



VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES



DIVISION FOR THE AGING

James A. Rothrock, Commissioner

VDA WEEKLY E-MAILING

December 22, 2015

Table of Contents

[ACL News & Information](#)

[NASUAD Weekly Update](#)

[Prince William Job Posting](#)

[Giving Up the Keys: Campaign Helps Seniors Stay Independent After Driving](#)

[Disease Prevention-Health Promotion Service Standards](#)

[IRS Standard Mileage Rate for 2016](#)

[House and Senate Regional Budget Hearings](#)

[Lindsay Institute for Innovations in Caregiving Co-Founder Honored](#)

[NASUAD Friday Update Archive and Subscription](#)

ACL News & Information

Here is a link to news & information from the Administration for Community Living (ACL):

<http://www.acl.gov/NewsRoom/NewsInfo/Index.aspx>

NASUAD Weekly Update

Here is a link to the weekly update from NASUAD:

<http://www.nasud.org/newsroom/friday-update>

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.

1610 Forest Avenue • Suite 100 • Henrico, VA 23229

Office 804.662.9333 • Toll free 800.552.3402 • TTY users dial 711 • Fax 804.662.9354



Prince William Job Posting

Tim Catherman, Director of Aging Operations

Prince William AAA is recruiting a part-time Communication, Referral, and Information and Assistance (CRIA) Services Coordinator. The advertisement is posted on the county website at:

<http://agency.governmentjobs.com/pwcgov/default.cfm?action=viewJob&jobID=1306099>.

The closing date is December 23, 2015.

Giving Up the Keys: Campaign Helps Seniors Stay Independent After Driving

Tim Catherman, Director of Aging Operations

-A new campaign launched Tuesday by the National Association of Area Agencies on Aging aims to help older adults realize when giving up driving may be the safest choice and make the transition to public transportation or other ways of getting around.

[Giving up the keys: Campaign helps seniors stay independent after driving](#)

USA TODAY

Disease Prevention-Health Promotion Service Standards

Nicole Keeney, Nutrition Program Coordinator

[Attached](#) is the final draft of the DP-HP service standard revision. Please review and have any final comments to me by 12/31/15.

I will post the final to the website in the beginning of the year.

Thank you and Happy Holidays!

Nicole Keeney RD, LDN
Nutrition Program Coordinator
804-662-9319



IRS Standard Mileage Rate for 2016

Tim Catherman, Director of Aging Operations

OFMS

Office of Fleet Management Services

The Internal Revenue Service announced today that beginning January 1, 2016 the standard mileage rate will decrease to \$0.54 per mile. This is a decrease of 3 cents from the 2015 rate of 57.5 cents per mile.

Please plan accordingly within your agency as this affects the rate used for personal mileage reimbursement, as well as the fee for reimbursement from commuters.

If you have any questions, please contact me.

Michael L. Bisogno, CAFM
Director
Office of Fleet Management Services
Department of General Services
W: (804) 367-6526 / C: (804) 640-9061
2400 W. Leigh St. Richmond VA 23220

House and Senate Regional Budget Hearings

Kathy B. Miller, Director of Programs, Division for the Aging

**HOUSE APPROPRIATIONS AND SENATE FINANCE COMMITTEES OF THE
VIRGINIA GENERAL ASSEMBLY
WILL HOLD REGIONAL PUBLIC HEARINGS ON
THE GOVERNOR'S PROPOSED 2016-2018 BIENNIAL STATE BUDGET**

THURSDAY, JANUARY 7, 2016 (Hearing begins at 10:00 a.m.)

- [Fredericksburg](#) - University of Mary Washington, University Center, Chandler Ballroom
- [Wytheville](#) - Wytheville Community College, Grayson Hall, Snyder Auditorium

THURSDAY, JANUARY 7, 2016 (Hearings begin at 12:00 noon)



- [Chesapeake](#) - Tidewater Community College, Chesapeake Campus, Student Center Multipurpose Room
- [Central Virginia](#) - City of Richmond, General Assembly Building, House Room D

The purpose of the hearings is to receive comments on the Governor's proposed amendments to the 2016-18 biennial state budget. Those persons wishing to speak may register at each hearing site no earlier than one hour prior to the start of the hearing.

Speakers will be taken in the order of registration. Each person may register only one speaker at a time. Speakers are asked to limit their comments to three minutes or less. Speakers representing groups and organizations should consolidate remarks to reduce duplication.

