

**Report on the Response of the Virginia Department of Social Services to the  
Impact of the Aging of Virginia's Population**

**November 18, 2014**

Virginia Department of Social Services  
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Pursuant to Code of Virginia §§ 2.2-5510 and 51.5-136, the Virginia Department of Social Services submits this report of its progress in addressing the impact of the aging of Virginia's population.

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Commissioner

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Date

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## Executive Summary

Code of Virginia § 51.5-136 (B) (6) requires an analysis by state agencies of how the aging of the population impacts the agency and how the agency is responding. The Department for Aging and Rehabilitative Services (DARS) will consider the analyses to develop a four-year state plan for aging services in the Commonwealth. The Virginia Department of Social Services (VDSS) submits the enclosed analysis for this purpose.

The VDSS mission is as follows: “People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families and communities.” VDSS and its partners, local departments of social services (LDSS) and community action agencies, provide many of the Commonwealth’s critical services, including safety-net programs such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families, child care subsidy, and child support enforcement. Most of these services are locally administered by local departments of social services (LDSS), under the supervision of VDSS.

Public assistance programs administered by VDSS are utilized by older Virginians and will be impacted by the aging population. These programs include, but are not limited to, Medicaid and SNAP. Usage of these programs by older Virginians is noted below:

- In SFY 2014, a total of 140,196 older Virginians were enrolled in Medicaid, including 439 being treated at state and local mental health hospitals. This total represents 12 percent of the 1.2 million people who received Medicaid in 2014. Between SFY 2010 and 2014, the number of older Medicaid recipients increased 11 percent, from 126,361 to 140,196. A similar increase was seen in the total number of Medicaid recipients between 2010 and 2014.
- In SFY 2014, 96,609 older Virginians received SNAP, representing eight percent (8%) of all (1.27 million) recipients enrolled during the year. While the total number of SNAP recipients, regardless of age, increased 19 percent between SFY 2010 and 2014, the increase was much greater – 30 percent – among recipients 60 years and older.

In March 2012, VDSS launched CommonHelp, an online, self-service customer portal through which individuals can apply for benefits and child care assistance. Between July 1, 2014 and September 30, 2014, a total of 59,941 households made an application, change, or renewal transaction through CommonHelp. Nearly six percent (5.6%), or 3,394 applications were made by an individual 60 years or older.

Older citizens also benefit from the Child support Enforcement, Foster Care and Adoption programs:

- As of the end of FFY 2014, the Child Support Enforcement Program had an active caseload of 585,911 adults, including 20,415 individuals who were aged 60 years and older. Older adults represented about three percent of the total caseload.

- Approximately 7,100 children and youth were in foster care at some point during SFY 2014. Within this population, 5,682 children and youth were placed in foster family homes or non-finalized pre-adoptive homes. Fourteen percent or 794 children were placed in homes where either foster parent was aged 60 years or older. In SFY 2013, a total of 778 children and youth were adopted. Among adopted children and youth, 11 percent were adopted by families where at least one parent was aged 60 years or older.

In addition to benefit and service oriented programs, VDSS regulates assisted living facilities and adult day care. On July 1, 2014, there were 539 licensed assisted living facilities and 76 licensed adult day care centers.

Over the next ten years, VDSS anticipates being impacted by the aging population in multiple ways. Because the Commonwealth shares the cost of the Medicaid program with the federal government, a significant influx of state general funds will be needed to address the increased demand. Further, the increase in the number of individuals needing Medicaid will increase workload demands at LDSS. Also, it is presumed that as the population ages, there will be an increase in the number of people who are eligible for SNAP. Individuals in low-wage jobs who may not have qualified for SNAP while employed will most likely qualify based on their lower retirement income.

Virginia will become more demographically diverse and more training will be required to serve older citizens. Technology changes and gaps of knowledge will continue to be a challenge for agencies. As a strategy to address this, 2-1-1 VIRGINIA is considering using texting as a way to communicate with citizens.

The aging population will live longer due to advances in technology and medicine, and older Virginians will need more assistance, for longer periods of time. Agencies at all levels should be projecting the need for the appropriate level of long-term care, emphasizing home-based care within their communities. States, through their public universities, should evaluate the feasibility scholarships for students entering the medical professions who will concentrate on care for the elderly.

VDSS continues to see an increase in the number of grandparents serving as caretakers for their grandchildren. If this trend continues, we will continue to see a greater need for specialized supportive services and financial assistance for these grandparents. The supportive and financial needs of this population are different for these caretakers, and the needed supportive services are mostly non-existent.

### **Agency Description**

The Virginia Department of Social Services (VDSS) mission is as follows: “People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families and communities.” The VDSS envisions a Commonwealth in which individuals and families have access to adequate, affordable, high-quality human/social services that enable them to be the best they can be.

In addition to the state office in Richmond, VDSS operates five regional offices, twenty-two child support district offices, and eight district offices for licensing of adult and child welfare facilities. The VDSS monitors a \$2.1 B budget, comprised of approximately 21% general funds, 41% state funds, and 38% special funds. In addition, approximately \$217 million per year in local matching funds are expended. As of June 30, 2014, VDSS had 1,625 classified employees and 53 wage employees.

