record the need in the system, which will automatically quantify the need for the remainder of the calendar year. This will connect each unit of service demand to a specific individual. As with the previous manual data collection process, you will continue to report only the demand that is actually assessed, reassessed or requested during the client interview/assessment process. There will no longer be a requirement to submit paper reports quarterly to VDA.

Data Collection Requirements

- You are required to collect unmet service demand data that is actually assessed or requested depending on the service and cannot be met at the present time through any AAA program, regardless of funding source.

- Use the UAI (part A or full) to assess need for all of these services except Residential Repair and Transportation.

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- You are required to collect data on only the following six services, if your AAA offers the service:
    - Adult Day Health -- (full UAI)
    - Home Delivered Meals -- (Part A UAI)
    - Homemaker Services -- (Part A UAI)
    - Personal Care -- (full UAI)
    - Residential Repair -- (Quick Form)
    - Transportation -- (Quick Form)

- For each individual with an unmet demand for one of these services, report the
    - Number of unmet service units assessed (hours, meals, one-way trips)
    - For the month in which the assessment was done
    - For every month for the remainder of the calendar year (The system will automatically calculate the unmet need for the remainder of the calendar year.)
    - Indicate the "category" as un-served or underserved.
        - Un-served persons are those who will not receive any of the service they need.
        - Underserved persons are those who will receive less than the assessed amount.

- Do not report maximum possible demand unless that is the actual assessed demand. If an individual has a demand that is partially met by a family caregiver, then the unmet demand should be reduced accordingly. (For example, if a person is assessed to need 1 home delivered meal per day, or 7 per week, but a family member prepares meals on the weekends, the unmet demand would be decreased by 8 meals per month.)

Service Norms

- Adult Day Health – up to 8 hours per day, up to 5 days per week, as assessed
- Home Delivered Meals – up to 2 meals per day, up to 7 days per week, as assessed
- Homemaker – up to 8 hours per week, as assessed
- Personal Care – up to 20 hours per week, as assessed

Reporting

There is no longer a requirement to submit paper reports quarterly to VDA. VDA will be able to run statewide and individual AAA reports in the NWD Tools Application. AAAs

will also be able to run their local agency reports and are encouraged to do so to verify accuracy.

COMMONWEALTH of VIRGINIA
Department for the Aging

12-156

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim Catherman, Kathy Miller, and Elaine Smith

DATE: May 1, 2012

SUBJECT: Revised Title III-D Disease Prevention and Health Promotion Programs Requirements

Virginia Department for the Aging
2012 Title III Part D Older Americans Act Changes
Revised April 30, 2012

Since FY 2001, the federal Appropriations Act required AAAs to use a prescribed portion of their Title III-D funds for medication management, screening, and education services as part of their Disease Prevention and Health Promotion Programs. VDA issued Interim Guidelines in March 2001 to provide guidance. Effective with the passage of the 2012 Appropriations Act, **Medication Management is no longer a required service** with Title III-D funds. **Therefore, the Interim Guidelines are no longer applicable.**

The 2012 Appropriations Act requires, **"Title III Part D Disease Prevention and Health Promotion funds to be used *only* for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective".** This requirement does not apply to funds awarded with the continuing resolution. Therefore, it applies only to a portion of this year's funding. Next year all Title III-D funds will be subject to this requirement.

Recognizing the history of the program and the degree of change, AoA has provided guidance. They have adopted a tiered approach for defining evidence-based programs and activities. The goal is for all Title III-D activities to move towards the highest-level tier.

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AAAs are ***required*** to use Title III-D funds for programs that meet the criteria in one of the three tiers below. Materials used only to inform and educate older individuals about health and wellness activities or events are no longer an appropriate use of funds. Examples include informational brochures, pill boxes, pill cutters, and information and referral.

Minimal Tier

- Demonstrated through evaluation to be effective for improving the health and well being or reducing disease, disability and/or injury among older adults; *and*
- Ready for implementation by community based organizations using appropriately credentialed practitioners.

  Examples: Healthy Eating for Successful Living among Older Adults*; similar programs that prevent or mitigate the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition; and most health screenings qualify if they meet the criteria.*

  This tier includes the following types of minimally evidence-based activities:

  1. *Health screenings conducted by appropriately credentialed practitioners such as registered nurses, physicians, pharmacists, dentists, dietitians, etc.*
  2. *Fitness programs including exercise, physical activity, yoga, tai chi, etc. conducted by instructors credentialed by the appropriate certifying or licensing organization.*
  3. *Medication Management* education programs or screening provided by an appropriately credentialed practitioner (i.e., pharmacists, physicians or registered nurses).
  4. *Nutrition education that is implemented by an appropriately credentialed practitioner* (i.e., dietitians or registered nurses)*.*

Intermediate Tier

- Published in a peer-review journal; *and*
- Proven effective with older adult population, using some form of a control condition (e.g. pre-post study, case control design, etc.); *and*
- Some basis of implementation by community level organizations.

  Example: Eat Better Move More

Highest-level Tier

- Undergone Experimental or Quasi-Experimental Design; *and*
- Full implementation has occurred in a community site; *and*
- Product(s) have been developed and are available to the public.

Examples: Chronic Disease Self-Management Program; Medication Management Improvement System (MMIS). AoA lists more than 25 other programs on their website.

More information including Frequently Asked Questions is available at: http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx

Please amend your Area Plan program Disease Prevention / Health Promotion page to identify which program you will be implementing. Look over your Medication Management page to see if you want to make any adjustment there. If you are making changes that affect the budget pages, please submit a revised budget.

The Area Plan program page for Disease Prevention / Health Promotion page must include the following elements in section A. Service Implementation:

1. The tier of the program you will provide (Minimal Criteria, Intermediate Level Criteria, or Highest Level Criteria)

2. The name of the program

3. A description of the program

4. Qualifications of the instructors or practitioners

5. If the program meets only the minimal criteria tier and does not have a name from the recognized lists, be sure the description of the program clearly includes the following information:

    a. Type of program or service provided (screening, fitness education, medication management, nutrition education, etc);
    b. Health condition(s) the program is intended to improve or prevent;
    c. References or program documentation that show the program, activity, or intervention to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; and
    d. Please retain the credentials or certification of the instructor or practitioner.