Persons unable to attend may comment in writing to either:

Delegate S. Chris Jones
P.O. Box 406
General Assembly Building
Richmond, Virginia 23218

OR

Senator Charles J. Colgan
Senator Walter A. Stosch
P.O. Box 39
General Assembly Building
Richmond, Virginia 23218

Accommodations for individuals with hearing impairment may be made by calling (804) 698-7480 beginning Tuesday, December 1, 2015. All requests for individuals with hearing impairment must be received by 5:00 p.m., Monday, December 21, 2015. Interpreters will only be provided at locations per specific requests.

Lindsay Institute for Innovations in Caregiving Co-Founder Honored

On behalf of Kim Tarantino, Director of Communications & Community Partnerships, SeniorNavigator, Project Coordinator, The Lindsay Institute for Innovations in Caregiving



DIVISION FOR THE AGING
VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES



FOR IMMEDIATE RELEASE

CONTACT
Kim Tarantino
804-525-7733
kim@seniornavigator.org

Lindsay Institute for Innovations in Caregiving Co-Founder Honored Dr. Richard W. Lindsay Named Fabulous Virginian Aged 50+

VIRGINIA: Renowned aging and caregiving expert and co-founder of SeniorNavigator's Lindsay Institute for Innovations in Caregiving, Dr. Richard W. Lindsay, was honored in a national publication as a 'fabulous' individual in Virginia - aged 50 or better.

2015 marks the 50th anniversary of the Older Americans Act (OAA) - a golden jubilee for seniors and communities across the United States. To commemorate this milestone anniversary, the National Association of States United for Aging and Disabilities (NASUAD) and the Altarum Institute's Center for Elder Care and Advanced Illness (CECAI) created "Celebrating 50 Years with 50+ Fabulous Older People". The publication honors outstanding older adults in each of the fifty states who volunteer for and benefit from the OAA. Also highlighted are a variety of ways our older adults make the United States a wonderful place in which to live, work and age.

For anyone who has the privilege knowing him, it comes as no surprise that Dr. Lindsay was selected to represent Virginia and receive this honor. In his eighties, Dr. Lindsay remains active and engaged with numerous hobbies that demonstrate his lifetime commitment to healthy aging, including his achievements as a champion skier, virtuoso trumpet player, and an avid fly fisherman.

Additionally, throughout his six decades of service, Dr. Lindsay has emerged as an innovator in the Commonwealth's aging and caregiving networks.

Dr. Lindsay, for whom The Lindsay Institute for Innovations in Caregiving is named, is Professor Emeritus of Internal Medicine and Family Medicine at the University of Virginia Health System and founder and former Head of the Division of Geriatric Medicine at the



University of Virginia Health System. Since “retiring” in 1999, he continues to teach medical students, serves on the UVA Medical School Admissions Committee and is the Clinical Director of the Medical Academic Advancement Program developed to increase the number of minorities entering health careers.

Dr. Lindsay has spent his career dedicated to improving the health and wellness of seniors and caregivers. As a committed family caregiver, himself, and a practicing geriatrician, he has witnessed first-hand the significant toll that caregiving can have on the health and well-being of family caregivers who provide nearly 90% of all eldercare in Virginia. As Dr. Lindsay has previously stated, “a healthy caregiver is a better caregiver” -- leading him to co-found this Institute.

SeniorNavigator, a statewide non-profit health and aging organization, is home to The Lindsay Institute for Innovations in Caregiving. The Institute develops innovations – leveraging best practices and technology to preserve and improve the wellness of family caregivers with a special focus on caregivers of individuals with memory impairments. The Institute’s ultimate goal is to improve caregivers’ self-care and their ability to manage emotional stressors and tough decisions while bolstering their access to the latest technologies and community resources.

The Lindsay Institute for Innovations in Caregiving brings together partners through its esteemed Advisory Council to facilitate out-of-the-box collaboration among Virginia’s academic programs in aging as well as key Virginia-based service providers. This Council serves as the backbone of the Institute and its activities offering unique peer-to-peer connections – fostering new thinking and practices that might not otherwise be created.

In March 2016, The Lindsay Institute for Innovations in Caregiving will host its second annual “Caring for the Caregiver Hack” event – providing students at Virginia colleges and universities with an engaging opportunity to create technology-based tools to support family caregivers, with a special focus on improving their physical or emotional health.

