

Virginia's

State Plan for Aging Services

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Virginia department
for the **Aging**

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EXECUTIVE SUMMARY: A TIME FOR CHANGE

As the Baby Boom generation races toward traditional retirement age, the number of older adults in Virginia will reach 1.8 million by 2030 – more than double the population of 2000. In just two decades, almost one in every five Virginians will be age 65 or older, with the over 85 age group being the fastest growing segment of the population. As the “*Commonwealth of Opportunity*,” Virginia not only recognizes the growing demand on services and supports that this demographic shift will produce, but also the intellectual capital, time and expertise that together, will generate unprecedented levels of available skills, abilities, and diverse human resources.

Transformational changes are underway in all shapes and sizes, driven by both desire and necessity. Older adults and individuals with disabilities overwhelmingly report wanting to stay in their homes and communities and policy makers recognize that traditional institutional care will not be affordable as the boomers approach later years. Interestingly, although a few Virginia communities have been recognized as national models, a recent statewide survey conducted by the Older Dominion Partnership revealed that Boomers don’t feel their communities are ready to support them in their later years – a true indication there is still much work to be done.

Beyond the Age Wave, the evolution of protections such as the Americans with Disabilities Act and the Olmstead Initiative demonstrate how individuals once dependent can successfully increase their capacity to be independent in their communities. Necessary measures must be implemented to ensure that all Virginians have access to the same opportunities of engagement, participation, decision-making, and independence in their lives and in the community. As a result, Virginia is moving from a cultural mindset of institutional care to supporting individuals at home with the necessary level of support to thrive and contribute as members of the community. Policy and programmatic provisions must follow.

This state plan begins by sharing some sobering statistics that demonstrate the necessity to take a global approach to addressing the issues.

- Adults age 65 and older are now twice as likely (**16.1%**) to be living in poverty as they were a decade ago. This combination of an explosive shift in the age demographics coupled with higher poverty rates among older adults will place great strains on the public service delivery system that provides older adults and their family members with needed care and support.
- **194,894** Virginia households (121,740 renters and 73,154 homeowners) with household incomes at or below 30 percent of area median income are living in substandard conditions – defined not only by income level, but also considered overcrowded, and/or lacking complete indoor plumbing, a complete kitchen. Almost half of these households are age 62 and older.
- More than **5,000** Virginians with intellectual disabilities are currently on the waiting list to receive needed home and community-based services (HCBS) through the Medicaid “ID Waiver” program, and more than **1,000** Virginians with developmental disabilities await opportunities to access needed supports through the Medicaid “DD Waiver” program.
- Almost **50%** of local human services agencies responding to a survey by the Department of Rail and Public Transportation (DRPT) reported that the needs of persons who use wheelchairs are unmet by transportation options in their service areas.

- With an estimated **700,000** Virginians serving as informal caregivers for older adults, the collective lifetime opportunity cost to these family caregivers will total more than **\$400 billion** in lost wages, pension, and Social Security.

Like ripples in a pond, the social and economic detriment of shortfalls in community supports extends even further: individuals who need assistance to live in the community may lose the opportunity to hold a job and earn an income if they do not have adequate transportation to get to and from work. Others may not spend money as consumers if they cannot find an accessible route to local stores. Still others may enter or remain in an institutional setting when there is no alternative for affordable or accessible housing. A community which does not have the support services or the infrastructure in place to facilitate access, mobility, and independent living deprives itself not only of an economic opportunity, but of countless vital human resources – volunteers, civic leaders, workforce members, brilliant and creative thinkers, consumers, and advocates – found among older Virginians and Virginians living with disabilities.

Geographically, Virginia is both blessed and challenged. From extreme rural to large urban, mountains, farming, and coastal landscapes, the Commonwealth portrays significant cultural and economic diversity. The population living in the mountains and rural valleys of western and southwestern Virginia are very homogeneous – poverty levels are disproportionately high and minorities and limited English speaking populations are disproportionately low. Literacy, not language, is the greater issue. On the opposite side of the state, the greater Richmond area and Tidewater are heavily populated by African Americans and have a growing Asian-American community with limited English speaking skills. Northern Virginia has a strong multicultural mix with 28 percent of Fairfax County residents foreign born and a disproportionate concentration of Asian-Americans. Looking forward, minority population totals are expected to increase by 22.7% from 2010-2020, multiplying current challenges for service providers to reach and effectively deliver supports in spite of language and cultural barriers.

Meeting the growing demands and leveraging the increasing assets will only be possible through change – systemic change, policy change, infrastructure change, funding change, change in the way we as providers do business, and change in the way value is attributed to individual contributions regardless of age or disability.

Virginia has already made great strides thanks to a history of strong public/private partnerships, collaborative spirit, and visionary leadership. Initiatives like the Systems Transformation Grant has produced universally supported tools for person-centered thinking and person-centered practices; No Wrong Door (NWD/ADRC) has created an infrastructure to manage both policy and technology changes and a database with a taxonomy that supports both aging and disability providers; Options Counseling Statewide Workgroup has created statewide standards focused on decision support processes and Options Counseling Coordinators are co-employed by AAAs and CILs in seven regions of the state; Partnerships between NWD/ADRC leads and local health departments have created a model where teams in nine regions are exceeding goals for older adults participating in the Chronic Disease Self-Management Program (CDSMP); Individuals with ADRD and their family caregivers are getting help through an evidence-informed intervention that is currently being further tested by the Alzheimer's Association in Virginia; NWD/ADRC community leads are serving as the statewide network of Local Contact Agencies (LCAs) for Money Follows the Person (MFP) and Section Q referrals; and Care Transition discussions are taking hold as hospitals sign MOUs with NWD/ADRCs to reduce unnecessary rehospitalizations. A statewide Older Adult survey (the

first in over 30 years), conducted by the Older Dominion Partnership, will provide valuable data to help inform necessary change. Additionally, state-level efforts prompted by the Governor and General Assembly have combined with grassroots initiatives to demonstrate best practices and provide resources for community readiness, age wave planning, and the progression of livable communities,

As the “*Commonwealth of Opportunity*,” Virginia is committed to being a place where all people are able to experience the dignity of decision-making in their own lives; to have a chance to engage meaningfully in social and civic activities; to participate in the economic mainstream; and to live well while challenging themselves to learn and grow through new experiences; in short, to age optimally. To that end, there are a number of integrated efforts concurrently supporting this seismic shift in thinking, policy, resource allocation, and service delivery. Change is underway in Virginia. The future is now.

CONTEXT: ISSUES, CHALLENGES, OPPORTUNITIES

Virginia’s LTC Network

Virginia Department for the Aging

While many state, local, public and private organizations offer programs and services for older adults, it is the local Area Agencies on Aging, with the guidance of the Virginia Department for the Aging, that serve as the focal points for information and referral and many of the HCBS utilized by Virginia’s older adults (See *Appendix C*).

As the designated state unit on aging for the Commonwealth, VDA’s mission is to “foster the independence and well-being of older Virginians and support their caregivers through leadership, advocacy and oversight of state and community programs, and guide the Commonwealth in preparing for an aging population.” Directed by values focused on integrity, service, professionalism, and positive culture, the Department is responsible for planning, coordinating, funding, and evaluating programs for older Virginians made possible through funding from the Older Americans Act, Discretionary Grants, and the Virginia General Fund. VDA oversees fiscal management, serves in an advisory capacity, and monitors implementation of quality standards for a full range of nutrition, transportation, health promotion, in-home supports, education, and socialization and recreation services, contracted through Virginia’s 25 AAAs. The Department also serves as the coordinator for Virginia’s ADRC called No Wrong Door (NWD) and administers statewide programs and contracts with AAAs and approximately 20 other community-based organizations to implement programs such as: the Senior Community Service Employment Program (SCSEP) – providing employment services to low income older adults; the Virginia Insurance Counseling and Assistance Program (VICAP) – offering benefits counseling to Medicare beneficiaries; the Local Public Guardianship and Conservator Program – protecting more than 600 indigent and incapacitated adults; Virginia GrandDriver – a resource for senior drivers and caregivers; and the Office of the State Long-Term Care Ombudsman – providing advocacy support to address concerns in multiple care settings through a contract with the Virginia Association of Area Agencies on Aging. The Department also provides staff support for three advisory boards whose members are appointed by the Governor and General Assembly: the Commonwealth Council on Aging; the Alzheimer’s Disease and Related Disorders Commission; and the Virginia Public Guardianship and Conservator Advisory Board.

Area Agencies on Aging and Home and Community-based Supports (HCBS)

Virginia's network of 25 local AAAs, established under the Older Americans Act, are designated by VDA with the sanction of local governments to plan, coordinate, and administer aging services at the community level. Some AAAs are private nonprofits, others are a part of local government, and still others are jointly sponsored by counties and cities within their Planning District. AAAs serve specific geographical areas which generally correspond with the boundaries of one of Virginia's Planning Districts. (See *Appendix D*).

For the past 40 years, millions of the Commonwealth's older citizens have benefited from the services provided by Virginia's AAAs. Funded through federal, state and local government allocations, private grants, fees and contributions, AAAs provide in-home and community-based services designed to assist older adults with the basic activities of daily living that enable us to age in place. Other AAA services promote healthy lifestyles, prevent chronic diseases, and strive to improve the quality of life for older adults and their families. Most of the services funded through the Older Americans Act are targeted to adults 60 and older in greatest social and economic need with particular attention to low income individuals, minority individuals, those in rural communities, those with limited English proficiency and those at risk of institutional care. Although these federally-funded programs are available at no cost for those who qualify, the AAAs offer services where it is allowed on a sliding-fee scale to those who can afford to pay for all or a portion of the cost.

With an ultimate goal of preserving dignity and autonomy and delaying or even preventing institutional care, the AAAs offer, through direct provision and through contract, a common set of Older Americans Act programs including: home-delivered and meals at congregate sites; transportation; legal assistance; elder abuse prevention; in-home and family caregiver support services; and information and referral to community resources. Each AAA has considerable flexibility to also develop and provide additional services, often reflecting local needs. The Older Americans Act, the Governor and the Virginia General Assembly and VDA encourage AAAs to work with their localities to create a range of programs that are responsive to the unique needs of their older residents – programs like care coordination, employment assistance, senior volunteer programs, tax counseling, and support for grandparents raising grandchildren. Some AAAs manage senior centers, providing opportunities for recreation, education, and socialization, or operate adult day care centers with daily supervision and activities for older adults who can no longer safely remain alone at home. Others have developed comprehensive transportation systems to include vans, buses, and trolleys – filling a void for older adults and other populations, especially in rural Virginia. A few AAAs also own and manage housing for older adults and assisted living facilities, administer senior housing programs, operate PACE centers, offer home modification, serve as local weatherization programs, manage the local community action agency and offer other valuable programs to local seniors and their families.

Meals provided through the OAA are often the first in-home service that an older adult receives, and therefore a primary access point for other home and community-based services. Beyond food, this support offers nutrition screening and education and nutrition assessment and counseling as appropriate. A limited number of meals may also be provided by Title III-E, the National Family Caregiver Support Program, because they represent an essential service for many caregivers, by helping them to maintain their own health and well-being. Ironically, without consideration of ARRA funding, numbers of home-delivered meals have actually declined by 5% and 6% per year in 2010 and 2009, respectively, with a total of 11% since 2001. Congregate meals, declined by 4% in 2009 and 2% in 2010, with an overall decline of 23% since 2001. Stagnant funding coupled with increasing costs of food, labor, and fuel have forced

the service unit numbers to decline at a time when demand is increasing. The result is a growing waitlist and escalating unmet needs.

The Older Americans Act and other federal programs bring almost \$32.4 million in federal dollars to Virginia and the Governor and Virginia General Assembly provide an additional \$17.5 million for older Virginians (See *Appendix E*). Most of these funds are administered and distributed by VDA using a formula developed by the Commonwealth in cooperation with the AAAs. Considering inflation, the rapid increase in the aging population and the additional cuts required in this fiscal year due to the recession, the gap in services, already significant, will continue to intensify and could reach dangerous proportions if the network is not infused with additional funding. For example, in just the past year, 1.5 million home-delivered meals were not served; 28,692 hours of adult day care could not be offered; 689,463 hours of personal care and in-home assistance were not available; 135,609 trips to the doctor could not be made; and 8,529 homes could not be made more safe and accessible for eligible older adults because of insufficient funding. AAAs have responded by developing creative fund-development strategies and entrepreneurial initiatives. Although this is also a challenging path due to the economic squeeze on philanthropic dollars, some AAAs have experienced early success thanks to training and innovative approaches. Fund-raising alone will not fill the gap created by the combination of budget cuts and increased demand on services, however, it will likely be a growing area of focus in the future to help offset some of the growing financial burden that AAAs are currently and will continue to shoulder.

State Health Insurance Program (SHIP): Virginia Insurance Counseling and Assistance Program (VICAP)

VICAP counselors provide personalized decision support and assistance including accurate, understandable, and objective information on a wide range of health insurance issues such as Medicare, Medicaid, long term supports and prescription drugs. Available to the nearly 1.1 million Medicare beneficiaries, VICAP counselors track approximately 40,000 contacts annually, helping beneficiaries in understanding and comparing benefits, applying for the low-income subsidy, resolving problems, filing appeals, exploring options, and informing patients of their rights. With Virginia's VICAP offices physically located within AAAs, cross referrals between the NWD/ADRC network and VICAP are embedded into standard protocol. In addition, VICAP provides community presentations and awareness on Medicare and insurance related issues. VICAP also works closely with the Bureau of Insurance and SMP to ensure Medicare beneficiaries are free from fraud or misleading information that could result in enrollment into a plan that is not best for the beneficiary.

