



VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES



DIVISION FOR THE AGING

James A. Rothrock, Commissioner

VDA WEEKLY E-MAILING

February 12, 2013

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TO: Directors, Area Agencies on Aging

SUBJECT: 2013 Poverty Guidelines

On January 24, 2013, the US Department of Health and Human Services announced updated poverty guideline guidelines for 2013.

The 2013 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family	Poverty guideline
1	\$11,490
2	15,510
3	19,530

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.



4	23,550
5	27,570
6	31,590
7	35,610
8	39,630
For families with more than 8 persons, add \$4,020 for each additional person.	

The [Federal Poverty / VDA Sliding Fee Scale - Majority VA](#) and [Federal Poverty / VDA Sliding Fee Scale - Northern VA](#) charts are in the process of being updated.

If you have any questions about the reporting requirement, please contact Leonard Eshmont or me.

Macular Degeneration Awareness Posters Available for Senior Centers

Tim Catherman, Director, Aging Operations

Please see the information below from Chris Jorgensen of the American Society of Retina Specialists regarding an opportunity for senior centers.

I represent the American Society of Retina Specialists, the largest retinal organization in the world, representing more than 2400 member physicians worldwide. One of the many diseases retina specialists treat is age-related macular degeneration – *or AMD* – the leading cause of blindness and central vision loss in adults 65 and older and a disease that impacts millions of Americans.

To shine a light on macular degeneration, the Society's Foundation has developed a public awareness 2-poster set called 'Got AMD?' These poster are available at no cost to senior centers and other facilities that assist senior citizens. We want you and your colleagues to get a set while supplies last.

View the posters and request them today at <http://www.asrs.org/patients/retina-news/patient-news/63>. February is AMD/Low Vision Awareness Month, making it the perfect time to start displaying these posters in your area.

I look forward to mailing your free set of 'Got AMD?' posters.



Chris Jorgensen
Director of Member and Corporate Communications
American Society of Retina Specialists
20 N. Wacker Drive #2030
Chicago, IL 60606
(312) 477-8869

Sequestration and Important Dates

Tim Catherman, Director, Aging Operations

On Friday the Whitehouse issued a Fact Sheet: Examples of How the Sequester Would Impact Middle Class Families, Jobs and Economic Security". It can be found at <http://www.whitehouse.gov/the-press-office/2013/02/08/fact-sheet-examples-how-sequester-would-impact-middle-class-families-job>.

Important notes in the document include:

- OMB calculates that sequestration will require an annual reduction of roughly 5 percent for nondefense programs and roughly 8 percent for defense programs. Since the reductions must be achieved over seven months instead of 12, the effective percentage rate of reduction is approx. 9% for nondefense programs and 13% for defense programs.
- Nationwide it equates to a reduction of 4 million senior meals.

At the end of January, Congress passed legislation to temporarily increase the federal debt limit until May 19. The intent was to force both the House and Senate to pass their respective budget resolutions by April 15. In so doing, the measure creates two more "fiscal deadlines". The important dates to keep in mind include:

- March 1 - Sequestration is scheduled to take effect
- March 27 -The current six-month FY13 Continuing Resolution (CR) expires
- Late March/Early April - President Obama is expected to submit his FY14 Budget Request to Congress
- April 15 - Deadline for House and Senate to pass their FY14 Budget Resolutions
- May 19 - End of the temporary debt limit suspension

Following up on Today's Management Team Meeting, the link below is the Whitehouse "Fact Sheet: Examples of How the Sequester Would Impact Middle Class Families, Jobs and Economic Security":

<http://www.whitehouse.gov/the-press-office/2013/02/08/fact-sheet-examples-how-sequester-would-impact-middle-class-families-job>

Important Dates:

- March 1 - Sequestration is scheduled to take effect



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Emergency Preparedness Training and Americorps Grant

Katie Roeper

Dear CIL and AAA Directors,

I'm following up on an opportunity that I mentioned to you recently regarding Emergency Preparedness Training and funding for CIL/AAA staff expansion.

DARS is in a unique position to apply for an AmeriCorps Grant that will:

1. Help to better prepare older adults and individuals with disabilities for emergency response;
2. Provide a few CILs and AAAs with some funding to expand capacity; and
3. Offer an opportunity to some older adults and adults with disabilities to sharpen skills and access supplemental income.

We are happy to share that DARS has met with VDEM and has their support and commitment of partnership. After reading the details below, we hope CIL/AAA teams will discuss and co-submit an electronic Letter of Interest to DARS by noon on Friday, February 15, 2013.

Overview:

- Three-Year Grant Project to fund CIL/AAA Emergency Response Training Teams
- Funding will provide minimum wage support for 2 HT (halftime) staff to share a position at CIL and 2 HT (halftime) staff to share a position at AAA.
- The four HT staff will make up the Community Emergency Response Training Team, with a consumer focus on 'Self-preparedness.'
- Training can be a combination of direct-to-consumer assistance and train-the-trainer using volunteers

Requirements:

- While there will be some reporting requirements, DARS is prepared to hire a statewide coordinator using matching funds to carry the burden of reporting requirements.
- While there may be some local financial requirements, DARS is working on options that will reduce and hopefully minimize financial obligations for CILs and AAAs that decide to participate.