The VDSS and its key partners, local departments of social services (LDSS) and community action agencies, touch the lives of one in three Virginians (approximately three million individuals) and more than 112,000 businesses each year. VDSS and partners provide many of the Commonwealth’s critical services, including:

- administering social safety net programs;
- protecting children and adults from abuse and neglect;
- providing subsidized child care that allows parents to work;
- collecting child support to improve the lives of children;
- licensing adult and child welfare facilities to ensure their safety; and
- encouraging work through workforce development services.

### **Primary Responsibilities, Services and Areas of Focus**

VDSS’ most widely used services are safety net programs, which include Supplemental Nutrition Assistance Programs (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid eligibility determination, child support collection, foster care and adoption, child and adult protective services, workforce development for TANF and SNAP recipients through the Virginia Initiative for Employment Not Welfare (VIEW), and refugee services.

Most of these services are administered by 120 LDSS, which VDSS supervises. Other services, including child support collection and licensure of adult and child facilities, are state-only operations. In addition to important individual and family benefits derived from these services, VDSS makes important contributions to the economy. Last fiscal year, child support collections exceeded \$470 million; food stamp benefits (100 percent federal funds) spent in Virginia grocery stores exceeded \$486 million; and more than 14,304 public assistance recipients exited their programs for employment, becoming contributing members of Virginia’s competitive workforce and contributing to Virginia’s tax base.

In addition to supervising/delivering services to citizens of the Commonwealth, specific VDSS divisions provide critical administrative and operational support in order to meet the agency's mission. This includes but is not limited to human resources services for both VDSS and LDSS, finance, general services/procurement, and information systems.

### **Information Requested by DARS**

**1.** Has the agency undertaken any actions to respond to the current and future impact of an aging population, such as needs assessments, strategic planning, or use of best practices, please briefly describe those actions. Also, indicate what assistance from DARS could help your agency as it prepares to serve an aging Virginia population.

While an agency-wide assessment has not been conducted recently, VDSS notes the following focused assessment/planning activities:

- During the past year, listening sessions were held across the Commonwealth that produced the State Plan for Volunteerism and Service. One goal of the plan was to increase service opportunities for adults age 55 or older, including how to use such adults as resources of social capital, and how to utilize their skills and experience to address community needs. A three-year work plan was developed that included partnering with other state agencies, making recommendations for civic engagement and multi-generational education and care, family literacy, and other community based programs that assist older adults age 55 or older to pursue purposeful work in their post-career lives. It is anticipated that VDSS will collaborate with DARS, the Department of Labor and Industry, Virginia Employment Commission, AARP, local agencies on aging, local volunteer centers, institutions of higher education, the faith community and other business and community organizations to increase service opportunities for older citizens.
- VDSS continues to address issues related to kinship care and grandparents as parents. Presently, the "Diversion Workgroup" is looking at diverting children from foster care, generally into the care of grandparents and other relatives, and ways in which practice can support those grandparents who are stepping forward to raise their grandchildren. Virginia has explored the opportunity to obtain a Title IV-E waiver to implement a Kinship Guardian Assistance Program (KGAP) in Virginia for the last several years; however, due to funding issues, this process has not been successful.

**2.** Briefly describe the agency's services that are used primarily by older Virginians and the funding streams (types and amounts) that support those services. If these particular services or funding streams are provided in conjunction with other state or local agencies or other for profit or non-profit organizations, please list them.

Effective July 1, 2013, responsibility for supervising Adult Services, APS and Auxiliary Grant moved to DARS. Primarily, programs currently administrated by VDSS span age groups. Details of VDSS program use by older adults are included in #5, by VDSS division and program.

Services offered through VDSS include geared toward older Virginians include:

- Services to Older Adult Refugees (SOAR) funding assists in providing special services to elderly refugees, particularly to help them get waivers to move towards citizenship or help them with other services/benefits, such as SSI. This three-year grant to community groups has been approximately \$100,000 each year.
- Funds and services are also provided to older citizens through grants and contracts with community based organizations through the VDSS Office of Family Violence, community action agencies (federal Community Services Block Grant), and 2-1-1 VIRGINIA. Funds are distributed to community organizations and used for older citizens based on need and availability. Neighborhood Assistance Tax Credits and Earned Income Tax Credits also benefit older citizens.