Department of Social Services

HCBS are also offered to eligible adults of any age (including seniors) through local departments of social services. Although funding is limited, financial assistance is available to support companion care, adult day services, chore, and homemaker services for low income adults with a disability. In addition, DSS administers other programs for adults such as: adult protective services, the Auxiliary Grant for assisted living and adult foster care, and the Caregivers grant program. In FY 2009, combined state and federal support for these services was \$32 million, although \$23 million of this represents state support for the auxiliary grant.

Virginia Public Guardian and Conservator Program

The Virginia Public Guardian and Conservator Program, administered by VDA, currently has capacity to serve 606 individuals, 18 years and older, who are legally incapacitated, indigent, and have no one else willing or able to serve as their guardian. Completely supported by general

funds, 352 slots are directly appropriated to VDA and 254 slots are funded through the Department of Behavioral Health and Developmental Services (DBHDS). VDA does not provide direct services to clients but rather contracts guardianship services through fifteen (15) service providers across approximately 85% of the state, through a competitive RFP (Request for Proposals) process. In 2007, a statewide study documented the need for an additional 1,441 guardianship/conservatorship slots across the Commonwealth. The cost of the petitioning process and a lack of suitable persons available to serve as guardians emerged as chronic issues contributing to the unmet need in guardianship services to vulnerable adults in Virginia. With an increase in the older adult population and as a result of individuals transitioning from Virginia's Training Centers, the unmet need continues to grow. Without additional funding, it will be impossible to increase the capacity of the PGP and to expand the coverage area statewide.

Senior Community Service Employment Program (SCSEP)

As the only federally sponsored job creation program targeted to low-income older adults, SCSEP subsidizes part-time community service jobs for low-income persons age 55 years and older who have poor employment prospects. The program fosters economic self-sufficiency by providing opportunities for older adults to develop marketable skill sets and supporting individuals with job search and retention training. At the same time it builds capacity for community nonprofits, enhances community engagement, and underscores the value of sustaining older adults in the workplace. In light of the economic downturn of recent years, this program has been particularly valuable in assisting older adults to secure and retain employment. In fact, Virginia has exceeded job retention goals for the past two years with an average of 72% of individuals employed following the program still employed nine months later.

However, recent budget cuts and a new 48 month participation cap have raised new challenges. Fortunately, Virginia's nine program contractors (8 AAAs and 1 workforce investment board) have worked closely with VDA to adjust hours in order to avoid layoffs while accommodating the 25% reduction of funding and program slots. With increasing numbers of older adults and decreased funding, it is predicted that the current waiting lists will grow.

Systems Change

Ageing and Disability Resource Connection (NWD/ADRC)

Currently in its second round of federal grant funding, augmented by an annual state general fund appropriation and a tapestry of smaller grants, Virginia is creating a *virtual* "NWD/ADRC System" to streamline access to both publically and privately funded supports. No Wrong Door (NWD), both the name of the initiative and the philosophy that drives its development, promotes local coordination and planning through Community Advisory Councils, harnesses technology to increase the efficiency of providers and stretch resources, empowers consumers with information and options and supports individuals in self-advocacy, self-direction, and choice.

Virginia's NWD serves both older adults and adults with disabilities and is designed to eliminate walls between service populations and address individual long-term support preferences and needs. VDA has served as the statewide public lead with VirginiaNavigator as the statewide private-sector lead, but the evolving model also relies heavily on a multi-agency (public and private) cooperative approach. The Code of Virginia designates the AAAs as the lead for implementing NWD/ADRC in their respective communities; however they do so in collaboration with Centers for Independent Living (CILs), Community Service Boards (CSBs), local DSS, health departments, and other public and private providers. This shift is also driving

AAAs to broaden their service delivery to include adults under the age of 60 with a disability and is underscoring the importance of strengthening interagency coordination across populations.

NWD provides the technology and protocols for public and private providers to share client information (with consent and within a protected environment) strengthening coordination of services, access to updated client information, streamlined eligibility determination for public programs, electronic referrals among agencies, and improved tracking of services. Ultimately, NWD will not only reduce frustration, confusion and long waits for consumers, but will also eliminate duplication and increase accuracy of data collection within the broad network of service providers. Currently, 15 AAAs are utilizing all modules of the NWD technology and seven are utilizing “Communication, Referral, Information and Assistance (CRIA)” and “Uniform Assessment Instrument (UAI)” modules only. Three AAAs in Northern Virginia currently face barriers associated with their designated status of being part of the local government infrastructure; however, discussions are addressing solutions to overcome barriers (*See Appendix F*). With further discussions and with additional funding, the vision is for all 25 AAAs to utilize all modules of the NWD technology and connect with potentially hundreds of public and private users through CRIA.

Unfortunately, the development of Virginia-customized components of the technology has been slower than expected, which has delayed its use by many NWD partners. With the recent launch of Phase I of CRIA and current development of Phase II, expected to launch summer of 2011, it is anticipated that interest in using the technology will be regenerated. Currently, a limited number of public agency users include two health departments and one CIL. Private agency users include the United Way, a family service provider, and a home health agency. Additionally, a hospital is currently being trained to begin to use the technology in an effort to enhance transitions and reduce rehospitalization rates through the partnership with the local NWD network. For the past six years, licensing fees for public providers have been covered by public funding and private provider licenses have been supported by grants and provider-paid fees. Virginia is evaluating other sustainability models to encourage growth of the network and reduce vulnerability of continued coverage for technology licenses.

Money Follows the Person (MFP)

In 2008, Virginia launched Money Follows the Person (MFP) to provide extra supports to Virginians who choose to transition from long-term institutions into the community. Promoting choice and flexibility, MFP is a collaborative initiative between the Department of Medical Assistance Services (DMAS), VDA and numerous other state agencies and local stakeholders where funds “follow the person” from the facility to the community by covering extra supports during the transition process. With funding from the Centers for Medicare and Medicaid Services (CMS), MFP permanently adds a new support, Transition Coordination, to several of the Medicaid Waivers. Currently 12 AAAs, 8 CILs, and 11 private providers serve as designated MFP Transition Coordination Providers (TCP). In addition, with the update of MDS 3.0 Section Q, all 25 AAAs, as lead for NWD/ADRC in their respective communities, are designated as the Local Contact Agencies (LCA). The AAAs, CILs, nursing facilities (NFs) worked with DMAS, VDH, and VDA to develop a protocol for Section Q referrals. Additionally, AAA and CIL teams hosted educational events for the NFs to raise awareness about the protocol and build relationships to facilitate a collaborative team approach to NF transition.

Program of All-Inclusive Care for the Elderly (PACE)

PACE is a comprehensive community-based integrated service delivery model of health care with an interdisciplinary team focused on assisting nursing facility eligible individuals 55+ to

remain in their homes and communities. Administered by the Virginia Department of Medical Assistance Services (DMAS), currently seven PACE sites offer medical, social and rehabilitative services 24 hours a day, 7 days a week through seven sites: Virginia Beach; Hampton; Big Stone Gap; Cedar Bluff; Lynchburg; Richmond; and Portsmouth. Two new programs are under development in northern Virginia and Roanoke; two RFAs are in process for Charlottesville and Farmville; and three current sites are in expansion development. Together, these new and expanded sites will bring the census from 652 served to 1350+.

Medicaid Long-Term Care

[As a] payer of last resort, Medicaid long-term care services cannot be considered until it is determined that an appropriate plan of care must include Medicaid-funded long-term care services. For publicly-funded home and community-based waiver services, the individual must be pre-screened and deemed eligible before determining service options. For elderly adults and persons with disabilities, Virginia’s Medicaid program offers seven different Waivers as an alternative to avoid nursing facility admission. Below are the waivers available through the Department of Medical Assistance Services (DMAS) and Department of Behavioral Health and Developmental Services (DBHDS). Note: * indicates Waivers that offer consumer direction in the services.

Waiver Name	Summary Description	Slots Approved	Current Enrollment ⁱ	Current MFP Enrollment	Waiting List
VA Day Support HCBW for Persons w/MR (0430.R01.00)	Provides day support, prevocational, supported employment, consumer directed services facilitation for individuals w/Intellectual Disabilities ages 6 and over - no max age	300	273	---	---
VA Intellectual Disability * (0372.R02.00)	Provides day support, personal assistance, prevocational, residential support, respite, supported employment, consumer directed services facilitation, assistive technology, companion services, crisis stabilization, crisis supervision, environmental modifications, PERS, skilled nursing, therapeutic consultation, transition for individuals w/MR ages 0 and over- no max age	8,152	8,238	129	5,393
VA Elderly or Disabled w/Consumer Direction * (0321.R02.00)	Provides adult day health care, personal assistance, respite care, consumer directed services facilitation, assistive technology, environmental modifications, PERS, transition coordination, transition for aged individuals 65 yrs and over - no max age	23,090	20,307	70	---
VA Individual & Family DD Support * (0358.R02.00)	Provides day support, in-home residential, personal care, prevocational, respite care, supported employment - group/individual, adult companion, assistive technology, crisis stabilization, crisis supervision, environmental modifications, family/caregiver training, PERS, skilled/private duty nursing, therapeutic consultation, transition for individuals w/ MR/DD, autism and DD ages 6 and over - no max age	595	557	1	1051
VA HIV/AIDS * (4160.R03.00)	Provides case management, personal assistance, respite care, enteral nutrition, consumer directed services facilitation, assistive technology, environmental modifications, PERS, private duty nursing, transition for individuals w/HIV/AIDS ages 0 and over - no max age	65	37	1	---
VA Technology Assisted (4149.R02.00)	Provides personal care, respite, assistive technology, environmental modifications, PERS, private duty nursing, transition for aged individuals 65 yrs - no max age and disabled individuals 0 -64 yrs	413	361	3	---
VA Alzheimer's Assisted Living (40206.R01.00)	Provides assisted living to aged individuals 65 - no max age and disabled ages 18-64	200	50	---	---

Community Living Program (CLP)

Serving individuals who are at risk of nursing home placement and Medicaid spend-down, CLP provides up to \$1,200 a month of services for an individual to stay in the community. Specifically targeted to individuals whose income is at or below 300% of monthly SSI and likely to be denied Medicaid eligibility, eligibility criteria include: age 65 or older; dependencies in 2-4 activities of daily living or cognitive impairments requiring cueing or supervision; and a caregiver that is demonstrating difficulty meeting the needs of his/her family member.

With partial funding through two AoA grants, three AAAs participated in the first grant and ten in the second grant (two from the first grant continued and eight additional AAAs were added). To date, sixty-two participants have been enrolled, with an estimate that ninety-five individuals will be served by the end of the second grant. The vision of the program has been to maintain participants in the community through consumer-directed services, using a fiscal intermediary, expand to new NWD/ADRCs, and integrate the new statewide standards of options counseling into the process. Although AAAs committed to sustaining services to participants after the grant ended, with no continued funding from AoA, the major challenge has been identifying funds to sustain services. The AAAs can use traditional funds but only in exchange for a reduction of dollars/services for non-CLP individuals.

Veteran-Directed Home and Community Based Services (VDHCBS)

VDHCBS provides tremendous opportunity for veterans of any age at risk of nursing home placement, to manage their own flexible budgets, to decide for themselves what mix of goods and services best meet their needs, and to hire and supervise their own workers. Unfortunately, in Virginia, multiple challenges have forced a slow and frustrating start to the program. While six VAMCs actually serve veterans in Virginia, only three are located in-state, with the remainder in Martinsburg, WV, Washington, D.C., and Durham, N.C. Therefore, some AAAs may need to work with multiple VAMCs. While, this alone is not an issue, it does complicate and multiply the already time-intensive efforts of negotiating terms because there is no process in place to negotiate terms across VAMCs or even across AAAs with a single VAMC. To date, the process has been arduous, demanding, and costly – in order to expedite support to the veteran the AAA has been required to front payments that have taken as long as six months to be reimbursed. Ultimately, VDA's vision is to assume the role as the single negotiating agent on behalf of AAAs. However, without funding for this time-intensive process and without policy or role definition on the national level, it has been difficult to assume such a role or to provide much-needed technical assistance to the two AAAs (Bay Aging and Prince William AAA) struggling to reach a manageable agreement with their respective VAMC. Fortunately, VDA has been successful in establishing an agreement with Public Partnerships, LLC (PPL), to expand its contract beyond CLP and also provide fiscal intermediary services to veterans for the VDHCBS program.

Despite, the challenges, the vision remains for VDA to facilitate collaboration with VHA and Virginia Department of Veteran Services with a goal to sign statewide provider agreements with each VAMC; to be the coordinator with the fiscal intermediary for VDHCBS; and to provide technical assistance to AAAs in support of expansion of the VDHCBS program statewide.

Virginia's Long-Term Care Ombudsman

Virginia's Office of the State Long-Term Care Ombudsman provides: complaint resolution services to individuals (and their families) residing in a nursing home; identifies problems and concerns related to long-term care services; and recommends changes in the long-term care system which can be universally beneficial. The Long-Term Care Ombudsman Program

(LTCOP) also educates consumers about their rights regarding long-term care services, teaches self-advocacy, and operates a statewide toll-free telephone number (1-800-552-3402) to assist individuals requesting information or filing a complaint.