- There will be a State-level training requirement for Community Team members, however, VDEM has agreed to work with DARS to deliver training in Richmond and DARS will cover expenses associated with travel, meals, and accommodations related to State-level training of Community Team members.
- All staff hired for the Community Teams must be new. They cannot be currently employed by AAA or CIL. They must be an individual with a disability and/or 60 years or older.
- There will be a requirement to recruit/engage volunteers on some level. This may fit nicely with a Train-the-Trainer model where the Community Team coordinates with groups such as consumer advisory groups; consumer advocacy groups; VICAP; AARP; etc.

Next Steps:

1. CIL and AAA discuss and co-submit an electronic Letter of Interest to Theresa Preda/Katie Roeper, by noon on Friday, February 15, 2013.
2. Include in Letter of Interest the following:
 - Agency names of partnering CIL/AAA Team
 - Counties/Cities to be included in training area
 - Total number of older adults and adults with disabilities in Counties/Cities listed above
 - Average number of individuals (consumers) estimated to be trained per month by 4-person Community Emergency Response Training Team, once Team has participated in State-level training. (Team members may conduct trainings together or individually).
3. Once DARS receives all Letters of Interest, DARS will host a conference call on Tuesday, February 19th, at 1:00 for Executive Directors (or designee) of all interested teams to answer questions and request input for the development of the proposal.
4. Following the conference call, DARS will request a commitment statement from each team that would like to be included in the final proposal.
5. DARS will be responsible for writing the proposal and submitting it with all required documents.
6. Teams included in the proposal will have opportunities to review and provide input on draft and final proposal and will be asked for a formal co-signed Letter of Commitment from Executive Directors of the team.
7. DARS will submit the application on March 6, 2013.

For more information, please contact Theresa Preda or Katie Roeper.

Theresa Preda

Phone: 804-662-7078 or 1-800-552-5019

Email address: theresa.preda@DARS.virginia.gov

Katie Roeper

Phone: (804) 662-7047 or 1 (800) 552-3402

Email address: Katie.Roeper@dars.virginia.gov



Dental Health Resource

James A. Rothrock, Commissioner

Just wanted to remind everyone of a wonderful resource for your agency, clients and staff. Aisha Evans is an Oral Health Educator from the Virginia Department of Health and is available to come to your area with her programming efforts and education. She is a dynamic speaker and extremely knowledgeable. She can work with staff, Congregate meal sites, aides, adult day care attendees and many other groups. She has a variety of materials, visual aids, models and dental health supplies to offer as well.

I know she reached out to the AAA's back in October, but has not received much interest. We have utilized her at LCAAA for In service trainings as well as Meal site dental health programs. She is willing to travel and quite flexible in her schedule. We have her scheduled to visit each meal site and to speak at our In Home Care Annual meeting in July.

She is now exploring a grant opportunity for healthy aging which addresses the healthcare needs of older adults. I encourage you to read her original contact below and give her a call if you are interested.

Gwen

Good afternoon!

I'm Aisha Evans, the new Oral Health Educator and Communication Coordinator for the Virginia Department of Health and I'm looking to build a partnership/relationship with [your organization](#).

To give you some background information, the Dental Health Program (DHP) was awarded grant funding through the Centers for Disease Control and Prevention (CDC) State-based Oral Disease Prevention Program. The primary goal of this grant is to establish, strengthen, and enhance the infrastructure and capacity of states to plan, implement, and evaluate population based oral disease prevention and promotion/awareness programs for our adult population. In short, my job is to heighten awareness about oral health and the links to chronic diseases. Expressing why oral health is imperative to overall health.



Studies have shown that maintaining proper oral health is pertinent to overall excellent health and poor oral health has been linked to many chronic and systemic illnesses, to include cardiovascular disease, diabetes, and of course cancer.

We are striving to bring excellent oral health to all Virginians through public awareness and innovative programs and want the aging population to know they are not forgotten. In order to do this, I'm wanting and needing to reach the high risk population to provide resources, education and awareness, and potential training for community health workers/caregivers. Poor oral health of our nation has been marked by the U.S. surgeon general as a "silent epidemic." The aging population are amongst the highest portion of the population that don't visit their local dentist. This could be for many different reason, lack of teeth, finances and the awareness that it still matters.

I would like to meet with your organization in an effort to work on a partnership to collaborate activities relating to oral health and the linkage to chronic diseases.

If interested, please email me with further guidance and availability. If there are programs that I can become involved in or anything else, please include that information. I look forward to hearing back from you!

Thank you in advance!

Aisha Evans, ASDA, BA
Oral Health Education and Communication Coordinator
Dental Program/Division of Child and Family Health
Virginia Department of Health
109 Governor St-8th fl
Richmond, VA 23219
(804)864-7779
(804) 864-7783 fax
aisha.evans@vdh.virginia.gov



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