For more information on SeniorNavigator visit SeniorNavigator.org or the Lindsay Institute for Innovations, at CaregivingInnovations.org.

All of the individuals selected to be included in “Celebrating 50 Years with 50+ Fabulous Older People” are to be greatly commended for their dedication to public service and their communities. The work of these older adults also serves as a reminder of the essential services



that are authorized and funded under the OAA and its importance in every state across the country.

###

About SeniorNavigator

SeniorNavigator, a statewide non-profit, provides free health and community support information and guidance to older adults, family caregivers, and health care professionals, supporting independence, dignity, and quality of life. Designed as an award-winning service model combining information technology with community-building, SeniorNavigator offers a 'high-tech' and 'high-touch' approach to healthy lifestyle and long term care support. Seniors, caregivers, and adults with disabilities can find vital services and information through its websites at SeniorNavigator.org and disAbilityNavigator.org

About The Lindsay Institute for Innovations in Caregiving

The Lindsay Institute for Innovations in Caregiving is an initiative of SeniorNavigator, a statewide public/private partnership non-profit that helps Virginia's seniors, caregivers and families find vital information and community programs so they can live with independence, dignity and hope. The goal of the Lindsay Institute is to improve the health of caregivers---with the number of Virginians over 65 doubling by the year 2030 to 1.8 million and there already being over 1 million caregivers across the state providing 88% of all eldercare---the Institute and its esteemed Advisory Council are working together to keep caregivers from neglecting their own health while they care for a loved one. For more information, please visit CaregivingInnovations.org.

NASUAD Friday Update Archive and Subscription

Cecily Slasor, Administrative Assistant

Friday Update Archive

Did you miss a previous issue?
Check out [past Friday Updates](#).

Subscribe

[Click here](#) to subscribe to Friday Update or other NASUAD news updates.

DISEASE PREVENTION & HEALTH PROMOTION
VIRGINIA DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES
DIVISION FOR THE AGING
SERVICE STANDARD

Definitions

I. Evidence-Based

A. All programs using Title IIID funds must meet the one definition of evidence-based programming. The program must include all of the following to be considered evidence-based:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; *and*
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design; *and*
- Research results published in a peer-review journal; *and*
- Fully translated in one or more community site(s)*; *and*
- Includes developed dissemination products that are available to the public.

**For purposes of the Title III-D definitions, being “fully translated in one or more community sites” means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real world community setting.*

B. There are two ways to determine if a program meets the definition of evidence-based; either is acceptable.

- Document whether the program meets each of the 5 bullets in the definition. If it does, it can be supported with Title IIID funds; *or*
- The program is considered to be evidence-based by any operating division of the U.S. Department of Health and Human Services (HHS).
 - HHS has [eleven divisions](#)
 - An HHS division has included the program on a registry of evidence-based programs, or has reviewed it and deemed it evidence-based.

For example, this would include programs listed on ACL’s Aging and Disability Evidence-Based Programs and Practices, CDC’s Compendium of Effective Interventions, SAMHSA’s National Registry of Evidence-Based Programs and Practices, NIH’s Cancer Control Evidence-based Portal, etc.

There are numerous evidence-based programs that are administered throughout HHS. For a list of the HHS Family Agencies, visit <http://www.hhs.gov/about/foa/index.html>.

II. Evidence-based program versus evidence-based service/practice:

While the terms “evidence-based program” and “evidence-based service/practice” are often used interchangeably, they are not the same. Evidence-based services/practices can be part of an evidence-based program, but the reverse is not always true. Title IIID funds are required to be used on evidence-based programs.

- A. Evidence-based services/practices refer to strategies or activities utilized by evidence-based programs as part of their larger intervention. For example, evidence-based self-management programs (such as diabetes prevention programs or pain management programs) may incorporate similar evidence-based practices such as blood pressure screenings or glucose checks, even though the outcome goals of these programs may be very different.
- B. Evidence-based programs refer to organized and typically multi-component interventions with clearly identified linkages between core components of the program and expected outcomes for an identified target population. For example, an evidence-based falls prevention program could involve educational enrichment classes, as well as one or more evidence-based services (for example, strength and balance building exercises and/or a home environmental assessment component). Such programs must also have methods available to guide their dissemination in the community, such as materials and trainings.

Eligible Population

Disease Prevention and Health Promotion Services are targeted to persons 60 years of age or older. Priority shall be given to older individuals with greatest economic and social need, with special emphasis on low-income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutional placement.