With the growth in the aging population and the shift toward community-based care, the LTCOP is uniquely poised to follow elders across care venues – there will be an increased need to significantly expand the work of the LTCOP in advocating for those receiving long-term supports in the community and to identify, investigate and resolve related complaints and concerns. As the shift occurs away from facility-based care in favor of home care, efforts will be needed to address special challenges, such as: self-neglect, which represents the largest portion of older adult neglect cases in Virginia; social, physical, and geographic isolation of this population which also complicates monitoring and quality oversight; and the fear that invoking standard regulatory enforcement to address problems could result in the loss of services necessary to remain in the community.

Adult Protective Services (APS) and the LTCOP are the primary ‘safety net’ programs in holding the line against elder abuse and neglect. APS will continue to play a central role, while the LTCOP serves a distinct and unduplicated purpose in identifying systemic problems that place older adults at risk and engaging in systems advocacy on a statewide level to improve care and services. Together APS and the LTCOP will need to continue their patterns of close interagency coordination as they protect elders (both in long-term care facilities and the community at large) from abuse and neglect. In order to address these and related growing needs, there must be a significant increase in resources to effect a fulfillment of what has largely to date been an unfunded mandate.

Housing Challenges and Solutions

Eighty percent of older Virginians own the homes in which they live and most of us would prefer to stay in them as long as possible. Unfortunately, it is not always easy or practical. Lack of affordable and accessible housing is a universal issue across all age groups, but for older adults on a fixed income, who may also be facing declining mobility, it is a complex and growing problem. Even when a mortgage is completely paid, the costs associated with home ownership, such as property taxes and home repairs, can be a significant financial burden. When living on a fixed income, a simple repair for a leaky roof can go unattended and eventually create substandard housing conditions and threaten the ability to remain safe in the home.

The Governor’s Housing Policy Advisory Committee, established in 2010 in response to Executive Order #10, represents the first time in Virginia’s history that Executive leadership has convened with a specific focus on comprehensive housing issues. An Interim Report to the Governor was issued by the group in November 2010. The recommendations included in the report extensively capture the needs of older Virginians, people with disabilities, and others experiencing barriers to adequate and appropriate housing. Related recommendations from the report include the need to:

- Address the integral linkage of housing, employment and transportation through establishment and alignment of land use priorities and incentives.
- Enhance the ability of state and local agencies to offer consistent incentives for housing developments that incorporate “visitability” and Universal Design standards.

- Establish and align state priorities and incentives to promote expanded housing options.
- Create a structure authorizing a state housing trust fund to enable a consistent source of “gap” financing for affordable housing development.
- Establish and align state priorities and program resources to promote a continuum of quality housing options for special needs and at-risk populations.
- Maintain and enhance administrative structures that support inter-agency and inter-secretariat collaboration in addressing special housing needs.
- Reform existing state assisted-living funding programs to expand access to non-institutional, community housing options.
- Address local barriers to affordable housing.
- Address ongoing concerns regarding rental housing non-compliance with federal fair housing accessibility requirements.

In addition, during the most recent legislative session, the Governor and the General Assembly directed the Department of Housing and Community Development and the Department of Rehabilitative Services “to study the feasibility and appropriateness of amendments to the Uniform Statewide Building Code to provide accessible routes for persons with disabilities into public and private buildings and facilities and promote universal features in dwelling units.” The Departments will report on their progress by November 30, 2011 and submit their findings and recommendations to the House and Senate by November 30, 2012.

The Virginia Livable Home Tax Credit (LHTC) program is designed to improve accessibility and universal “visitability” in Virginia’s residential units by providing state tax credits for the purchase of new units or the retrofitting of existing housing units. Tax credits are available for up to \$5,000 for the purchase of a new accessible residence and up to 50 percent for the cost of retrofitting existing units, not to exceed \$5,000.

Virginia Accessible Housing Solutions, Inc. (VAHS) is a non-profit corporation licensed to certify Easy Living Homes in Virginia, ensuring that residents or visitors of any age or ability can easily navigate the home’s main floor and have access to the necessary amenities. The EasyLiving Homes certification process guarantees that a home has been built to exacting specifications and meets the necessary criteria to qualify the home as EasyLiving.

The Virginia Housing Development Authority (VHDA) is a self-supporting, not-for-profit organization created by the Commonwealth of Virginia in 1972, to help Virginians attain quality, affordable housing. VHDA works with lenders, developers, state agencies, local governments, and community service organizations. It does not receive any state taxpayer dollars, but instead issues bonds and uses the proceeds to fund mortgages primarily to first-time homebuyers and developers of quality rental housing. VHDA also administers the LIHTC Federal tax credit available to private sector developers, designed to encourage new construction and rehabilitation of existing rental housing for low-income households and to increase the amount of affordable rental housing for households whose income is at or below specified income levels. In addition, in Virginia communities where no directly-paid Housing Choice Voucher (HCV) program administrators exist, VHDA receives HCV program funds from HUD and subcontracts with locally-selected administrative agents or agencies which run the day-to-day operations under VHDA’s direction.

The VHDA Rental Unit Accessibility Modification program provides financial assistance in amounts of up to \$1,800 for specific tenants to make modifications to the rental units of elders, adults with disabilities, and families with children with disabilities. Typical modifications include installation of ramps, lifts, widening of doorways, and alteration of kitchens and bathrooms. Applications are made through accepted agents, which include Centers for Independent Living (CILs), local housing authorities, rehab hospitals (for individuals who require modifications to their living quarters before discharge), and landlords in need of accessibility modifications for a specific tenant.

These and other efforts by VHDA have yielded successful results, financing 87 senior housing developments resulting in more than 7,000 affordable apartment units over the past decade. However, many more facilities are in need of modernization and/or retrofitting and refinancing in order to accommodate supportive services to aging residents, and assure quality of life, accessibility and marketability.

The most disturbing situation is, of course, when there is no place to call home at all. Historically, people age 65 and older generally did not end up on the streets or in homeless shelters because of Social Security and Medicare. Although the aging homeless are relatively invisible, it is estimated that 20 percent of the U.S. homeless population are age 50 and over. As boomers age and waiting lists for affordable housing climb to unprecedented proportions, older adults in far greater numbers may end up homeless and their unique needs related to mobility and chronic disease will significantly impact homeless management systems.

Transportation Challenges and Solutions

The majority of the state's transportation services and supports for individuals with mobility limitations are provided in connection with the Virginia Department of Rail and Public Transportation (DRPT) and delivered at the state and local level through a number of Health and Human Resources agencies. In order to effectively coordinate these agency-led initiatives, maximize efficiencies and eliminate duplication, DRPT formed and leads the Interagency Transportation Coordinating Council (*See Appendix G*). The mission of this Council is to enable seven state agencies to actively work together to identify and recommend state policy changes needed to eliminate duplication and to improve transportation coordination and services to key populations.

In 2008, DRPT undertook the development of Coordinated Human Service Mobility (CHSM) Plans in order to help meet new requirements issued by the U.S. Federal Transit Administration, but with an overarching goal to develop a local vision for meeting the transportation needs of older adults, individuals with disabilities, and people with lower incomes. The 21 CHSM Plans include recommendations for an ongoing regional structure to serve as the foundation for future coordinated transportation planning efforts. In addition, DRPT's application for the FY09 New Freedom and Senior Transportation programs included a pilot project for a Regional Mobility Coordinator (RMC). As a result, several regions applied for and have implemented mobility manager projects that include RMC features.

The New Freedom Program is authorized in the Safe Accountable Flexible and Efficient Transportation Equity Act, a Legacy for Users (SAFETEA-LU) to support new public transportation services and alternatives beyond those required by the Americans with Disabilities Act (ADA) of 1990. Seven of Virginia's planning districts have received New Freedom Mobility Management Grants for planning and implementation of transportation for

individuals with disabilities, six of which are led or in partnership with the Area Agency on Aging. (See Appendix H).

The *Elderly Persons and Persons with Disabilities Program (Section 5310)*, administered by the Federal Transit Administration, reauthorized under the SAFETEA-LU, funds special transportation for older adults and persons with disabilities. Capital assistance is provided on an 80/20 federal/local matching basis. Since FY08, all passenger vehicles purchased under the Section 5310 program for human service transportation have been accessible for persons with disabilities.

Initial research, currently being conducted for DRPT to determine future demand for transportation for older adults shows that by the year 2035, at a minimum, transportation for older adults will require over 14 million trips annually, approximately 25% of expected requirement by all Virginians.

For older adults who are still behind the wheel, VDA and the Virginia Department of Motor Vehicles, Highway Safety Office (HSO) are working together to address the disproportionate fatality rate for seniors. According to the National Highway Traffic Safety Administration (NHTSA), compared to other drivers, older drivers have a higher fatality rate per mile driven than any other age group except drivers under 25, with drivers aged 85+ at nine times that of individuals aged 25 to 69. Further, when involved in a crash, older adults are more likely to suffer serious injuries, requiring longer and costlier recoveries, or often even death due to medical complications. Funded by the NHTSA, the Virginia GrandDriver Program is providing web-based resources that help older drivers compensate for age-related changes, and promoting CarFit, a 12-point checklist that helps older adults to properly “fit” in their vehicles to avoid serious injuries. Additionally, the program provides a grant for certified comprehensive driver assessments for seniors who cannot afford them and gives options for alternative forms of transportation to help older Virginians maintain their mobility and independence. Still, older driver issues are currently not included in the list of NHTSA priorities and as a result, funding has decreased dramatically each year. With an average of an additional 43,000 older drivers on the road each year, programs like GrandDriver are essential.

Health Care

Older adults make up only 12 percent of the current population, but account for: 26 percent of doctor appointments; 35 percent of hospital stays; and 47 percent of outpatient visits. While optimal aging is partially influenced by the ability to maintain good health, there are outside factors such as rural access, cultural competency, health literacy, and communication barriers, that can assist or oppose individual efforts. Developing a professional and direct service workforce trained in aging issues, promoting prevention, utilizing innovative service delivery practices and non-traditional partnerships, supporting family caregivers, and addressing challenges specific to individuals with dementia and behavioral health issues are paramount in helping us all to age optimally regardless of physical, cognitive, financial, educational, or geographic limitations. Maintaining optimal physical and cognitive health is partially driven by individual choice, partially by genetics, and partially by the decisions made on a statewide and community level to ensure access to information and services that promote healthy aging across the continuum.

Managing Chronic Disease

If older Virginians are to retain their autonomy and to remain in their home communities for as long as possible, they must be able to prevent or manage the chronic diseases which typically increase with age. At least 80 percent of older adults in Virginia live with at least one chronic condition and 50 percent have at least two, according to a state health department 2006 report. Research shows that participants of chronic disease self-management programs handle symptoms better and communicate more easily with their physicians, family members and caretakers. Participants feel better, are less limited by illness, and may spend less time at doctor appointments or in the hospital.

On March 31, 2010 the Virginia Department for the Aging received a 2-year AoA grant, *American Recovery and Reinvestment Act Putting Communities to Work, Chronic Disease Self-Management Program*. This grant has enabled nine Area Agencies on Aging to implement the program at the local level with oversight and coordination from VDA and the Virginia Department of Health (VDH). Previously CDSMP or DSMP workshops were offered in limited areas through VDH but there was no statewide effort to bring these programs to older Virginians. Through this grant VDA has committed to provide workshops to at least 1906 people with 1,569 individuals completing (attending at least 4 of the 6 sessions).

Professional and Direct Service Workforce

By 2030, it is predicted that a significant number of older adults will have five or more chronic conditions. Success in supporting these individuals in the home and community hinges in large part on: 1) an adequate workforce of medical and non-medical support staff and 2) accessible health care – even in rural and other areas of greatest need. Although these are issues that will affect other populations, they are exacerbated in the field of aging because of the increasing gap between the number of individuals reaching older age and the number of professional and direct care workers trained in geriatrics or gerontology.

Beyond the fact that there simply aren't enough health care professionals, there is also a considerable issue created by high turnover of qualified personal care service workers, due to the absence of health benefits, low wages, and inadequate training. For older adults, more so than any other age group, continuity of care is vital. Maintaining a long-term relationship with a primary care physician and with support service providers is associated with better health outcomes for patients at a lower cost. It also increases the likelihood individuals will take their medications as directed and keep their medical appointments. With turnover rates in home care nearly 40 percent, continuity of care is severely jeopardized.

Informal Network of Unpaid Caregivers

Without a doubt, the single most valuable support to the health and well-being of Virginia's older adults is the network of informal care provided by family and friends. The recent State Profile conducted through a CMS grant, estimates that Virginia caregivers provide nearly \$10 billion in services. As the numbers of professional healthcare workers decrease relative to the numbers needing their services, the burden of care will likely increase for informal caregivers. Unfortunately, the trend of shrinking family size – 76,000,000 Boomers compared to 62,000,000 in Generation X – suggests that the availability of family caregivers will also decrease, placing an even greater burden on the informal care network. If Virginia is to manage the growing needs of the aging population, clearly success hinges on providing better support to the unpaid but critical network of caregivers.

