



VDA WEEKLY E-MAILING
January 3, 2013

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Introducing the New Weekly E-Mailing

Tim Catherman, Director, Aging Operations

Happy New Year! Welcome to the first edition of the new Weekly E-mailing. We hope you will like the new look. The format is designed to be more user friendly to our many constituent groups. The E-mailing is a forum to keep AAAs and interested parties informed about what is happening in the aging network. The content will continue to include policies and program changes, state-federal and private initiatives, and informational articles. We hope you like the new format.

You will continue to receive the Weekly E-mailing on the second workday of the week. The Weekly E-mailing will be available on the VDA website 48 hours after distribution.

Links to Information on Health Promotion

Elaine Smith, Program Coordinator

Following is a link to a publication from Nebraska Extension that provides information to help older adults eat in ways that help maintain good health: [Healthy Eating and Lifestyle for the Later Years](#) (Source: NebGuide)

Note: The web links in this document may change over time. DARS-VDA 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.

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New toolkits to prevent elderly deaths and injuries: The Centers for Disease Control and Prevention have just released the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) Tool Kit for health care providers. The STEADI Tool Kit was created for health care providers who treat older adults who are at risk of falling or who may have fallen in the past. This tool kit gives providers the information and tools they need to assess and address their older patients' fall risk. The toolkit is available online at: <http://www.cdc.gov/injury/steady>.

NTG-Early Detection Screen for Dementia

Ellen Nau, Program Coordinator

The NTG-Early Detection Screen for Dementia (NTG-EDSD) is a tool that can be used by both families and agencies/organizations to record information about persons with Down syndrome and other intellectual disabilities who may be showing early signs of functional change or cognitive decline. The tool was developed by the National Task Group (NTG) Screening Work Group in response from multiple requests by family caregivers and agencies for a tool useful to record observations of changes in function. These results can then be shared with healthcare professionals to aid in determining a diagnosis. More information and the screening tool is available at <http://aadmd.org/ntg/screening>. A training manual is in development.

SeniorNavigator and Virginia/Navigator News

James A. Rothrock, Commissioner

The National Association of Councils on Developmental Disabilities (NACDD) monthly online newsletter features an article about two successful Virginia programs. Information about the Virginia Board for People with Disabilities grant project with SeniorNavigator is detailed in the article.

December's edition of Field Notes is now available online at <http://itacchelp.org/resources/field-notes/>

Virginia

From October 2009 until September 2011, a Virginia 501c3 non-profit (Senior Navigator) set goals to transform almost 600 existing centers into Virginia Navigator centers. The transition began through a grant from the Virginia Board for People with Disabilities.

Planning was key to success. Through outreach to existing public and private organizations (including focus groups and educational forums to collect the perspectives of people with disabilities), as well as training of existing staff, the model changed. Improving accessibility and implementing person-centered practices



helped expand capacity in locations varying from libraries and community/recreation centers to hospitals, dental offices, and faith-based communities.

Today, Virginia Navigator centers (275 total) offer access to resources for all Virginians, including those with disabilities, their families, and caregivers. Housing referrals, arrangements for medical care, recreation, independent living skills, and transportation are part of the services found across the state. More than 30% of Virginia Navigator centers are located in poverty areas, and 49 are programs within transportation providers. A family of helpful, informative websites, including Senior Navigator and disAbility Navigator, are housed under the Virginia Navigator site. After the grant, training has continued since Virginia Navigator centers experience both staff and volunteer turnover. Senior Navigator plans to transition all centers to Virginia Navigator centers, resulting in growth for the overall program. The project's focus on transportation will allow individuals with disabilities and other consumers a greater level of independence based on enhanced knowledge of available options. To learn more visit: www.virginiannavigator.org/vn

Aging Related Provisions to the Fiscal Cliff

Tim Catherman, Director, Aging Operations

The Fiscal Cliff was averted by the passing of the American Taxpayer Relief Act on Jan. 1. Here are the important takeaways for our network.

AGING RELATED PROVISIONS

- A two month delay in the automatic, across-the-board sequester cuts that were scheduled to take effect with the new year.
- One year delay in a scheduled 27% cut in Medicare physician payments (“doc fix”).
- One year extension of the Qualifying Individual (QI) Program (Section 621) which allows Medicaid to pay the Medicare Part B premiums for low-income Medicare beneficiaries with incomes between 120% and 135% of poverty.
- The bill extends \$25 million in funding for continued community-based outreach and enrollment activities for low-income Medicare beneficiaries and their families(Section 610), including \$7.5 million for State Health Insurance Assistance Programs; \$7.5 million for Area Agencies on Aging; \$5 million to Aging and Disability Resource Centers; and \$5 million to the National Center for Benefits and Outreach Enrollment.



- One year extension of Transitional Medical Assistance (TMA), which allows low-income families to maintain their Medicaid coverage as they transition into employment and increase their earnings.
- Farm Bill funding is extended through Sept. 30, 2013, but State Supplemental Nutrition Assistance Program Education (SNAP-Ed) is cut by \$110 million in FY 2013 to pay for a commensurate increase in dairy producer payments.
- The Community Living Assistance Services and Supports (CLASS) program established by the *Affordable Care Act* is repealed. In its place, a new [Long-Term Care Commission](#) (Section 643), with 15 members appointed by the Administration and congressional leaders, charged with developing a comprehensive plan and legislative recommendations for the establishment, implementation, and financing of a high quality system that ensures the availability of long-term services and supports for individuals.
- Extension of unemployment benefits for an additional year.