Service Delivery Elements

Program Requirements

Disease prevention and health promotion services and information shall be provided at multipurpose senior centers and congregate meal sites, through home delivered meals programs, or at other appropriate community sites convenient and accessible to seniors.

Assessment

- If the client does not already have an assessment in the VDA-approved electronic client database, a Virginia Service – Quick Form or CRIA encounter is required for each person who participates in a program activity.

- The answer to the question “Is Client in Federal Poverty?” (answer Yes or No) must be asked and recorded in the VDA-approved electronic client database.
- Any fee for service charge to the client shall be determined by a VDA approved sliding fee scale. The Federal Poverty/VDA form may be used.

Administrative Elements

Staff Qualifications

Whenever possible, the Area Agency on Aging or service provider shall utilize health experts and other community resources to provide services. When AAA or service provider staff is used, they shall possess the following minimum qualifications:

- Knowledge: Biological, psychological, and social aspects of aging; the impact of disabilities and illness on aging; community resources; public benefits eligibility requirements; disease prevention and health promotion; medical conditions; learning styles of older adults.
- Skills: Establishing and sustaining interpersonal relationships; problem solving; designing educational materials; public speaking.
- Abilities: Communicate with persons with varying socioeconomic backgrounds; working independently.

Job Descriptions

For each paid and volunteer position funded by Title III of the Older Americans Act, an Area Agency on Aging must maintain:

- A current and complete job description which shall cover the scope of staff disease prevention and health promotion service duties and responsibilities; and
- A current description of the minimum entry-level standards of performance for each job.

Units of Service

Units of service must be reported in the VDA-approved client database for each client receiving the service. Service units can be reported by client on a daily basis, but not aggregated (summarized) more than beyond one calendar month.

- Sessions – Service activities provided to a specific individual. Activities can be provided one-to-one or in a group setting. A unit is one (1) session. A session is one event that lasts a part of an hour up to one full day.
For example, a six-week Chronic Disease Self-Management Program (CDSMP) workshop would equal 6 sessions or 6 units. If a workshop consists of 6 topics presented in a day, this would equal 1 session or 1 unit.
- Persons served (unduplicated) - The number of persons who participate in a session.

Group Units – For this service, there are no group units; therefore, group units cannot be entered into the VDA-approved electronic client database or on the Optional Units page of the AMR.

Program Reports

- Aging Monthly Report (AMR) to VDA by the twelfth (12th) of the following month. If the Area Agency on Aging provides this service, this report must be updated and submitted even if no expenditures or units of service occurred.
- Client level data from the VDA-approved electronic database shall be transmitted to VDA by the last day of the following month.

Consumer Contributions/Program Income

There must be a written policy on handling of Client Program Income (CPI) and other gratuities and donations.

Cost Sharing/Fee for Service: An Area Agency on Aging is permitted to implement cost sharing /fee for service for recipients of this service.

And/or

Voluntary Contributions: Voluntary contributions shall be allowed and may be solicited for this service, provided that the method of solicitation is non-coercive. Voluntary contributions shall be encouraged for individuals whose self-declared income is at or above 185% of the poverty line, at contribution levels based on the actual cost of services.

Quality Assurance

Staff Training

- At hiring, staff shall receive orientation on agency and departmental policies and procedures, client rights, community characteristics and resources, and procedures for conducting the allowable activities under this service.
- Staff conducting evidence-based programs shall meet the training and certification requirements set forth by the specific program.

Supervision

Consultation and supervision shall be available to all staff providing the service.

Program Evaluation

The AAA shall conduct regular and systematic analysis of the persons served and the impact of the service, with findings used as a basis for planning and implementing changes in program goals, procedures and resources. There shall be a written plan and a written report of findings. Evaluation may include client satisfaction surveys.

Client Records

The AAA or service provider must maintain specific client records in the approved VDA electronic database that include:

- Consent to Exchange Information, if information is shared with other agencies.
- Virginia Service - Quick Form or CRIA encounter. At a minimum, this information must be updated annually.
- The answer to the question “Is Client in Federal Poverty?” (answer Yes or No) must be asked and recorded in the VDA-approved electronic client database.

The AAA or service provider must maintain the following additional records:

- Documentation that the service took place.
- Cost Sharing (Fee for Service) calculations, if applicable. The Federal Poverty/VDA Sliding Fee Scale form may be used.

DRAFT