Siloed outreach and messaging, insufficient funding, incomplete inventory of services and related financial assistance resources, ineffective policies, restrictive eligibility requirements,

coupled with a lack of affordable and accessible respite care programs have together created barriers to successfully supporting the 1.4+ million caregivers in Virginia. Virginia sought to address the siloed effects impacting respite care by forming the Virginia Caregiver Coalition (VCC) in 2004. Although the accomplishments of the past 6+ years are many, with little funding, there remains much to be done to adequately support the informal network of care in Virginia. In March 2011, however, in preparation for the development of a statewide Lifespan Respite System and with the assistance of ARCH, VCC sponsored the Virginia Lifespan Respite Summit, bringing together 142 providers and caregivers to discuss barriers, potential models, partnerships, and the opportunities provided through the AoA Lifespan Respite Care Program Grant. The Summit was a major step forward as community groups of stakeholders from across Virginia were connected electronically, enabling discussions on both statewide and local levels.

Based on caregiver feedback, overall communication and education efforts related to respite services have not been effective. And even if outreach efforts were successful, ultimately, there is little to no respite support for most of these caregivers, especially for those at the lower end of the economic scale. Furthermore, when respite is available for these families, for example through private-pay sliding fee scale programs, often “income” is used as an eligibility measure. Yet “net” income may be much lower when severely compromised by medical and care-associated expenses, leaving the caregiver between a rock and a hard place – not eligible for public pay, but not able to afford private pay either. Of those who do qualify for a Medicaid waiver, many still cannot receive respite due to limited available slots and long waiting lists. Unfortunately, due to recent budget cuts, waitlist numbers will continue to rise and, for those fortunate enough to currently receive waiver support, assistance will decline.

Virginia recently submitted a proposal for the *Lifespan Respite Care Program* to build a statewide coordinated caregiver respite system for families providing support to individuals of any age, and/or with any disability, or chronic condition. If funded, expected outcomes include increase in: respite care listings and referrals by NWD/ADRC partners; caregiver knowledge and preparedness to use respite services; and volunteer preparedness to provide respite services.

Currently, the Virginia Respite Care Initiative Program, administered by several AAAs and private contractors, offers a small support for caregivers of elderly Virginians, especially those suffering from Alzheimer’s disease and related disorders (ADRD). While many caregivers, especially older spouses, are key to individuals staying at home, they often face health problems of their own which also places the care recipient at risk. An important factor in reducing caregiver stress is figuring out how to interact with the person with ADRD, day after day. Researchers have found that engagement in meaningful activity may decrease behaviors such as apathy, agitation, irritability, and/or anxiety (Aronstein, Olsen, & Schulman, 1996), and reduction in these behaviors in-turn can relieve caregiver stress. Thanks to an ADSSP Grant from AoA, Virginians caring for an individual with ADRD are getting help with strategies to interact positively, help the individual maintain cognitive functioning, and reduce behavioral symptoms through an evidence-informed intervention that is currently being further tested by the Alzheimer’s Association and the University of Virginia.

Planning, Policy, Advocacy

Secretary of Health and Human Resources’ Workgroup on Long-Term Services and Supports for Older Adults and Adults with Disabilities

Recently, the Secretary of Health and Human Resources convened an Interagency workgroup led by the Commissioner of Department of Rehabilitative Services/Interim

Commissioner of VDA, aimed at improving collaboration between all agencies that provide long-term services and supports to adults over age 60 or over age 18 with a disability. Goals include:

- Simplify and streamline service delivery
- Avoid duplication
- Improve alignment and manage costs
- Increase access, and make better use of information and resources

Virginia's Blueprint for Livable Communities

Mandated by the Governor and the Virginia General Assembly, with leadership from the Department of Rehabilitative Services and the Virginia Department for the Aging, in 2010, Virginia convened an 18-member *Citizen Advisory Group* comprised of individuals and state agency representatives with expertise and background experiences in critical fields involved in livable communities planning. With regions as diverse as Abingdon and Arlington, this report is not a "one-size-fits-all" product, but rather a compilation of planning resources, policy information and research that, when put together are universally adaptable to any size or type of community. This document is the first step in a long-range state effort to support the changes urgently needed to secure all Virginians the opportunity to live and age optimally in their community. Although the online Blueprint will launch in July 2011, the Citizen Advisory Group will continue its work with agency representatives to remove barriers and expand opportunities that support Virginia's communities in this evolutionary process toward "livability."

Local and Regional Livable Communities "Blueprints"

The Commonwealth's efforts to support the development of "Livable Communities" go hand-in-hand with the inspirational efforts of a number of local success stories across Virginia.

- Rappahannock Rapidan Community Services Board and Area Agency on Aging leads the "Aging Together Partnership," an alliance of more than 100 organizations from Culpeper, Fauquier, Madison, Orange and Rappahannock Counties which aims to ensure that community members are able to access needed supports to successfully age in place.
- A collaborative planning effort involving input from more than 85 organizations and 500 individuals over the course of three years, Charlottesville's 2020 Plan serves as a blueprint to make Virginia's Jefferson planning area more livable for all ages. Jefferson Area Board for Aging (JABA) served as a major force behind the development of this comprehensive plan, which focuses on three top priority goals for the community: (1) Promote access to high-quality healthcare, pharmaceuticals, and support services; (2) Provide a variety of quality affordable and accessible senior housing options integrated within the community; and (3) Provide safer, more convenient, and flexible transportation options.
- The Burke/West Springfield "Senior Center Without Walls" is one of only four recipients of the U.S. Environmental Protection Agency's (EPA) Commitment Award for smart growth in urban areas. The Center is an innovative public-private partnership, created to promote community engagement and active aging programs for adults 55 and older. Relying entirely on existing community resources, the program shifts the older-adult serving paradigm from senior center-based to community-based programs, using a shared site approach.

- Comprised of local public and non-profit agency representatives from the community, the Newport News Task Force on Aging is creating a “Community where seniors are valued, supported and empowered to attain the highest quality of life achievable.” Accomplishments to date, categorized under three Priority Areas, include: Increased linkages to Supportive Services in the Community; Safe/Affordable Housing for Seniors; and Increased Effectiveness and Efficiency of Transportation Services for Seniors.
- Fairfax County’s Action Plan, created by the Fairfax County Board of Supervisors’ Committee on Aging, includes specific action steps in a number of focus areas: Housing options, Housing affordability, Transportation options, Engagement, Diversity, Caregiver support, Technology, Health, Safety and Security and Service Capacity. To ensure accountability in implementing its 50+ Action Plan, in 2009 the Committee returned and issued a “scorecard” measuring progress in each of the stated action items.

Older Dominion Partnership

Designed as a coalition of businesses, non-profits, philanthropic foundations, academia, and government, the Older Dominion Partnership (ODP) has taken a unique approach to “age wave planning.” Predicated on the belief that the most effective planning comes from “the bottom up” – from the people who make up a community – ODP is engaging residents, businesses and organizations that have a vested interest in their community’s future and best understand its idiosyncrasies, unique needs and vision. Coined as a “coalition of the willing,” members of ODP have developed working teams to address community readiness, business readiness, and civic engagement. To date, the ODP has conducted research to: document the level of awareness and priority given aging issues by individuals, businesses and local leaders; helped to create statewide and local conferences on age-wave planning; and developed a comprehensive research database to assist localities in resource development and transition planning. Currently, ODP is conducting the first statewide survey of older Virginians since 1979 to analyze readiness by locality. The survey and analysis is available at www.olderdominion.org

Federal Sustainable Community Planning Grants

In October 2010, the Federal Partnership for Sustainable Communities, a collaboration between the EPA, HUD, and DOT, issued first-round Sustainable Communities Regional Planning Grants to assist regional livable communities planning projects. From 225 applicants, 45 finalists were selected including three Virginia communities:

- Radford: New River Valley Planning District Commission – \$1,000,000 to conduct a planning process for a new regional vision and prepare a new regional plan with 9 areas of focus including economic development, affordable housing, transportation, energy, arts/culture, water infrastructure, agriculture/local food access, natural resources, and technology infrastructure.
- Roanoke: Roanoke Valley Allegheny Regional Commission – \$625,000 to conduct a three-phase project with a broad analysis of local and regional plans, including municipal comprehensive plans, neighborhood plans, energy and water plans, and others to see where gaps exist between and within plans.

- Charlottesville-Albemarle: Thomas Jefferson Planning District Commission – \$999,000 to integrate strategies for land use, transportation, housing, economic development, air and water quality, and energy use and implement sustainability projects.

Virginia's Four-Year Plan for Aging Services

Recognizing the coming "Age Wave," in 2008, the Governor and the Virginia General Assembly mandated a four-year planning process for aging services. This report recognizes the broad continuum of aging and describes the current informal and formal array of supports and services utilized by older Virginians in order to construct a plan for how that system must change in order to meet future demands. It begins by underscoring the value of older Virginians as vital resources to families and communities, stressing the power and responsibility of each individual in shaping their later years through maintaining physical and mental health to the greatest extent possible, remaining engaged in social and civic life in the community, and planning for the financial future. It also recognizes that some may require a level of assistance beyond what can be provided with informal supports or paid for with private means and discusses how the Commonwealth, communities and public and private services can be designed to help us "Age in Place." In addition, it recognizes that there are some special populations whose unique challenges call for particular consideration and targeted supports. These special populations include adults with lifelong disabilities, grandparents raising grandchildren, aging immigrants, and older prisoners.

This report delves into each of these essential areas, discusses Virginia's strengths and challenges, and presents recommendations representing collective voices of policy makers, service providers, researchers, planners, and advocates. Although many of the recommendations focus on the most vulnerable citizens, others are more universal in nature with a goal to assist all older adults to remain as autonomous as possible given their unique circumstances.

The primary goal of this first planning effort was to establish a structure and process that will serve as a solid foundation from which future efforts to assess Virginia's network of aging services can evolve. Therefore, although the first Four-Year Plan was submitted to the Governor December 2009, the collaborative statewide workgroup continues to meet to ensure that the recommendations remain in the forefront of policy decisions. Given the challenging economic climate of the past two years, progress has been slow with many of the recommendations but for those that hinge on legislation, policy, collaboration, and/or administrative decisions, progress has been steady. It will be the recommendation of this group that the timetable be reconsidered for future plans in order to align its timetable with the AoA State Plan.

Community Integration

The *Code of Virginia* § 2.2-2524 establishes the Community Integration Advisory Commission (CIAC), a body comprised of 21 appointed non-legislative citizen members, to "monitor the progress of all executive branch state agencies toward community integration of Virginians with disabilities in accordance with all applicable state and federal laws in order that persons with disabilities may enjoy the benefits of society and the freedoms of daily living."¹ In 2007, the Community Integration Implementation Team, comprised of local and state agency representatives from four Secretariats, issued "Virginia's Comprehensive Cross-Governmental Strategic Plan in response to Executive Directive. An updated plan is issued annually.

Health and Human Resources Emergency Preparedness and Response Workgroup

Virginia's geographical diversity, from mountains to shoreline, means that the Commonwealth is open to a variety of natural disasters, ranging from winter storms to forest

fires; from hurricanes to geological hazards such as landslides and floods. The entire state is subject to seasonal life threatening storm activity, with loss of electrical power and significant travel hazards. In addition, the Virginia Department of Emergency Management (VDEM) warns that localities must prepare for manmade threats as well, such as radiological and hazmat accidents and terrorist incidents.

The Emergency Preparedness and Response (EPR) Workgroup serves in an advisory capacity within the HHR secretariat to coordinate inter-agency emergency planning and response activities and address cross-agency and cross-secretariat issues. The ultimate goal is to promote community resiliency so that an “all needs, all hazards” approach to planning and response becomes the standard within the Secretariat. Working in collaboration with the VDEM, the EPR Workgroup creates an annual work plan, represents HHR in relevant statewide and regional exercises, inventories EPR resources, and coordinates response activities and communication between agencies.

Although AAAs are not involved as first responders in the event of a natural, chemical, biological or other type of disaster, they often provide secondary assistance to older adults who may be the victims of such events. Assistance may be in the form of providing information and referrals to appropriate agencies, food and water for homebound individuals, and assisting emergency agencies with transportation and sheltering.

An emergency assistance registry could be invaluable to first responders in managing daily, individual emergencies such as medical, accidents, and home fires. Virginia’s No Wrong Door provides an excellent platform upon which to build a statewide emergency assistance registry. Not only does it serve the exact target population that the registry would serve but it has been the vehicle through which Virginia has been building a statewide database of personal information for the Commonwealth’s most vulnerable populations. VDA has sought funding to pilot such a registry. To date funding has not been forthcoming but it remains part of the No Wrong Door long-term vision.

Best Practice Awards

The “Best Practice Awards”, developed and sponsored by the Commonwealth Council on Aging, provide state-wide recognition to successful, unique, local or regional programs which serve older Virginians and their families. With a special focus on “Aging in the Place,” the awards are designed to recognize creativity and effectiveness in services that foster “Livable Communities” and/or provide “Home and Community Based Supports.” From transportation to housing, from caregiver support to intergenerational programming, the awards acknowledge and promote best practices, raise awareness about the value of home and community based supports, and encourage replication of stellar programs around the state.

Web-based Resources

[EasyAccess.Virginia.gov](#)

Virginia Easy Access is a web portal developed for older adults, adults with disabilities, their caregivers and the providers that support them. As part of No Wrong Door, *Virginia Easy Access* is the gateway to VirginiaNavigator, Virginia’s NWD/ADRC network provider database, designed to help individuals and providers identify and access local services and supports. In order to streamline access, *Virginia Easy Access* also is the portal for an electronic Medicaid Application that can be completed on-line and submitted directly to the appropriate local social

services agency for processing. *Virginia Easy Access* is also supported by *2-1-1 Virginia*, enabling individuals to ask online questions and receive a response from the 2-1-1 call center.