3. Identify current agency programs specifically designed to serve older Virginians that fall into any of the categories below:

<b>Category</b>	<b>Programs</b>
Health Care/Wellness	Medicaid-Aged, Blind and Disabled (ABD), and Long Term Care (LTC) components.  Licensure of assisted living facilities (ALF) and adult day care centers (ADC)
Education	Refugee Resettlement, Family Violence, Community Action Agencies, 2-1-1 VIRGINIA, AmeriCorps, Volunteer Network (While these programs were not designed specifically to serve older Virginians, they are of benefit to the population.)
Public safety (including adult abuse prevention)	Refugee Resettlement, Family Violence, Community Action Agencies, 2-1-1 VIRGINIA, AmeriCorps, Volunteer Network, Family & Children's Trust Fund
Recreation	Refugee Resettlement, Family Violence, Community Action Agencies, 2-1-1 VIRGINIA, AmeriCorps, Volunteer Network
Housing	Licensure of assisted living facilities and adult day care centers  Refugee Resettlement, Family Violence, Community Action Agencies, 2-1-1 VIRGINIA, AmeriCorps, Volunteer Network
Accessibility (including Livable Communities <a href="http://www.vadrs.org/vblc/">http://www.vadrs.org/vblc/</a> )	Refugee Resettlement, Family Violence, Community Action Agencies, 2-1-1 VIRGINIA, AmeriCorps, Volunteer Network
Financial Security	A specific provision of the Child Care Subsidy Program calls for eligibility to be determined at the highest income eligibility limit allowed (250% of federal poverty level) for

	<p>individuals acting "in loco parentis." A large portion of this population is grandparents caring for their grandchildren.</p> <p>SNAP, Low Income Home Energy Assistance (LIHEAP), Refugee Resettlement, Family Violence, Community Action Agencies, 2-1-1 VIRGINIA, AmeriCorps, Volunteer Network. Also, close partnership with AARP.</p>
Transportation	<p>Refugee Resettlement, Family Violence, Community Action Agencies, 2-1-1 VIRGINIA, AmeriCorps, Volunteer Network</p>

4. Is the agency able to meet all of the service demands of older Virginians for the services listed above? If there are any instances where the demand for services exceeds your agency’s ability to meet the demand, please indicate the service and the extent of the unmet demand. Also, if your agency maintains waiting lists for services, please provide this information, including the waiting list numbers for each service.

Programs and services administered through the VDSS Division of Volunteer and Community Services, including volunteerism, 2-1-1 VIRGINIA, and Family and Children’s Trust Fund, report that both the number of clients needing services and the complexity of individual needs such as mental health services, food and financial security and transportation, are impacting the ability to meet service demands. Of the callers contacting 2-1-1 VIRGINIA, utility assistance is typically the most requested assistance.

5. Provide the number of persons, by gender if available, who received services from the agency in each of the past five state fiscal years (FY 2010 through FY2014) who fell into the following age ranges: 60-64; 65-74; 75-84; and 85 and older. If your agency lacks specific information about the numbers of older Virginians it serves but has other evidence indicating that it is serving more or fewer older Virginians than it has in the past, please describe the basis for that estimation.

**Benefit Programs**

Applicants for federal Medicaid, TANF, and SNAP receive eligibility and enrollment services through LDSS, with supervision by the VDSS Division of Benefit Programs.

In SFY 2014, a total of 168,819 benefit program recipients were 60 years and older. This represents approximately 10 percent of the 1.66 million people who received benefits in Virginia that year. Older female recipients outnumbered older male recipients by two-to-one (2:1). Compared to SFY 2010, an additional 22,234 older individuals received benefits in 2014, representing a 15 percent increase in the number of recipients. The increase was greater among males (+24%) than females (+11%).

***Benefit Program Recipients Aged 60 Years and Older, by Gender, SFY 2010-2014***

		State Fiscal Year				
		2010	2011	2012	2013	2014
<b>Males</b>	<b>60-64</b>	13,319	15,378	16,854	18,359	19,433
	<b>65-74</b>	18,037	19,130	20,603	21,764	21,788
	<b>75-84</b>	11,434	12,161	12,536	12,762	12,422
	<b>85 and older</b>	4,341	4,553	4,750	4,990	4,736
	<b>Total (60+ years)</b>	47,131	51,222	54,743	57,875	58,379
<b>Females</b>	<b>60-64</b>	19,043	21,022	22,448	23,576	24,529
	<b>65-74</b>	32,741	34,304	36,225	37,512	37,895
	<b>75-84</b>	28,259	28,812	29,112	29,263	28,543
	<b>85 and older</b>	19,397	19,984	20,297	20,382	19,468
	<b>Total (60+ years)</b>	99,440	104,122	162,832	110,733	110,435
<b>Males and Females</b>	<b>60-64</b>	32,365	36,402	39,303	41,935	43,962
	<b>65-74</b>	50,783	53,436	56,831	59,278	59,684
	<b>75-84</b>	39,696	40,977	41,651	42,028	40,967
	<b>85 and older</b>	23,741	24,540	25,047	25,375	24,206
	<b>Total (60+ years)</b>	146,585	155,355	162,832	168,616	168,819

Source: ADAPT. Unduplicated recipient (client) counts obtained from the VDSS Data Warehouse Client Cross-Program Statewide Yearly Analysis report. Includes recipients of Medicaid, TANF, and SNAP. Excludes recipients of Energy Assistance.

Unmet Demand: Demand for Medicaid, SNAP, TANF and other public assistance programs will continue to grow as Virginia’s population ages, health care costs rise, and retiree health benefits are reduced or eliminated.