TAXES

- Expiration of the 2% payroll tax cut.
- Bush era tax cuts will be made permanent for individuals whose income is less than \$400,000 (and families below \$450,000). Taxpayers earning more would be taxed at 39.6%, up from 35%.
- **Capital Gains:** 15% capital gains tax rate for those under the \$400,000 and \$450,000 threshold and a 23.8% for those above (including the 3.8% increase required under the Affordable Care Act).
- **Itemized Deductions and Personal Exemption:** For individuals making over \$250,000 (and families over \$300,000), there will be a phase-out in itemized deductions (known as Pease) and a personal exemption phase-out (known as PEP).
- **Alternative Minimum Tax:** The AMT will be permanently fixed and indexed it to inflation.
- **Estate tax:** The current \$5 million per-person estate tax exemption would be extended permanently (with the \$5 million indexed for inflation), but the rate would be increased to 40% from the current 35%.



FUTURE DATES:

- **End of February:** The Treasury Department to extension of the nation's \$16.4 trillion legal borrowing limit will be exhausted.
- **Beginning of March:** The automatic spending cuts, split between the military and domestic programs, will take effect if there is no congressional action.
- **March 27:** The Current Continuing Resolution (CCR) keeping the government operating expires.

Funding Opportunity: VA Department of Health, Division of
Prevention and Health Promotion

Elaine Smith, Program Coordinator

Funding Opportunity Name: Making a Healthier Virginia the Priority

Funding Agency: Virginia Department of Health, Division of Prevention and Health Promotion

Project Period: February 1, 2013 through August 30, 2013

Number of Awards: up to fifteen

Award Amount: up to \$4,900 per award

Application Submission: online applications are due by January 25, 2013. The online application is available at <http://www.surveygizmo.com/s3/1118206/Making-a-Healthier-Virginia-the-Priority>

Background: Chronic diseases such as heart disease, cancer, stroke, and diabetes are the most common, costly and preventable health problems that shorten and reduce the quality of life of Virginians across the lifespan. To reduce the burden of chronic disease in Virginia there is a statewide movement to create partnerships and, in unison, work collaboratively to improve the health status and quality of life of Virginians. To accomplish this task, the Virginia Chronic Disease and Health Promotion Collaborative Network created a Shared Agenda in May 2012 attached or available at http://www.excellenceinaging.org/documents/Shared_Agenda_2012_09.pdf

The Shared Agenda is founded in the core values and principles of the National Prevention Strategy (<http://www.healthcare.gov/prevention/nphpphc/strategy/index.html>) and focuses on four priority areas (e.g.,



Active Living, Healthy Eating, Tobacco Free Living, and Clinical Preventive Services). Each priority area has a list of specific evidence-based strategies that can be used to improve the health of individuals, families and communities. The goal of the Shared Agenda is to bring stakeholders together so that they can leverage and share limited resources (e.g., funds, expertise, etc.) to maximize the reach and impact of their efforts.

Project Description: The Virginia Department of Health (VDH) will support projects that align with one of the four priority areas (i.e., Active Living, Healthy Eating, Tobacco Free Living, and Clinical Preventive Services) in the Virginia Chronic Disease & Health Promotion Collaborative Network's Shared Agenda. Projects must involve two or more organizations working together to accomplish a common goal and focus on one recommendation and one strategy under one of the four priority areas.

For example, a project may be under the priority area Healthy Eating, focusing on Recommendation #2 (*i.e. Increase access to healthy and affordable foods in communities*). In this case, the applicant can choose to work on one of the actual strategies listed in the Shared Agenda under this recommendation or select an alternative strategy. In the latter case, the applicant must document the strategy selected is evidence-based (see the National Prevention Strategy (link above) or the Guide to Community Preventive Services at <http://www.thecommunityguide.org/index.html> or the Guide to Clinical Preventive Services, 2012 at <http://www.ahrq.gov/clinic/pocketgd.htm>).

Eligibility:

1. Only organizations or agencies operating and serving Virginia residents are eligible to apply.
2. Applications submitted by members of the Virginia Chronic Disease and Health Promotion Collaborative Network will receive preference.
3. Only electronic applications entered at <http://www.surveygizmo.com/s3/1118206/Making-a-Healthier-Virginia-the-Priority> will be accepted.

Application Due Date: January 25, 2013 by 5:00 pm ET.

Application Guidance:

- All online applications must be complete; incomplete applications will not be considered.
- Applicants must focus on one recommendation and one strategy under one of the four priority areas in the Shared Agenda (i.e., Active Living, Healthy Eating, Tobacco Free Living, and Clinical Preventive Services). If an alternative strategy is chosen, it must be evidence-based.



- Applications must demonstrate that multiple partners (up to five maximum) are involved in implementing the project.
- Unallowable expenses include: personnel costs (salary or fringe); equipment (e.g., computers, printers), meals, cash payments/incentives to recipients for services rendered, clinical health services (e.g., screenings), administrative fees (e.g., phone, building charges, rental fees, etc.), and construction or permanent improvements to any building or other facility.
- Successful applicants will be notified via email by February 1, 2013.
- All projects must be completed by July 31, 2013.
- All invoices with supporting documentation must be submitted by July 31, 2013.
- A final outcome report must be submitted by August 30, 2013. The final report will be submitted using an online format that will be provided to grantees by June 28, 2013.
- All questions should be emailed to Kathy.rocco@vdh.virginia.gov.

**Please distribute this funding notice to other colleagues, organizations, etc. that may be interested.
Thank you.**

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