[VirginiaNavigator.org](#)

VirginiaNavigator is both a non-profit organization and the name of the website that serves as the NWD/ADRC database. Beyond serving as a universal site for NWD/ADRC, it also manages 2 subsites, *SeniorNavigator* and *disAbilityNavigator*, through which specialized information and education about health, wellness, and lifestyle considerations is available for older adults and people with disabilities, respectively. The database of over 24,000 public and private supports is continually updated to ensure the most comprehensive list of providers is available.

[VirginiaHousingSearch.com](#)

VirginiaHousingSearch.com, sponsored by the Virginia Housing Development Authority, enables prospective tenants to conduct free searches for:

- Housing with accessibility features
- Affordable rental housing
- Age-restricted rental housing
- Market-rate rental housing
- Housing located on public transportation routes

[Virginia's BluePrint for Livable Communities vadr.org/vblc](#)

Based on the premise that livable communities are a necessary and achievable goal and recognizing that valuable ideas and resources already exist, this website along with the accompanying report, serve as platforms for information and idea-sharing to facilitate the necessary human connections that will expand upon this existing foundation.

[AlzPossible.com](#)

AlzPossible is an initiative of the Virginia Alzheimer's Disease and Related Disorders Commission designed to provide a cost-effective framework for coordinating educational, research, and technological resources and services throughout the Commonwealth of Virginia. Originally funded through ADSSP it has been sustained through an ongoing partnership with Virginia Commonwealth University's Department of Gerontology and partial funding from the Virginia Center on Aging's "Geriatric Training and Education Initiative." As a virtual Alzheimer's Disease Center without walls, *AlzPossible* is a valuable vehicle through which many of the Commission activities are delivered, such as the *AlzPossible* website and the provision of state-wide continuing education webinars for professionals who support caregivers and persons with dementia.

STRATEGIC DIRECTION: GOALS, OBJECTIVES, STRATEGIES, MEASURES

Virginia's five goals are designed to address the challenges and maximize the opportunities presented by the growing number of aging adults and adults with disabilities and the increasing dependency on formal (professional) and informal (unpaid) supports. The strategies reflect the views of a diverse and comprehensive group of stakeholders and self-advocates, who together and independently have expressed their opinions and contributed their expertise toward the development of this plan. Successful implementation depends in part on funding. Virginia's aging and disability-related partners are committed to continuing to seek both public and private resources to support these goals and objectives.

Goal 1: Support older adults, caregivers, adults with disabilities, and their families, in making person-centered, informed decisions regarding current and future options and in accessing health and long-term supports.

Objective 1.1: Expand No Wrong Door, Virginia's Aging and Disability Resource Connection (NWD/ADRC), statewide.

Strategies:

1. Implement a two-step approach to developing fully-functional NWD/ADRC communities in remaining ten localities. Initiate three AAAs that are not currently on the NWD/ADRC system, onto use of the CRIA and UAI tools. Expand seven AAAs that are currently only on CRIA and UAI, onto the entire system.
2. Finalize the CIL reporting tool in the NWD/ADRC system and integrate the system into the CIL network.
3. Work with the private sector to integrate the use of the NWD/ADRC system into business process to encourage and support electronic referrals between public and private sectors.
4. Develop "self-referral" capabilities on Easy-Access/VirginiaNavigator to support person-centered practices.
5. Develop technology interface between NWD/ADRC system and DMAS reimbursement system for assessments.

Measures:

1. Number of public and private providers using the NWD/ADRC system.
2. Average number of options provided to individuals prior to referral(s).
3. Number of referrals made through the NWD/ADRC system.

Objective 1.2: Integrate Options Counseling into service provisions available in every Virginia's Aging and Disability Resource Connection (NWD/ADRC) community.

Strategies:

1. Train all AAAs and CILs in statewide standards for Options Counseling.
2. Integrate Options Counseling into Care Coordination for Elderly Virginians Program and OAA Title III-B funding.
3. Develop an Options Counseling tool in the NWD/ADRC system to reflect the statewide standards for delivery and data collection.
4. Expand training beyond AAAs/CILs to other NWD/ADRC partners.
5. Develop and implement an evaluation process that measures individual satisfaction and provides critical information to perform quality improvement analysis.

Measures:

1. Number of AAAs and CILs including Options Counseling in annual Area Plans.
2. Number of professionals reporting increased knowledge and awareness of OC principles and practices.
3. Percentage of individuals reporting that OC helped them to identify, evaluate, and expand on their knowledge of community resources and that their completed OC plan reflects their preferred choices.
4. Percentage of individuals living in the community 6 months and 12 months following the conclusion of OC.

Objective 1.3: Strengthen Virginia's Aging and Disability Resource Connection (NWD/ADRC) leads in their role as the Local Contact Agency (LCA) for Section Q and MFP.

Strategies:

1. Implement statewide training through the CIL network to teach person-centered practices to aging providers.
2. Incorporate the LCA protocol into the NWD/ADRC system to automate the process of referrals from institutions to LCAs to Transition Coordination Providers (TCPs).
3. Support the expansion of the Virginia Culture Change Coalition in its efforts to strengthen workforce stability, resident choice, resident and staff satisfaction and empowerment, and patient-centered care.

Measures:

1. Number of aging professionals reporting increased knowledge and awareness of Person-centered language, principles and practices.
2. Automated reports of individuals in NFs referred to LCAs, TCPs, and enrolling in MFP.

Objective 1.4: Increase number and diversity of individual beneficiaries receiving decision-support and assistance through VICAP.

Strategies:

1. Identify Virginia's diverse populations such as non-English speaking and low income older adults and work with DMAS, DSS, and NWD/ADRC local partners to develop and implement outreach strategies.
2. Participate in education and outreach activities regarding Medicare Annual Election Period (AEP) and fraud awareness initiatives, targeting beneficiaries potentially eligible for low-income subsidy and wellness and prevention services.
3. Develop and implement outreach strategies through partnerships with VirginiaNavigator Centers, faith-based communities, schools, and cultural-based community centers.

Measures:

1. Number of one-on-one contacts with beneficiaries.
2. Number of enrollment contacts.
3. Number of contacts with individuals whose incomes are less than 150% of poverty level.
4. Number of contacts with those with disabilities.

Objective 1.5: Maximize transportation options to increase access to HCBS and life-dependent activities.

Strategies:

1. Strengthen the role of the Interagency Coordinated Transportation Council by empowering members to develop policy and report annually on the progress of human services transportation and best practices, encouraging training for local and regional planners and providers to improve coordination and provision of services.
2. Develop a stronger linkage between the NWD/ADRC database, GrandDriver, and the Department of Rail and Transportation (DRPT) grant-funded transportation providers.
3. Identify and promote best practices to NWD/ADRC communities to encourage quality transportation options especially related to the access of HCBS.
4. Strengthen the role of the Interagency Coordinated Transportation Council by empowering members to develop policy and report annually on the progress of human services transportation and best practices, encouraging training for local and regional planners and providers to improve coordination and provision of services.

Measures:

1. Number of one-way transportation trips reported annually in each NWD/ADRC community.

Goal 2: Support individual choice for home and community living to the greatest extent possible through the provision of quality home and community-based services, fostering independence and quality of life, for older adults, caregivers, adults with disabilities, and their families.

Objective 2.1: Strengthen programs that provide early interventions for frail and non-frail older adults, to include options counseling, goal setting according to preference and need, case management, the development of a care plan, coordination of supports, and/or benefits counseling and a plan for the future.

Strategies:

1. Expand funding for/implementation of the Care Coordination for Elderly Virginians Programs (CCEVP) to all NWD/ADRCs, providing interventions to community-based older adults.
2. Expand the capacity of Virginia Insurance Counseling and Assistance Program (VICAP) to assist Medicare beneficiaries in understanding and accessing benefits and managing costs.

Measures:

1. Number of individuals enrolled in CCEVP model programs, remaining in community one year after initial enrollment.
2. Number of full-time local VICAP Coordinators.

Objective 2.2: Increase the number of individuals enrolled in quality HCBS to include adult day care, chore, companion care, homemaker, money management, and personal care.

Strategies:

1. Develop and adopt “sustainability” models for new and innovative programming.
2. Integrate program monitoring into the NWD/ADRC system to increase efficiencies and reduce costs associated with standards evaluation and quality improvement processes.
3. Increase the capacity and flexibility of funding of Virginia’s Area Agencies on Aging to better serve the rapidly growing population of older adults.

Measures:

1. Quality standards maintained or exceeded with increased number of enrollees.
2. Number of frail clients that received in-home services during the most recent quarter and during the same quarter one year ago.

Objective 2.3: Improve nutritional health, alleviate hunger, and prevent malnutrition.

Strategies:

1. Provide nutritionally adequate and sensory appealing meals to older adults throughout Virginia.
2. Assist AAAs with operation of senior nutrition programs – training, technical assistance, and monitoring of financial and program operations to maximize available resources.
3. Advocate for increased funding for home-delivered meals.
4. Provide education and technical assistance to farmers about the Senior Farmers' Market Nutrition Program.

Measures:

1. Number of unduplicated persons served.
2. Number of eligible meals provided to home-bound individuals.
3. Number of individuals on a waiting list for home-delivered meals.
4. Number of farmers registered/certified to participate in Senior Farmer's Market Program.

Objective 2.4: Expand the VDHCBS program statewide.

Strategies:

1. Work with AoA, VHA, and VDVS to establish VDA's role as lead partner for agreements with VAMCs, coordinator of the fiscal intermediary, and provider of technical assistance for partnerships between AAAs and VAMCs.
2. Identify best practices within Virginia and across states to assist NWD/ADRC/VAMC partnerships in the implementation of VDHCBS.
3. Integrate marketing and educational outreach into VDVS and NWD/ADRC outreach and communication efforts.
4. Capture "success stories" and use to promote VDHCBS statewide.

Measures:

1. Number of provider agreements between VDA and VAMCs.
2. Number of AAAs providing VDHCBS program.
3. Number of veterans served by VDHCBS.

Objective 2.5: Sustain services to participants of CLP through use of non-grant funds.

Strategies:

1. Identify and document accomplishments, challenges, activities, client satisfaction and statistical data and develop case statement for potential funders.
2. Identify non-traditional funding sources to be used for current individuals and to expand to additional participants.

Measures:

1. Client level and aggregate data in NWD/ADRC system.

Objective 2.6: Promote and support seamless care transitions from the hospital, rehab, and skilled nursing facilities to home and community settings.

Strategies:

1. Introduce NWD/ADRC to hospitals and health systems and establish common goals related to rehospitalization rates.
2. Embed NWD/ADRC protocols into partner business practices to support a single protected client record shared among agencies, with universal assessment, collaborative discharge planning, and service plan monitoring.
3. Utilize the NWD/ADRC system for documentation and tracking across community-based public and private providers.

Measures:

1. Number of MOUs between NWD/ADRCs and Hospitals.
2. Percentage of individuals, over the age of 60, and/or 18+ with a chronic condition and/or disability, being discharged from participating hospitals, reporting they have a better understanding of their options for returning to the home/community than when they were admitted.
3. Percentage of families reporting they have a better understanding of caregiver supports in the community than when their loved one was first admitted.
4. Readmission rates of individuals, over the age of 60, and/or 18+ with a chronic condition and/or disability, supported through the NWD/ADRC care transitions program.

Objective 2.6: Strengthen support and eliminate barriers for the 1.4+ million caregivers of older adults and adults with disabilities in Virginia.

Strategies:

1. Restore funding to maintain the Virginia Caregivers Grant and the Respite Care Grant and develop new public and private funding for services to assist caregivers statewide.
2. Build an integrated and sustainable lifespan respite infrastructure.
3. Leverage NWD/ADRC to assist caregivers with information and access to respite care.
4. Train and recruit respite workers and volunteers.
5. Include Emergency Respite into NWD/ADRC Local Advisory Council planning.
6. Develop training programs for family caregivers through the AAA and/or the community college system, available through on-line resources such as NWD/ADRC's *Easy Access*, community sites with in-home consultation, and the hospital discharge process.

Measures:

1. Number of respite care service listings in the NWD/ADRC database.
2. Number of respite care referrals made by NWD/ADRC partners.

Goal 3: Promote evidence-based practices in prevention and encourage active and healthy life choices for older adults, caregivers, adults with disabilities, and their families through education, outreach, and program provision.

Objective 3.1: Develop sustainability plan for continued funding through alternative sources for CDSMP/DSMP with a covered-fee option for those who cannot afford to pay for workshops.

Strategies:

1. Explore feasibility of including CDSMP/DSMP in approved Waiver programs.

2. Explore potential agreements with health insurance companies and/or employers for CDSMP/DSMP as a reimbursable benefit.
3. Identify and apply for private grant funding to extend the CDSMP/DSMP model while developing long-term sustainability model.
4. Integrate CDSMP referrals into NWD/ADRC system.

Measures:

1. Number of current CDSMP/DSMP programs continuing to offer workshops.
2. Number of participants whose costs are paid by third party payers.
3. Revenue generated from third party payers.
4. Number of new communities offering CDSMP/DSMP.

Objective 3.2: Expand the ADSSP evidence-informed “Connections” model to promote its adoption statewide, to improve the quality of life for persons with ADRD and family caregivers.