**Medicaid**

In SFY 2014, a total of 140,196 older Virginians were enrolled in Medicaid, including 439 being treated at state and local mental health hospitals. This total represents 12 percent of the 1.2 million people who received Medicaid in 2014. Between SFY 2010 and 2014, the number of older Medicaid recipients increased 11 percent, from 126,361 to 140,196. A similar increase (+17%) was seen in the total number of Medicaid recipients over the five-year period.

**Medicaid Recipients Aged 60 Years and Older, by Gender, SFY 2010-2014**

		State Fiscal Year				
		2010	2011	2012	2013	2014
<b>Males</b>	<b>60-64</b>	8,103	8,967	9,812	10,764	11,799
	<b>65-74</b>	15,883	16,622	17,585	18,451	18,366
	<b>75-84</b>	10,557	11,106	11,286	11,399	11,186
	<b>85 and older</b>	4,126	4,319	4,440	4,579	4,411
	<b>Total (60+ years)</b>	38,669	41,014	43,123	45,193	45,762
<b>Females</b>	<b>60-64</b>	13,050	13,890	14,624	15,507	16,585
	<b>65-74</b>	29,475	30,647	32,072	33,086	33,166
	<b>75-84</b>	26,448	26,769	26,871	26,827	26,171
	<b>85 and older</b>	18,705	19,242	19,443	19,439	18,507
	<b>Total (60+ years)</b>	87,678	90,548	93,010	94,859	94,429
<b>Males and Females</b>	<b>60-64</b>	21,156	22,859	24,436	26,271	28,384
	<b>65-74</b>	45,363	47,271	49,660	51,539	51,533
	<b>75-84</b>	37,008	37,879	38,160	38,229	37,359
	<b>85 and older</b>	22,834	23,564	23,883	24,021	22,920
	<b>Total (60+ years)</b>	126,361	131,573	136,139	140,060	140,196

Source: ADAPT. Unduplicated counts obtained from the VDSS Data Warehouse Client Cross-Program Statewide Yearly Analysis report.

The majority of older Medicaid recipients belong to one of three case types –ABD, LTC, and Supplemental Security Income (SSI). Certain Medicaid programs are meant to primarily serve older adults and individuals with disabilities. In SFY 2014, 71 percent of LTC recipients and 57 percent of ABD recipients were 60 years and older. In SFY 2014, 60,578 older Medicaid recipients were ABD, 28,857 were LTC, and 44,872 were SSI. A combined total of 134,407 (96%) older adults were in one of these three programs.

Between SFY 2010 and 2014, the number of older ABD recipients steadily increased each year. The numbers of LTC and SSI recipients have either increased by a small percentage or decreased.

**Number of Older Medicaid ABD, LTC, and SSI Recipients, SFY 2010 - 2014**

Medicaid Case Type	State Fiscal Year					% Diff.: 2010 - 2014
	2010	2011	2012	2013	2014	
<b>ABD</b>	49,860	53,370	56,022	59,036	60,578	21%
<b>LTC</b>	29,011	30,163	31,029	31,042	28,857	-1%
<b>SSI</b>	43,907	44,501	44,756	45,095	44,872	2%

Source: ADAPT. Unduplicated counts obtained from the VDSS Data Warehouse Client Cross-Program Statewide Yearly Analysis report.

**SNAP and TANF**

In SFY 2014, 96,609 older Virginians received SNAP, representing eight percent (8%) of all (1.27 million) recipients enrolled during the year. While the total number of SNAP recipients,

regardless of age, increased 19 percent between SFY 2010 and 2014, the increase was much greater – 30 percent – among recipients 60 years and older.

In SFY 2014, 368 TANF recipients -- 0.3 percent (0.3%) of all (144,465) recipients -- were 60 years and older. Between SFY 2010 and 2014, the numbers of TANF recipients overall and aged 60 years and older declined over time (respectively, 20% and 8%).

## LIHEAP

The LIHEAP provides assistance in helping income-eligible households meet their heating and cooling needs. In addition, LIHEAP fulfills requests to assist with heating emergencies (crisis assistance) (e.g., payment for replacement or repair of heating equipment, utility security deposits). Because heating, cooling, and crisis are separate program components with different application processes, the data for each component will be individually reported.

In FFY 2014 (which ended September 30, 2014):

- Heating assistance was provided to 125,294 households, including 45,700 (36%) households with at least one older (60+ years) occupant.
- Cooling assistance was provided to 67,960 households, including 25,966 (38%) households with an older occupant.
- Crisis assistance was provided to 24,359 households, including 6,150 (25%) households with an older occupant.

Examining the last five federal fiscal years, the number of recipient households with older occupants that received either heating or cooling assistance peaked in FFY 2012. For crisis assistance, the number of recipient households with older occupants peaked in FFY 2014.