Strategies:

1. Develop a replication plan for statewide implementation.
2. Develop MOUs between Alzheimer’s Chapters and NWD/ADRC communities to document shared goals.
3. Introduce “Connections” to members of the Virginia Caregiver Coalition and consider partnership opportunities such as with Lifespan Respite Program.
4. Seek funding to support local implementation.

Measures:

1. Number of persons with ADRD and family caregivers enrolled in “Connections.”
2. Number of communities offering “Connections” to persons with ADRD and family caregivers.

Objective 3.3: Collaborate with all systems change outreach efforts to promote Medicare wellness and preventive benefits to potential beneficiaries.

Strategies:

1. Integrate materials and education regarding wellness and preventive benefits into all VICAP outreach and counseling efforts.
2. Provide eligibility information and education as part of Options Counseling and Care Transition processes.
3. Include education and awareness materials in CDSMP packets.
4. Include program information in the NWD/ADRC database.
5. Include educational articles on EasyAccess and VirginiaNavigator.

Measures:

1. Number of individuals receiving educational materials regarding the Medicare wellness and preventive benefits.

Objective 3.4: Establish Virginia GrandDriver as the authority on driver safety for older adults and ensure that driver assessments are accessible and affordable to all older drivers referred for evaluation.

Strategies:

1. Utilize radio, print and TV advertising to promote senior driver safety and Carfit events.

2. Expand web-based marketing with search engine optimization.
3. Partner with other organizations such as TRIAD, American Automobile Association, and AARP to promote GrandDriver and CarFit events.
4. Educate healthcare professionals on senior driving awareness.
5. Contract for comprehensive driver assessments to be conducted statewide by the CDRS.
6. Collaborate with DMV Driver Rehab Workgroup to increase number of CDRS in Virginia.
7. Advocate for insurance companies to pay for driver assessments.
8. Train technicians to hold CarFit events.

Measures:

1. Number of website visits and online requests for speakers, training, and information.
2. Number and frequency of participation in healthcare conferences, medical school presentations, senior expos and health fairs.
3. Number of CarFit technicians trained.
4. Number and geographic coverage of CarFit events.
5. Number of older adults referred for driver assessment.

Objective 3.6: Recognizing the physical, mental, and financial benefits that employment provides for older adults, Virginia commits to continuing to avoid layoffs in the SCSEP program in spite of reduced funding.

Strategies:

1. Explore options for reduced hours or blended volunteer and paid positions.

Measures:

1. Number of individuals enrolled in SCSEP program.

Objective 3.6: Implement the workforce development recommendations of the Governor's Health Reform Commission to build the workforce of direct support and health care professionals and to improve preventative care and wellness programs for adults, especially high risk populations.

Strategies:

1. Continue/expand General Fund appropriations for the Geriatric Training and Education Initiative, Virginia's only state-funded program to develop skills and build capacities of the gerontological/geriatric work force, across disciplines from pre-professional to professional.
2. Develop a comprehensive strategy to raise awareness about the positive aspects of careers related to eldercare and recruit direct care workers such as paid caregivers, CNAs, and personal and home health aides.

Goal 4: Ensure the rights of older adults and prevent elder abuse, neglect, and exploitation.

Objective 4.1: Strengthen adult protection and abuse prevention through outreach, education, and advocacy.

Strategies:

1. Seek funding to expand the Ombudsman Program to fulfill its mandated responsibility to address concerns of older adults and their families regarding the quality of home and community-based long-term care.

2. Strengthen Adult Protective Services through interagency coordination and communication.
3. Standardize and incorporate a curriculum into basic academy and in-service training for first responders, and state and local law enforcement to assist them in recognizing, addressing and investigating instances of elder abuse, neglect and exploitation.
4. Offer training programs to assist prosecutors in recognizing, addressing, investigating, and prosecuting instances of elder abuse, neglect, and exploitation.
5. Offer educational programs for judicial officers on enhancing their skills and ability to respond to cases involving elder abuse, neglect and exploitation.
6. Expand Triad partnerships and other community coalitions between public agencies and private-sector organizations to broaden training and education about senior safety, crime and fraud prevention, and domestic violence.
7. Continue funding through the Department of Criminal Justice Services to provide Alzheimer's-related training to first responders including law enforcement officers, emergency medical services, and fires services.
8. Develop a comprehensive suicide prevention plan for older adults addressing public awareness, prevention education, early identification, intervention, treatment, and support for survivors.

Measures:

1. Number of individuals served through the Ombudsman Program, also served by home and community-based supports.
2. Number of first responders, and state and local law enforcement trained in elder abuse curriculum.
3. Number of prosecutors and judicial officers trained in elder abuse, neglect, and exploitation.

Objective 4.2: Increase capacity, improve quality, and expand geographically to achieve statewide coverage in order to better serve individuals through the Virginia Public Guardian and Conservator Program.

Strategies:

1. Seek funding through the State and private grant sources for additional slots and to contract PGP services in underserved areas of the state.
2. Collaborate with Department of Behavioral Health and Developmental Services to identify individuals that will need Public Guardian services upon transition from Virginia's training centers.
3. Create mechanisms in jurisdictions so that court costs for indigent clients can be waived or substantially reduced.
4. Identify ways to cover the cost of the petitioning process for families who are willing to assume guardianship of indigent family members and are appropriate.
5. Enhance provider training and implement training for judicial, medical, and related fields, to strengthen identification and understand options related to PGP cases involving elder abuse, neglect, and exploitation.
6. Raise awareness and provide resources to individuals in the PGP and their caregivers regarding elder abuse, neglect, and exploitation.
7. Incorporate person-centered thinking and person-centered practices into annual provider training.

Measures:

1. Number of individuals served by the Virginia Public Guardian and Conservator Program.
2. Number of cities and counties covered by the Virginia Public Guardian and Conservator Program.

Objective 4.3: Continue statewide leadership and coordination of available legal resources for older adults by building upon and supporting the recommendations of Project 2025 Legal Assistance initiative that began in 2006 as an AoA Model Approaches to Statewide Legal Assistance Systems grant funded project.

Strategies:

1. Seek funding to support a full-time position for Virginia's Legal Services Developer (LSD).
2. Continue to convene Project 2025 Stakeholder meetings three times annually and implement the following recommendations:
 - Develop voluntary uniform model contracts to assist AAAs in contracting with legal assistance service providers in Virginia.
 - Develop uniform statewide standards to define measureable units of legal assistance for individuals aged 60 and older.
 - Increase the number of pro bono attorneys to serve older Virginians by expanding the current program of free Continuing Legal Education (CLE) sessions in exchange for a pro bono commitment.
 - Refine and improve systems to reach specific target populations including rural, non-English speaking and those in long term care facilities.
3. Expand the Project 2025 Stakeholders group to facilitate "Proactive Linkage-Building" opportunities among Virginia's Elder Rights, Community Integration, and Long Term Care programs and increase coordination linkages among Virginia's elder rights programs – LTC Ombudsman, Elder Abuse Prevention & Legal Services.
4. Expand "Proactive Education" by seeking out collaborative opportunities to "piggy back" on non-traditional audiences including public school teachers, high school students, college students and incarcerated individuals.

Measures:

1. Funding for the Legal Services Developer.
2. Number of model contracts with legal assistance providers.
3. Number of pro bono attorneys.
4. Number of individuals 60 and over served by pro bono attorneys.

Objective 4.4: Strengthen the culture of Emergency Preparedness for older adults and adults with disabilities across state agencies, their employees and customers.

Strategies:

1. Ensure that older adults and adults with disabilities are adequately represented in statewide and community-level disaster preparedness planning and testing, especially in the areas of accessibility of shelters and transportation.
2. Promote community resiliency so that an "all needs, all hazards" approach to planning and response becomes the standard practice.
3. The agency's designated Emergency Coordination Officer will stay in regular communication with the Office of Commonwealth Preparedness, the Virginia Department of Emergency Management, and other Commonwealth Preparedness Working Group agencies.

Measures:

1. The Agency Preparedness Assessment is an all-hazards assessment tool that measures agencies' compliance with requirements and best practices. The assessment has components including Physical Security, Continuity of Operations, Information Security, Vital Records, Fire Safety, Human Resources, and Risk Management and Internal Controls.

Goal 5: Promote optimal aging through the development of state and local comprehensive and coordinated approaches to address the impact and maximize the opportunities created by the age wave.

Collaboration and Policy Strategies:

1. Expand cross-Secretariat coordination activities between the Secretary of Health and Human Resources, the Secretary of Transportation, and the Secretary of Commerce and Trade to improve links between housing, transportation, and human services to support older Virginians and Virginians with disabilities.
2. Remove procedural barriers and disincentives to mixed-use, mixed income neighborhood design. Propose changes to the Code of Virginia to improve enforcement and clarification of existing regulations as needed.

Education, Outreach, and Community Planning Strategies:

1. Maximize the use of all NWD/ADRC resources such as Virginia Easy Access and VirginiaNavigator to raise awareness, educate, and empower Virginians with information to age optimally.
2. Provide communities, through a partnership with the Older Dominion Partnership, the data, tools and assistance necessary to develop and implement comprehensive local or regional plans to address the array of demands and opportunities presented by the aging of Virginia's population.
3. Develop and promote a Virginia's Livable Communities website to share resources among constituents and promote awareness and understanding of the necessity of livable communities planning.
4. Plan for needs and abilities specific to special populations when developing programs and services that support older adults "aging in place" and in outreach efforts to educate them about available support.
5. Support recommendations of the Virginia Tech Institute for Public Policy Research, intended to strengthen outreach and educate kinship care families on their rights and responsibilities and available benefits and services and encourage community agencies to organize kinship care support groups and respite programs.
6. Support the goals of the 2010-13 Virginia State Service Plan for Volunteerism and National Service to fully engage older adults in volunteerism and other best practices that draw upon the knowledge and skills of older Virginians.

Housing Strategies:

1. Enhance Virginia's ability to monitor and report the impact of the current recession on low-income older home owners, including their ability to age in place, utilize home-equity conversion options, and take advantage of programs that provide accessibility modifications.
2. Support the development of a Virginia Housing Trust Fund, using a dedicated stream of state revenue, to address the rising cost of housing.
3. Integrate the concept of Universal Design into the Virginia Uniform Statewide Building Code.
4. Improve coordinated financing to create a rental assistance program that would provide additional subsidies for extremely poor older adults with disabilities who cannot otherwise afford housing.

APPENDIX A: INTRASTATE FUNDING FORMULA

Background

The Older Americans Act of 1965, as amended, Section 305,(a),(2),(C) requires the state agency to:

In consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account –

- (i) The geographical distribution of older individuals in the State; and
- (ii) The distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

Title III and VII

[For Subtitles III-B, Supportive Services; III-C, Nutrition; III-D, Disease Prevention and Health Promotion; III-E, National Family Caregiver Support; and VII-Chapter 3, Prevention of Elder Abuse, Neglect, and Exploitation]

VDA, in consultation with Virginia's AAAs, has developed an intrastate funding formula for Older Americans Act funds. The Commonwealth's Title III funding formula remains unchanged from the previous State Plan. The formula factors and their weights are as follows:

Population 60+	30%
Population 60+ in Rural Jurisdictions	10%
Population 60+ in Poverty	50%
Population 60+ Minority in Poverty	10%

Note: Title III-D, Preventive Health, is further adjusted for medically underserved areas.

Description of Factors

Population 60+: This factor is the basis for the distribution of funds by jurisdiction (county and city) of older Virginians. It reflects the proportion of persons age 60 and older throughout the Commonwealth by jurisdiction as provided by the U.S. Bureau of the Census.

Population 60+ in Rural Jurisdictions: This factor addresses the geographical isolation faced by older Virginians who live in the rural areas. VDA defines "rural" as any jurisdiction (city or county) which is not within a Metropolitan Statistical Area (MSA) or any jurisdiction which is within an MSA but which has a population density of 50 persons or less per square mile. An MSA is calculated by the U.S. Bureau of the Census and is updated in the formula when the census population data is updated. Square mileage by jurisdiction is obtained from the most recent Report of the Secretary of the Commonwealth and is updated in the formula when the census population data is updated.

Population 60+ in Poverty: This factor is an application of the definition of greatest economic need as required by the Older Americans Act. The financial condition of the older

person is a major determinant of his or her ability to meet basic life needs such as food, shelter, mobility, and healthcare. The U.S. Bureau of the Census prepares this information upon request to perform a special tabulation for the Administration on Aging.

Population 60+ Minority in Poverty: This factor addresses the special needs of older racial and ethnic minorities in Virginia as well as the economic needs of this group. The U.S. Bureau of the Census prepares this information upon request to perform a special tabulation for the Administration on Aging.

Medically Underserved Area: This factor, applies only to Title III-D, Disease Prevention and Health Promotion Services. Section 362 of the Older Americans Act of 1965, as amended, requires the state to give priority to areas that are medically underserved. A base of \$2,000 per AAA has been established whether or not any portion of the area agency is medically underserved. Medically underserved is determined for each jurisdiction. If a portion or the entire jurisdiction is medically underserved, that jurisdiction is included in the funding allocation. The U.S. Department of Health and Human Services, Health Resource and Services Administration, maintains the Medically Underserved Areas/Medically Underserved Populations data and it is updated in the formula when the census population data is updated.

In the 1990's Medically Underserved Area (MUA) data was available from the U.S. Department of Health and Human Services, Health Resource and Services Administration, Bureau of Health Care Delivery and Assistance (BHCDA). Through a restructuring at the federal government the BHCDA was superseded by the Bureau of Primary Health Care (BPHC).

To maintain consistency with prior reporting, only jurisdictions that have an MUA designation based only on its whole or partial geographic designation, not income, are included. It is updated in the formula when the census population data is updated.

Population Factors

All population factors for the first year of this state plan (Fiscal Year 2012) will use the 2000 census from the special tabulation prepared by the U.S. Bureau of the Census under contract with the U.S. Administration on Aging. The Department for the Aging is engaging a Funding Formula Task Force consisting of AAAs and V4A to review the existing funding formula and the data source. VDA is very concerned about the impact application new data may have on the existing funding formula. VDA will work with the AAA network to identify and pursue strategies that will mitigate the impact on AAAs that are negatively affected. It is expected the second and subsequent years of this state plan will use more recent census data.

2000 Hold Harmless and Funding Level Changes

The 2000 census produced an unexpected and dramatic impact on Virginia's intrastate funding formula due to shifts in the distribution of those Virginians in poverty and the loss of rural population. The immediate application of the population data would have resulted in severe negative repercussions for the entire network. It would have been catastrophic to one AAA, and would have adversely impact the core mission of others.

With the application of the 2000 census date in FY 2007 Virginia implemented a hold harmless at the FY 2006 funding levels. The implementation of a hold harmless level in effect creates a base funding. Over the years, funding increases reduced the number of AAAs held

harmless. For Fiscal Year 2012 only one New River Valley Agency on Aging is being held harmless by \$74,169.

Spending for Priority Services

Section 306(a)(2) of the Older Americans Act of 1965, as amended, requires the state to provide assurances that an adequate portion of the amount of Title III-B funding will be expended for the delivery of services associated with access, in-home, and legal assistance.

VDA's regulations, found in Section 22VAC5-20-100 (Priority Services), require AAAs to expend the following amounts:

- At least 15% of its Title III-B allotment for services associated with access to other services, such as care coordination, information and assistance and transportation services.
- At least 5% of its Title III-B allotment for in-home services, such as (i) homemaker/personal care services, (ii) chore services, (iii) home health services, (iv) checking services, (v) residential repair and renovation services, and (vi) in-home respite care for families and adult day care as a respite service for families.
- At least 1% of its Title III-B allotment for legal assistance for the elderly.

VDA may waive this requirement for any category of services described if the AAA demonstrates to VDA that services being provided in the area are sufficient to meet the need. Before a waiver is requested, the AAA must conduct a public hearing:

- The AAA shall notify all interested persons of the public hearing;
- The AAA shall provide interested persons with an opportunity to be heard;
- The AAA shall receive, for a period of 30 days, any written comments submitted by interested persons; and
- The AAA shall furnish a complete record of the public comments with the request for the waiver to VDA.

Cost Sharing/Fee for Service

Section 315(a) of the Older Americans Act of 1965, as amended, permits cost sharing/fee for service. Virginia has implemented cost sharing/fee for service.

AAAs use the most current Federal Poverty/VDA Sliding Fee Scale to determine client fees for all services except: Older Americans Act Care Coordination, Information and Assistance, Congregate and Home Delivered Meals, Public Information and Education, Legal Assistance, Elder Abuse, and Ombudsman. The Federal Poverty/VDA Sliding Fee Scale is based on the Virginia Board of Health's "Regulations Governing Eligibility Standards and Charges for Health Care Services to Individuals" found in 12VAC5-200.

AAAs may request a waiver to not implement cost sharing/fee for Older Americans Act services if they can adequately demonstrate:

- (A) That a significant proportion of persons receiving services subject to cost sharing in the planning and service area have incomes below the threshold established in state policy; or

- (B) That cost sharing would be an unreasonable administrative or financial burden upon the AAA.

Long-Term Care Ombudsman Program

With some exceptions, Virginia's AAAs operates local Ombudsman programs. Two or more AAAs may operate a joint program provided the AAAs are adjacent to each other.

A base of \$15,000 has been established when an AAA operates a single Ombudsman program. A base of \$25,000 has been established when two or more AAAs operate a joint program.

The remainder of Title VII-Chapter 2 Ombudsman funds is distributed in proportion to the number of licensed nursing facility beds, licensed assisted living facility beds, and licensed geriatric mental health beds located in each PSA.

The Virginia Department of Health maintains the number of nursing facility beds, the Virginia Department of Social Services maintains the number of assisted living facility beds, and the Department of Mental Health, Mental Retardation, and Substance Abuse Services maintains the number of state mental health facility beds. The number of beds in each PSA is updated annually for the next fiscal year based on data available from the Virginia Department of Health.

APPENDIX B: ASSURANCES

STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS Older Americans Act, As Amended in 2006

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

- (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will— (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I); (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will— (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and (4)(A)(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall-- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area; (II) describe the methods used to satisfy the service needs of such minority older individuals; and (III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will: in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including--

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and (ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
- (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

- (A) identify individuals eligible for assistance under this Act, with special emphasis on—

- (i) older individuals residing in rural areas;
 - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
 - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
 - (iv) older individuals with severe disabilities;
 - (v) older individuals with limited English-speaking ability; and
 - (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
- (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

- (23) The plan shall provide assurances that demonstrable efforts will be made
- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
 - (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

- (1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.
- (2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

- (3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.
- (4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.
- (5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
 - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—
 - (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
 - (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
 - (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except --
 - (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

- (1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
- (B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

- (A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
- (B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

- (A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
- (B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
- (C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency-

- (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
- (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
- (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

INFORMATION REQUIREMENTS

Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))

The term “in-home services” includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)

provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Section 306(a)(17)

Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)

(2) The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (*Note: those categories are access, in-home, and legal assistance*).

Section (307(a)(3)

The plan shall:

- (A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (*Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area*)
- (B) with respect to services for older individuals residing in rural areas:
 - (i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.
 - (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

- (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Section 307(a)(8)) (Include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, and specify the ways in which the State agency intends to implement the activities.

Section 307(a)(28)

- (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (B) Such assessment may include—
 - (i) the projected change in the number of older individuals in the State;
 - (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
 - (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). *(Note: Paragraphs (1) of through (6) of this section are listed below) In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:*

- (1) *an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*
- (2) *an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*
- (3) *an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*
- (4) *an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*
- (5) *an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*
- (6) *an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—*

- (A) *in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:*
- (i) *public education to identify and prevent elder abuse;*
 - (ii) *receipt of reports of elder abuse;*
 - (iii) *active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*
 - (iv) *referral of complaints to law enforcement or public protective service agencies if appropriate;*
- (B) *the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*
- (C) *all information gathered in the course of receiving reports and making referrals shall remain confidential except—*
- (i) *if all parties to such complaint consent in writing to the release of such information;*
 - (ii) *if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
 - (iii) *upon court order.*
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Overview of Delivery System for State-Funded Community-based Support Services			
Local/ Regional Agency Type		Types of Services and Supports Offered	
<p>25 Area Agencies on Aging (AAAs)</p> <ul style="list-style-type: none"> • 5 Local Government • 5 Joint Exercise of Powers • 14 Private, Nonprofit • 1 Community Services Board <p>Primary consumer: Older adults and their families/ caregivers</p> <p>Lead State Agency: VDA</p>		<ul style="list-style-type: none"> • Adult Day Care • Care Coordination • Checking (Reassurance) • Chore • Congregate (Group) Nutrition • Disease Prevention • Elder Abuse Prevention • Emergency • Employment • Health Education & Screening • Home Delivered Nutrition • Homemaker Communication, Referral and Information & Assistance • I.D. Discount • Legal Assistance • Long-Term Care Ombudsman • Medication Management • Money Management • Personal Care • Public Information /Education • Residential Repair & Renovation • Respite • Socialization & Recreation • Transportation (curb to curb) • Assisted Transportation (thru door) • Virginia Insurance Counseling & Assistance Program (VICAP) • Volunteer 	
<p>16 Centers for Independent Living (CILs)</p> <ul style="list-style-type: none"> • 16 Nonprofit • 4 Satellite Offices <p>Primary Consumer: People over age 16 with significant disabilities and their families/ caregivers</p> <p>Lead State Agency: DRS (Community-Based Services Division)</p>		<p>4 Core Services¹: (1) Information & Referral Services (2) Peer Counseling Services (3) Individual Advocacy (4) Independent Living Skills Training</p> <ul style="list-style-type: none"> • Information & Referral Services • Housing & Home Modifications • Transportation • Personal Assistance Services • Recreational Services • Assistive Technology • Vocational • Youth/Transition Services • Physical • Restoration • Preventive Services • Prostheses • Children’s Services • Communication • Counseling and Related • Family Services • Mental Restoration • Mobility Training • Orthotics and Other Appliances • Rehabilitation Technology • Therapeutic Treatment • Counseling • Teaching • Information sharing • Benefits assistance • personal care instruction • Coping Instruction • Financial Management training • Social skills training • Household management instruction 	
<p>120 Local Department of Social Services (LDSS)- Adult Services, Adult Protective Services, and Auxiliary Grant Programs</p> <p>Primary Consumer: Adults 18 and older with an impairment and their families/ caregivers</p> <p>Lead State Agency: VDSS</p>		<ul style="list-style-type: none"> • Advocacy • Counseling (Individual) • Case Management • Emergency Assistance • Emergency Shelter • Financial Management/ Counseling • Food Assistance • Home Delivered Meals • Social Worker Monitoring • Transportation Services • Home Repairs • Housing Services • Legal Services • Medical Services • Nutritional Supplement 	

<p>40 Community Services Boards (CSBs)ⁱⁱ</p> <ul style="list-style-type: none"> • 28 Operating Board • 10 Administrative Policy Board • 1 Policy-Advisory Board • 1 Behavioral Health Authorityⁱⁱⁱ <p>Primary Consumer: People of all ages with mental health, intellectual disabilities, and substance abuse disorders and their families/ caregivers</p> <p>Lead State Agency: DBHDS</p>	<p>4 Core Service Areas: (1) Mental Health Services (2) Developmental Services (3) Substance Abuse Services (4) Other</p> <ul style="list-style-type: none"> • Acute Psychiatric Inpatient Services • Outpatient Services • Assertive Community Treatment • Case Management Services • Day Treatment or Partial Hospitalization • Ambulatory Crisis Stabilization Services • Rehabilitation • Sheltered Employment • Group Supported Employment • Individual Supported Employment • Highly Intensive Residential Services • Highly Intensive Community-Based ICF/MR Services • Highly Intensive Residential Community-Based SA Detoxification Services • Residential Crisis Stabilization Services • Intensive Residential Services • Supervised Residential Services • Supportive Residential Services • Prevention Services • Habilitation • Acute Substance Abuse Inpatient Services • Community-Based SA Medical Detoxification Inpatient (Hospital) Services Medication Assisted Treatment Day Treatment or Partial Hospitalization • Ambulatory Crisis Stabilization Services • Residential Crisis Stabilization Services • Emergency Services • Motivational Treatment Services • Consumer Monitoring Services • Assessment and Evaluation Services • Early Intervention Services • Consumer-Run Services
<p>119 Local Health Departments</p> <p>Primary Consumer: Various</p> <p>Lead State Agency: VDH</p>	<p>41 Service Areas in the following general categories:^{iv}</p> <ul style="list-style-type: none"> • Communicable disease prevention and control • Environmental health hazards protection • Health assessment, promotion, and education • Health planning, quality oversight, and access to care • Drinking water protection • Vital records and health statistics • Medical examiner and anatomical services • Administrative and support services • Financial assistance to improve access to health care and emergency medical services

ⁱ Source: Virginia Centers for Independent Living (VACIL) Annual Report October 1, 2005 - September 30, 2006, p. 6 <http://www.vacil.org/VACIL%2005-06%20Final.pdf>