### *Number of Households (HHs) With Older Occupant\* Receiving Energy Assistance, FFY 2010 - 2014*

Federal Fiscal Year	HHs With Occupant(s) 60 Years and Older			Total HHs (Cases)		
	Heating	Crisis	Cooling	Heating	Crisis	Cooling
<b>2010</b>	46,662	5,191	24,414	143,628	25,196	70,968
<b>2011</b>	47,392	5,727	26,488	143,095	25,727	79,920
<b>2012</b>	48,490	4,273	26,962	145,517	20,022	79,462
<b>2013</b>	47,499	5,203	25,351	137,324	23,142	69,949
<b>2014</b>	45,700	6,150	25,966	125,294	24,359	67,960
<b>% Diff.: 2010 - 2014</b>	-2%	18%	6%	-13%	-3%	-4%

Source: Energy Assistance Program Reports. Total cases data come from the Data Warehouse Case Counts Statewide Summary Report. \* Households with at least one individual aged 60 years or older.

## CommonHelp

In March 2012, VDSS launched CommonHelp, an online, self-service customer portal through which families and individuals can apply for benefits (i.e., SNAP, TANF, Medicaid,

Energy Assistance) and child care assistance. Through CommonHelp, Virginians currently have online access to:

- Screen for potential eligibility,
- Apply for benefits,
- Check the status of applications,
- Report changes, and
- Complete benefit renewals.

Between July 1, 2014 and September 30, 2014, a total of 59,941 households made an application, change, or renewal transaction through CommonHelp. Nearly six percent (5.6%), or 3,394 applications were made by an individual 60 years or older.\*

After submitting an application, change, or renewal (or otherwise closing out a session), each applicant was redirected to an online survey and asked to provide feedback about his or her experience in using CommonHelp. Examining responses from the most recent quarter (July 1, 2014 through September 30, 2014), a total of 1,980 survey responses were received. Nine percent, or 175 responses, came from individuals reporting to be 60 years and older. When asked “how satisfied are you with the online process you just used?”, 37 percent of older respondents said they were “completely satisfied”, compared to 52 percent of younger respondents. Fourteen percent of older respondents reported being “completely dissatisfied” with using CommonHelp compared to 8.5 percent of younger respondents. Compared to the same period a year ago (July - September 2013), older respondents were significantly less likely to report satisfaction with the application tool. However, differences in level of satisfaction were small or non-significant among younger adults. These findings indicate needed improvements in the web application design, content, and functionality to be more “senior-friendly”.

***Perceived Satisfaction With Using CommonHelp Application, by Age of Respondent, 2013-2014***

Quarter When Surveyed	Total Responses	60 + years		"Completely satisfied"		"Completely dissatisfied"	
		Count	% Total	Under 60	60+ years	Under 60	60+ years
<b>Jul - Sep 2013</b>	1,250	109	8.7%	54.0%	49.5%	6.6%	8.3%
<b>Oct - Dec 2013</b>	1,531	161	10.5%	38.2%	31.7%	15.8%	12.7%
<b>Jan - Mar 2014</b>	1,628	171	10.5%	37.8%	39.6%	16.0%	18.3%
<b>Apr - Jun 2014</b>	1,385	123	8.9%	42.6%	39.3%	11.5%	10.7%
<b>Jul - Sep 2014</b>	1,980	175	8.8%	52.1%	36.6%	8.5%	14.0%
<b>% Pt. Diff.</b>				-1.9	-12.9	1.9	5.7

Source: CommonHelp Customer Survey (web-based survey responses collected as of 10/21/2014). “% Pt. Diff.” refers to the percentage point difference between the first quarter (July – September 2013) responses and the last quarter (July – December 2014) responses.

\* The age (in years) was computed for the person identified as the lead on each application. Because birth dates could have been mistakenly entered, 15 individuals who had a computed age greater than 100 years were omitted.

## Child Care and Early Childhood Development

Although the majority of heads of households receiving child care subsidy assistance are of child bearing age, older citizens are also served by the program. In SFY 2014, 359 (1.4%) of the 26,081 families served by the program were headed by individuals 60 years or older. Compared to last year, the number of families headed by older adults increased 42 percent in 2014.

### *Number of Families Receiving Child Care Subsidy Assistance With Older Head of Household (HH), SFY 2013 - 2014*

		All Families Served	Older Heads of Household (age in years)				Total (65+)	% Families Served – Older HH
			60-64	65-74	75-84	85+		
SFY 2013	Males		11	10	0	1	22	
	Females		166	50	4	11	231	
	Total	25,626	177	60	4	12	253	1%
SFY 2014	Male		17	14	0	1	32	
	Female		227	82	5	13	327	
	Total	26,081	244	96	5	14	359	1.4%
% Diff.: 2013 - 2014		2%					42%	

Source: VaCMS. "All families served" are unduplicated counts.

VDSS provides professional development opportunities for child care providers, including on-line courses through the Community College Workforce Alliance (CCWA) and scholarships to take college classes. Since 2007, CCWA has a total of 203 child care course students who were age 60 years or older on record. This information is not available broken out by state fiscal years.

For the Child Care Scholarship Program, 450 student records for the fall 2014 semester were reviewed. Nine scholarship recipients were in the 60–64 year age bracket, and one scholarship recipient was in the 65–74 year age bracket. Scholarship program students are recurring students and VDSS would project that other semesters have similar representation.

### Unmet Demand

As heads of households stay in the workforce longer, demand for child care subsidy could increase for aging clients caring for grandchildren.

## Child Support Enforcement

The Division of Child Support Enforcement (DCSE) helps to locate non-custodial parents and their income (through their employers) and assets, establish paternity, establish and/or adjust child support obligations, enforce child support and medical support obligations, and collect and disburse child support and medical support payments. Program participants include custodial

parents (CPs), non-custodial parents (NCPs), and “children”. [Child participants will not be discussed.] Presumably, some of these “parents” include grandparents who have legal custody of their grandchildren.

As of the end of FFY 2014, the DCSE program had an active caseload of 585,911 adults, including 20,415 individuals who were aged 60 years and older. Older adults represented about three percent of the total caseload. Custodial parents represented two-thirds of all older participants (13,267 vs. 7,148). Although the overall caseload decreased eight percent between FFY 2010 and 2014, the number of older participants increased 12 percent. Increases occurred among custodial and non-custodial parents, especially among female custodial parents.

***Number of Custodial Parents (CPs) and Non-Custodial Parents (NCPs) Receiving Child Support Enforcement (CSE) Services, FFY 2010 - 2014***

		Federal Fiscal Year*					% Diff.: 2010 - 2014
		2010	2011	2012	2013	2014	
<b>All CSE Participants</b>		633,911	625,203	617,079	609,170	585,911	-8%
<b>60 Years and Older</b>	<b>CPs</b>	12,118	12,470	12,792	13,305	13,267	18%
	<b>NCPs</b>	6,076	6,426	6,807	7,366	7,148	9%
	<b>Total</b>	18,194	18,896	19,599	20,671	20,415	12%
<b>% 60+ Years</b>		2.9%	3.0%	3.2%	3.4%	3.5%	

Source: Division of Child Support Enforcement (DCSE), APECS. Excludes child participants. \*Represents active caseload as of end of September in each federal fiscal year.

***Number of Older (60+ Years) CPs and NCPs Receiving CSE Services, by Gender, FFY 2010 - 2014***

		Federal Fiscal Year*					% Diff.: 2010 - 2014
		2010	2011	2012	2013	2014	
<b>CPs</b>	<b>Female</b>	10,746	11,082	11,385	11,848	11,845	39%
	<b>Male</b>	1,372	1,388	1,406	1,455	1,422	17%
<b>NCPs</b>	<b>Female</b>	140	153	164	184	194	10%
	<b>Male</b>	5,936	6,273	6,643	7,182	6,954	4%

Source: DCSE, APECS. \*Represents active caseload as of end of September each federal fiscal year. Excludes child participants. Gender was not reported for one participant in 2012 and two participants in 2013.

Unmet Demand

As the Commonwealth’s population continues to age, there will be an impact on the participation of older individuals. However, other social and demographic factors also will play a part.

**Community and Volunteer Services**

**Domestic Violence**

Victims of domestic violence receive safe shelter, support groups, and counseling services through community-based programs supported by VDSS grant funds. In SFY 2014:

- 2,964 adults aged 60 years and older called the Domestic Violence telephone hotline;
- 608 adults aged 60 years and older received advocacy services; and
- 84 adults aged 60 years and older stayed in a shelter. (Note: This number may include homeless individuals who are not necessarily fleeing from domestic or family violence. Approximately 12% of occupants are in shelters for reasons other than violence.)

### Community Services Block Grant

In FFY 2013, the most recent year for which we have available data, a total of 25,691 individuals receiving services from providers funded by the Community Services Block Grant (CSBG) were aged 55 years and older. This represents 18 percent of all CSBG-funded service recipients. Although we have seen a decline in the number of recipients overall and among older age groups, the proportion of recipients who were older grew slightly over the last three fiscal years.

#### *Number of CSBG Service Recipients Aged 55 Years and Older, FFY 2011 - 2013*

	Age Group	Federal Fiscal Year			% Diff.: 2011 - 2014
		2011	2012	2013	
<b>Older Recipients (55+ years)</b>	<b>55-69 years</b>	19,406	17,977	16,476	-15%
	<b>70+ years</b>	10,151	10,006	9,215	- 9%
	<b>Total</b>	29,557	27,983	25,691	-13%
<b>All Recipients*</b>		211,163	164,510	142,509	-33%
<b>% 55 Years and Older</b>		14%	17%	18%	

Source: Community Service Block Grant Information System. \* Refers to people served for whom age was reported.

### Refugee Resettlement

In FFY 2014, a total of 69 refugee arrivals, or almost three percent of the total number of arrivals served for the year, were aged 60 years and older. The number of older refugees and the percentage of the total population of refugees have been declining since FFY 2011.

#### *Number of Virginia Refugee Arrivals by Age Group, FFY 2011 - 2014*

Age Group	Federal Fiscal Year				% Diff.: 2011 - 2014
	2011	2012	2013	2014	
<b>Under 60 years</b>	1,798	1,989	1,909	2,259	26%
<b>60 years and older</b>	124	101	106	69	-44%
<b>Total</b>	1,922	2,090	2,015	2,328	21%
<b>% 60+ years</b>	6.45%	4.83%	5.26%	2.96%	

Source: Virginia Newcomer Information System (VNIS). Age as of date of entry into U.S. during federal fiscal year.