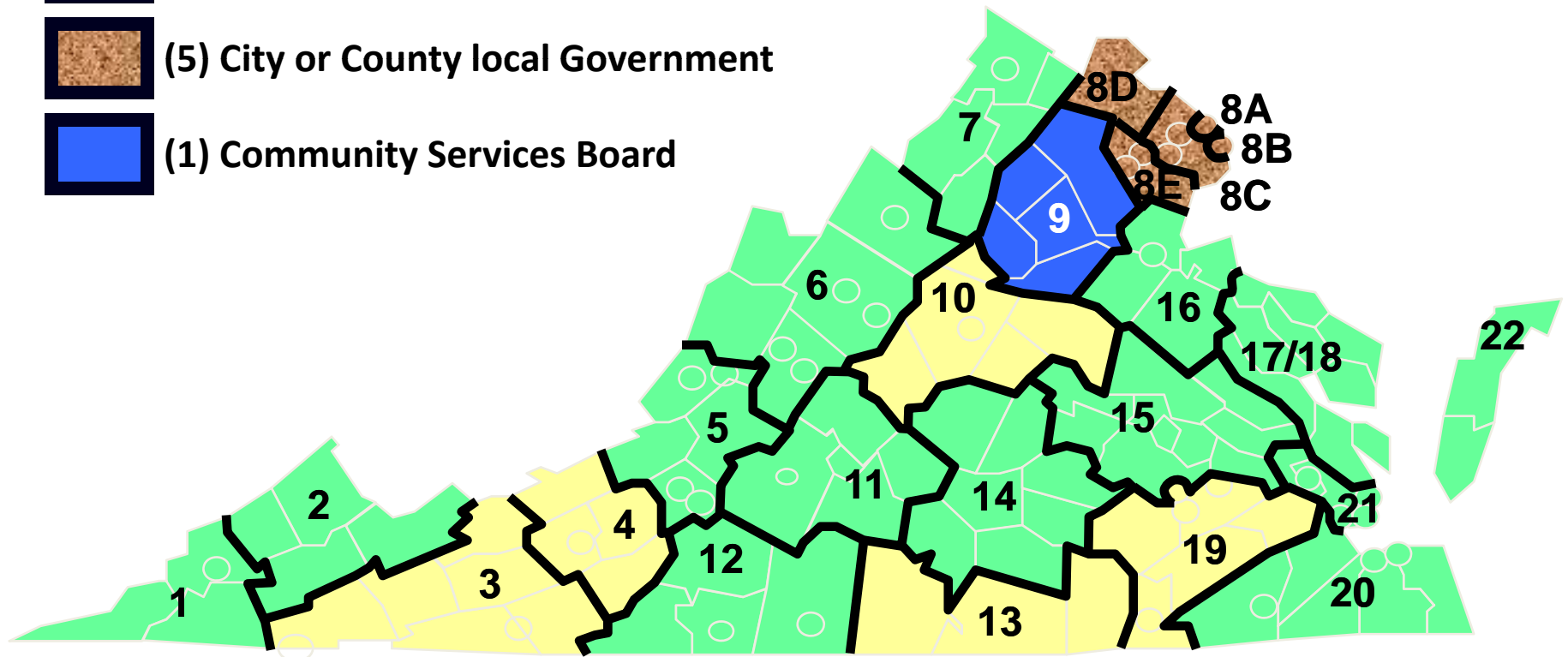
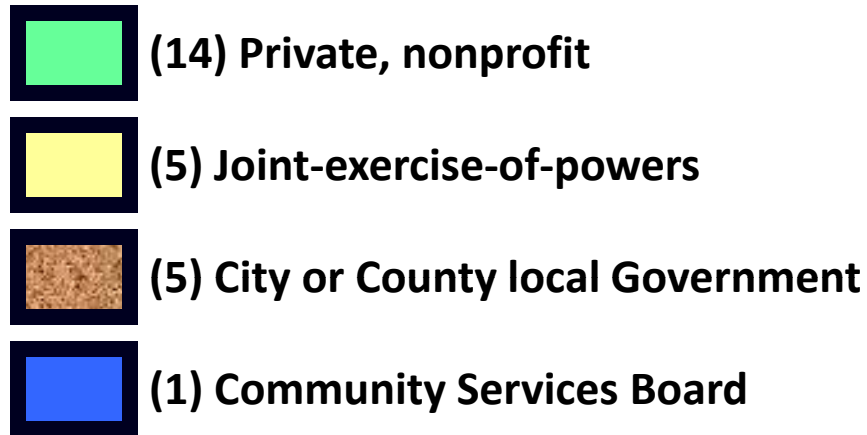
ⁱⁱ Source: DBHDS FY2012 Community Services Performance Contract Exposure Draft, p. 30-32 <http://www.dbhds.virginia.gov/documents/occ-2012-PerformanceContract.pdf>

ⁱⁱⁱ Source: DBHDS 2010 Overview of Community Services in Virginia P. 14-15 <http://www.dbhds.virginia.gov/documents/OCC-CSB-Overview.pdf>

^{iv} Source: Virginia Performs: DBHDS Strategic Plan, Products and Services <http://vaperforms.virginia.gov/agencylevel/stratplan/spReport.cfm?AgencyCode=601>

Virginia's 25 Agencies on Aging

By Organizational Structure



Fiscal Year 2010 Funds



\$29.9 Million



\$3.2 Million

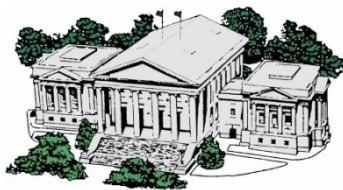


Competitive Federal Grants

\$2.0 Million



\$1.5 Million



State Funds:

\$17.0 Million



Total Funds:

\$53.6 Million

Fiscal Year 2010 State Funds

Community Based Services*	\$5,647,358
Transportation*	1,431,606
Home Delivered Meals*	4,993,260
Care Coordination for Elderly Virginians*	1,686,250
Long-Term Care Ombudsman	374,447
Guardianship Services	1,050,000
No Wrong Door/SeniorNavigator*	644,827
VDA Administration*	729,594
<u>Directed Appropriations</u>	<u>972,722</u>
Total State Funds	\$17,530,064

*Indicates OAA and other federal grants match


10/2007 – 09/2009 on-going reductions = \$2,066,820; one-time reductions = \$190,314

FY 2011 – additional reductions = \$610,278

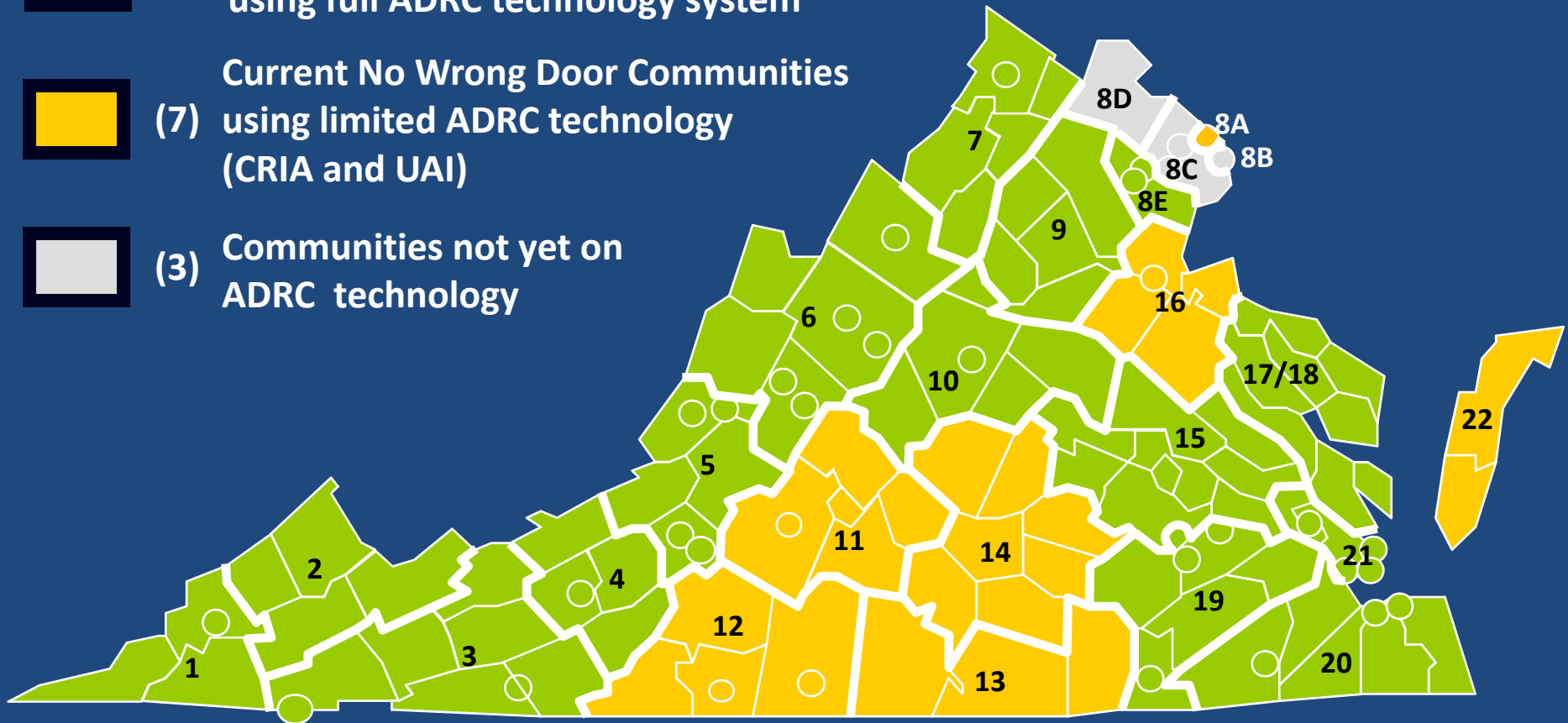
No Wrong Door Communities

(By Area Agency on Aging Service Area)

 (15) Current No Wrong Door Communities using full ADRC technology system

 (7) Current No Wrong Door Communities using limited ADRC technology (CRIA and UAI)

 (3) Communities not yet on ADRC technology



Interagency Transportation Coordinating Council

State Agency	Agency Role in Human Services Transportation	Current Regulatory Controls Mechanisms for Transportation	General Waiting List for Services
DRPT	Funding support, advocacy and planning and technical support <ul style="list-style-type: none"> • Specific responsibilities ADA • SAFETEA-LU implementation requiring “cross cutting” coordination planning of human service transportation <ul style="list-style-type: none"> • S.5310, S.5311, JARC, New Freedom and Senior Transportation programs assist these populations 	Program Guidance for grantees FTA Grant Application Information and Instructions Packages	Proportion of additional requests each year compared to actual funding available across all programs
DMAS	Funds non-emergency transportation through statewide broker that arranges/purchases trips for Medicaid Services	Contract with Broker <ul style="list-style-type: none"> • Medicaid Provider Manual • Rate setting 	Extensive wait lists for some Medicaid Waivers
DBHDS	Office of Development Services reauthorizes all individual Waiver plans including transportation services with all state & block grant funding, transportation an eligible expense in association with allowable Core Services but not recognized as a discrete service	Performance Contracts (PCs) with each CSB <ul style="list-style-type: none"> • Licensing • Commission on Accreditation of Rehabilitation Facilities (CARF) • Local Human Rights Plans (Written agreements with subcontractors required) 	14,900 persons on CSB Waiting lists (See 2008 Comprehensive State Plan)
DRS	Purchases transportation for individuals to participate in a vocational rehab service, if no other options and if resources available	DRS Policy/Procedure Manual <ul style="list-style-type: none"> • Counselor authorization • Vendor agreements with programs • CARF (safety regulation) 	None on waitlist at present (all categories now open due to availability of temporary stimulus funding)
DBVI	DBVI may provide transportation when the service is required for an eligible individual to apply for or receive vocational rehabilitation services leading to gainful competitive employment	DBVI VR Policy and Procedure Manual	No waiting list
VDA	Monitors and partially funds the local arrangements for transportation through standards, annual contracts, and monthly reporting requirements for AAAs	VDA Transportation Services Standards (revised in 2003); Older Americans Act Reporting Requirements and State Report Definitions	No official waiting lists but only about 5% of Population of 60 now receives services
DSS	Role in transportation funding and regulation is not uniform across all agency programs. Central office provides wide discretion to locals	Program Specific (multiple programs)	No wait lists except for companion care

Transportation Coordination New Freedom Mobility Management Grant Projects

Agency	Scope of Project
Bay Transit	A Mobility Manager is working with the counties located in the Middle Peninsula and Northern Neck PDC to coordinate transportation for people with disabilities. Agencies that will work with Bay Transit are the following: Community Services Board, Department of Rehabilitative Services, Department of Social Services, Goodwill Industries and the Brain Injury Institute. Continuation of this project is to be funded for the FY2010 New Freedom Program for \$120,000.00.
District Three Public Transit	District Three Public Transit has Mobility Manager Project that is planning and operating a service for people with disabilities in the Mount Rogers PDC to regional health care facilities along the I-88 and I-77 corridors. Continuation of this project is to be funded for the FY2010 New Freedom Program for \$165,915.00.
JAUNT	JAUNT has a Mobility Manager who is working with human service agencies in the Thomas Jefferson PDC to use resources more effectively, whether those resources are JAUNT services, or other transportation options. JAUNT is also identifying gaps in services that prevent clients from accessing services and provide solutions to provide service. Continuation of this project is to be funded for the FY2010 New Freedom Program for \$84,125.00
Rappahannock-Rapidan Regional Commission	The Mobility Manager Process is developing a one stop transportation call center for the following agencies: Rappahannock-Rapidan Community Services Board/ Area Agency on Aging, Culpeper Connector, Independent Empowerment Center, VRT and the Department of Social Services for five counties. The project will also share training resources. . Continuation of this project is to be funded for the FY2010 New Freedom Program for \$154,530.00.
Mountain Empire Older Citizens	Mountain Empire Older Citizens has a Mobility Manager who is planning service that will extend the hours and days of service; create a volunteer driver program and an escort service program for riders for the Counties of Lee, Scott and Wises. Continuation of this project is to be funded for the FY2010 New Freedom Program for \$140,042.00.
George Washington Regional Commission Fredericksburg District	George Washington Regional Commission created a Regional Mobility Coordinator position that is coordinating human service transportation develops a travel training program. The program also is providing operating funds to provide transportation for people with disabilities without service and offer a single point of contact for information on service.
Shenandoah Area Agency on Aging & Northern Shenandoah Valley Regional Commission	This Mobility Manager project is planning through Northern Shenandoah Valley Regional Commission an education program for people with disabilities on transportation options, coordinate transportation services to locations outside service areas and coordinate transportation options young adults with disabilities. It is also working very closely with Shenandoah Area Agency on their New Freedom project that is providing new door-to-door services for people with disabilities Monday thru Friday for the Counties of Clark, Frederick, Paige, Shenandoah and Warren. . Shenandoah Area Agency on Aging has been awarded a FY2010 New Freedom Program operating grant for \$220,400.

Virginia's Executive Branch