## Family Services

### Adult Services/Adult Protective Services

As of July 1, 2013, the Adult Services/Adult Protective Services (AS/APS) programs are now under the jurisdiction of the Department for Aging and Rehabilitative Services (DARS). Although clients for these programs have continued to be enrolled and served through LDSS, the state program administrative functions moved to DARS.

### Foster Care and Adoption

Approximately 7,100 children and youth were in foster care at some point in time during SFY 2014. Within this population, 5,682 children and youth were placed in foster family homes (relative or non-relative) or non-finalized pre-adoptive homes. Fourteen percent, or 794 children and youth, were placed in homes where either foster parent was aged 60 years or older. Most of these children and youth (79%, n=626) were staying with non-relative foster care families (Source: Division of Family Services, SFY 2014 AFCARS report).

In SFY 2013, a total of 778 children and youth were adopted. Among adopted children and youth, 11 percent were adopted by families where at least one parent was aged 60 years or older. In 2012, 13 percent, or 98 of 740 children and youth, were adopted by families with at least one older parent (Source: Division of Family Services, OASIS).

### Licensing

The Division of Licensing Programs licenses adult care facilities, including ALF) and ADC. On July 1, 2014, there were 539 licensed ALFs with 32,682 beds and 76 licensed ADCs with service capacity of 2,823. On July 1, 2010, the totals were 549 licensed ALFs with 31,275 beds and 67 licensed ADCs with capacity for 2,823 individuals. Compared to 2010, the number of licensed ALFs decreased by two percent (-2%), while the number of beds increased four percent (+4%) by 2014. Over the same five-year period, the number of licensed ADCs increased 13 percent (+13%), while service capacity increased 39 percent (+39%) by 2014.

#### *Number and Capacity of Adult Day Centers (ADC) and Assisted Living Facilities (ALF)\*, SFY 2010 - 2014*

State Fiscal Year**	Adult Day Centers (ADC)		Assisted Living Facility (ALF)	
	Count	Capacity	Count	Capacity
2010	67	2,823	549	31,275
2011	67	3,000	554	31,964
2012	77	3,449	557	32,490
2013	77	3,791	539	32,091
2014	76	3,928	539	32,682
<b>% Diff.: 2010 - 2014</b>	13%	39%	-2%	4%

Source: DOLPHIN, Active Caseload Report. \* Excludes pending new licensing applications. \*\* These represent point-in-time counts on July 1 of each year.

6. Referring to the services or funding you described in item two, describe any services or funding provided to older Virginians for which the accessibility or availability varies considerably in different parts of the Commonwealth.

- The SOAR Program that serves refugees struggles to find service providers and agencies that have the linguistic and cultural capacity to serve refugees and immigrants. The availability of services under this program varies greatly between the regions of the Commonwealth based on the diversity of the community.
- Benefits are delivered consistently across the Commonwealth. There are no areas where services are not available. That being said, the elderly may have barriers to accessing available services due to transportation limitations, especially in rural areas, and health care issues, including diminishing mental and physical capacities.

7. Over the next five to 10 years, in what ways do you anticipate that an aging population will impact your agency's services, funding streams, or policies? Consider the impact from an increase in the number of older Virginians and whether the needs of older Virginians will differ from those of today's older adults. Please include any anticipated impacts upon the cost of services, changes in type of services or the manner of service delivery, or modifications to agency policies, staffing needs, or procedures.

- Medicaid will be significantly impacted by the increase in the number of individuals requiring assistance through the ABD and LTC components of the Medicaid program. Because the Commonwealth shares the cost of the Medicaid program with the federal government, a significant influx of state general funds will be needed to address the increased demand. Failure to provide the necessary funding will result in a decrease in the level of services provided to individuals in these categories.

The increase in the number of individuals needing Medicaid will increase workload demands at LDSS. While it is unknown what Congressional actions will be made to reduce caseloads in other programs between now and 2030 (primarily SNAP), if all things remain constant there will be a need for additional general funds for eligibility administration for the Medicaid program. Further, it is presumed that as the population ages, there will be an increase in the number of people who are eligible for SNAP; individuals in low-wage jobs who may not have qualified for SNAP while employed will most likely qualify based on their lower retirement income. Because the federal government currently pays for all SNAP benefits, it is not anticipated that there will be a general fund impact (assuming the program is not changed to a block grant.) However, this will impact local eligibility administration for SNAP requiring an increase in general funds, to ensure LDSS can determine eligibility in accordance with federally prescribed timelines.

- There will be an increase in the number of households receiving assistance through LIHEAP; the effect of this increase will be twofold. First, because LIHEAP is a block grant, the increased participation alone will reduce the benefit amount to all eligible households. Further, because LIHEAP benefits are calculated on a point system,

households with an elderly member get the highest points in the vulnerability category, so an increase in elderly participants will dilute the benefit to households without an elderly member.

- Relative to licensure of assisted living facilities and adult day care facilities, with the anticipated population growth prompting the need for more facilities, VDSS anticipates the need for increased licensing staff.
- As Virginia becomes more demographically diverse, more training will be required to serve older citizens. Technology changes and gaps of knowledge will continue to be a challenge for agencies. For example, 2-1-1 VIRGINIA is considering using texting as a way to communicate with citizens. The agency will need to review the method in which it promotes, trains, and engages seniors at both the state and local level. Additionally, more collaborative effort is needed from both community organizations that serve seniors and organizations that have resources to assist seniors.
- Due to advances in technology and medicine, people are living longer. In 1960, the life expectancy in the United States was 69.8 years. By 2011, the life expectancy in the United States increased to 78.6. As life expectancy increases, individuals will both need assistance/services for a longer period of time, and they will also absorb more medical interventions, including more advanced medical interventions which are more costly. There will be a need to better coordinate care available to the elderly to ensure a better quality of care as well as to best utilize resources
- VDSS continues to see an increase in the number of grandparents serving as the caretakers for their grandchildren. If this trend continues, we will continue to see a greater need for supportive services to this population. The financial resources and types of supportive services needed are different for these caretakers. They still need the services for the children they are caring for (i.e. counseling for the children, physical and mental health appointments, extra-curricular activities); however, they also lack significant financial resources to meet these needs, there are generational gaps between grandparents and grandchildren, parenting support questions are different, etc. These support services are mostly non-existent.

**8.** Please describe the primary steps that should be taken at the federal, state, or local levels to meet the future demands of older Virginians and to make services delivery more effective and efficient.

- Many community based groups that serve seniors could benefit from closer collaborations with other partners. Many of these groups need additional training and technical assistance in ways to access grant funds, organizational capacity building, and evaluation. Federal and state funders are becoming more stringent in performance measurement and outcome reporting. There is concern that many senior groups will not be funded in the future unless they can find a way to meet reporting requirements.

- Increased life expectancy will also mean more individuals will require long-term care services (in-home care, assisted living and nursing home care.) They will also need these services for a longer period of time resulting lower turnover rates which could result in a shortage of appropriate care facilities. Government agencies at all levels should be assessing and projecting the need for the appropriate level of long-term care emphasizing home-based care within their communities. Additionally, because of the unique medical needs of the aging population, the availability of physicians and associated medical practitioners specializing in geriatric care must be evaluated. States, through their public universities, should evaluate the feasibility scholarships for students entering the medical professions who will concentrate on care for the elderly.
- Auxiliary Grant (AG) reimbursement rates do not cover the actual cost of providing a minimum standard of living for residents of assisted living facilities, which threatens to reduce the already limited number that accept AG recipients.
- Relative to kinship care provided by older adults, support will be needed to establish KGAP, or an alternative version of the program in Virginia. Specialty services to support this population will need to be established. A thorough review of the kinship approval standards for foster parents will be undertaken, the purpose of which will be to increase the ability of relatives (especially grandparents) to meet these standards.

**9.** Identify the extent to which your agency provides “customer-oriented” publications and websites that are designed to be “senior-friendly.” If the information you currently provide is not readily accessible to older Virginians, please identify any steps your agency is taking to improve their access to this information.

- VDSS maintains Level A conformance to Web Content Accessibility Guidelines 1.0, making the public website more accessible to users with disabilities. In addition, TTY/TTD numbers appear on printed forms and web pages.
- The 2-1-1 VIRGINIA website is currently going through an enhancement that will allow for easier navigation for seniors. The site will notify users when they are about to follow a link to another website and, when possible, open these external links in a separate browser window or tab to provide an easy return method. The site is being designed to meet all state and federal accessibility guidelines, and will be coded to optimize compatibility with JAWS and other common assistive devices. The website will enable visitors to dynamically resize text through their browser and/or through onscreen prompts. A translation tool is being built into the website and will offer feature a mapping tool for seniors to more easily determine the location/distance of the service.
- In addition, VDSS maintains a user-friendly directory of licensed assisted living facilities and adult day care centers. Consumers are able to view results of licensing inspections and other helpful information to assist older adults and their families in making decisions.

**10.** Describe any other services or programs that your agency plans to implement in the future to address the impact of the aging of Virginia’s population. N/A

**11.** Please indicate if your agency is experiencing an increase in employees retiring later and describe any actions your agency is taking or plans to take to accommodate its aging workforce with innovative practices

The VDSS retirement rate fluctuated between two to four percent between fiscal years 2012 and 2014. This is while the retirement rate for the Commonwealth has been steady, at 2 to 2.7 percent. For fiscal year 2014, the agency's retirement rate is 2%, slightly below the Commonwealth average of 2.2%. The rate spiked to 4% in fiscal year 2013.

To accommodate the aging/retiring workforce, the agency will hire a Workforce Planner to develop and execute the agency's succession plan. This will include identification of positions at risk of turnover and development of knowledge transfer plans to retain key institutional knowledge/skills. The agency also plans to explore the use of internships where appropriate.