DRAFT

Virginia State Plan for **AGING SERVICES**

October 1, 2023 - September 10, 2027

DARS
Virginia Department for Aging and Rehabilitative Services

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Letter from the **COMMISSIONER**

As required by the federal Older Americans Act (OAA) and state law, the Virginia Department for Aging and Rehabilitative Services (DARS) must develop a State Plan for Aging Services in the Commonwealth.

After thoughtful discernment on our past accomplishments, an examination of current needs and future opportunities, and significant input from our partners and the public, I am pleased to present the Virginia State Plan for Aging Services (October 1, 2023 to September 30, 2027).

The Virginia State Plan for Aging Services aims to:

- **Goal 1**: Provide high-quality, innovative core OAA programs
- **Goal 2**: Deliver evidence-based programs that encourage healthy, active, and engaged lives
- **Goal 3**: Promote access to aging and community services for older Virginians with the greatest economic and social needs
- **Goal 4**: Bolster awareness of and increase access to person-centered long-term services and supports (LTSS)
- **Goal 5**: Improve access to resources and services that support caregivers

There are approximately 2 million adults in the Commonwealth who are over 60 years old. With about $38.7 million in ongoing federal funding during Federal Fiscal Year (FFY) 2022, $75.4 million in one-time, time limited federal COVID-19 recovery funding, and $24.3 million in ongoing state general funds for State Fiscal Year (SFY) 2022 for aging-related services, DARS and the Area Agencies on Aging (AAAs) have diligently responded to the unique needs that arose during the COVID-19 pandemic.

With an ever-growing demand for aging services, the aging network has sought out innovative solutions to meet evolving older adult needs, explored opportunities to imbed COVID-19 response and grant-funded programs into core service offerings, and cultivated opportunities and partnerships to sustain and grow services into the future.

I want to emphasize the value and importance of Virginia's AAAs as well as our public and private partners who meaningfully and consistently contribute to making the Commonwealth a great place for all Virginians to grow old.

I would especially like to thank our university partners, the Virginia Center on Aging at Virginia Commonwealth University and University of Virginia Weldon Cooper Center Demographics Research Group, who have lent their time and expertise to the development of the State Plan for Aging Services.

DARS appreciates the efforts and dedication of the entire aging network. We look forward to what we will accomplish together over the next four years and beyond.

Sincerely,

Kathryn A. Hayfield, Commissioner
Virginia Department for Aging and Rehabilitative Services

VERIFICATION OF INTENT

This Virginia State Plan for Aging Services ("State Plan") is hereby submitted for the Commonwealth of Virginia for the period October 1, 2023 through September 30, 2027.

The Department for Aging and Rehabilitative Services (DARS), as the authorized and designated State Unit on Aging in Virginia, has been given the authority to develop and administer the State Plan in accordance with all requirements of the Older Americans Act. DARS is primarily responsible for the coordination of all state activities related to the purposes of the Older Americans Act, including the development of comprehensive and coordinated systems for the delivery of supportive services, information and assistance, in-home programs, nutrition and caregiver support services, and to serve as the effective and visible advocate for older adults in the Commonwealth.

The State Plan includes all assurances, plans, provisions, and specifications to be made or conducted by DARS under provisions of the Older Americans Act, as amended, during the period identified. The State Plan has been developed in accordance with all federal and state statutory and regulatory and guidance requirements.

This State Plan is approved by the Governor of the Commonwealth of Virginia and constitutes authorization to proceed with activities under the State Plan upon approval by the U.S. Assistant Secretary on Aging.

Date

Kathryn A. Hayfield, Commissioner
Virginia Department for Aging and Rehabilitative Services

Date

John Littel, Secretary of Health and Human Resources
Commonwealth of Virginia

Date

Glenn Youngkin, Governor
Commonwealth of Virginia

EXECUTIVE SUMMARY

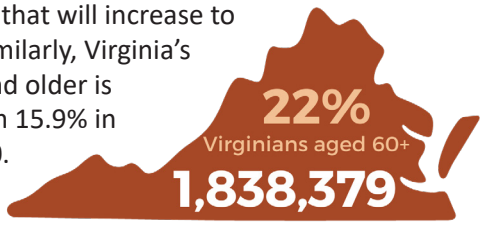
Background

The Virginia Department for Aging and Rehabilitative Services (DARS), in collaboration with community partners, provides and advocates for resources and services to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.

In accordance with the Older Americans Act of 1965 (OAA), as amended, and pursuant to § 51.5-136 of the Code of Virginia, DARS, as the designated state unit on aging (SUA), is mandated to submit a state plan on aging services to the U.S. Administration on Community Living (ACL), the Governor and the Virginia General Assembly. DARS developed the State Plan for Aging Services in collaboration with the state's aging network, including older adults who receive services, caregivers of individuals of all ages, DARS aging advisory boards, the Area Agencies on Aging (AAAs), other state agencies, and stakeholders.

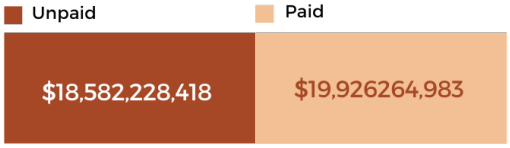
Contributions and Needs of Older Virginians

Virginia's population, like that of the nation, is becoming older and more diverse. Today, nearly 1.9 million Virginians aged 60 or older, a number that will increase to 2.2 million in 2030. Similarly, Virginia's population aged 65 and older is expected to grow from 15.9% in 2020 to 18.9% in 2030. In some small and rural localities, such as Highland, Lancaster or Middlesex Counties, residents aged 65 and older already comprise more than 30% of the county's total population.



Older adults make significant contributions to our communities through paid work, volunteering, and caregiving, among a myriad of other ways. In conducting a needs assessment for this plan, DARS found that older Virginians provide an estimated $38.5 trillion in paid and unpaid contributions to the Commonwealth.

TOTAL ECONOMIC CONTRIBUTION 2022



$38,508,493,401

In a survey of older Virginians conducted in 2022, 79% of older Virginians rated their overall quality of life as excellent or good. Most respondents scored their communities positively, and about 50% indicated that their communities valued older residents.

Yet, many older Virginians have also indicated that they need additional support to age in their homes and communities. In that same survey, the largest challenges were found to be in the areas of housing, mental health, and physical health. At least 45% of older residents reported at least one item in these categories was a major or moderate problem in the 12 months prior to taking the survey. Other areas of challenge that were identified through the survey included finances and cost of living, mobility and transportation, and accessing information about available services.

The survey findings were similarly reflected in focus groups and interviews conducted with stakeholders, older adults, and caregivers. The twelve themes that emerged from analysis of the listening sessions provide a broad representation of the varying issues impacting older adults and aging services providers in the Commonwealth. From those themes, education and training as well as outreach and marketing were highlighted as opportunities for investment to meet the identified needs and better serve older adults across the Commonwealth.

Providing Aging Services Now and Into the Future

DARS administers programs and services funded by the OAA, federal grants, and state general funds. DARS provides funding to and oversees 25 AAAs that plan, coordinate, and administer aging services at the community level. In addition, the DARS hosts the State Long-Term Care (LTC) Ombudsman Program and is involved in a variety of collaborative initiatives aimed at helping older adults to remain in their home and community as long as they choose. DARS also oversees the Adult Services (AS) and Adult Protective Services (APS) delivery system in the Commonwealth.

In providing services to adults aged 60 and older and their caregivers, AAAs maintain local service provider networks

EXECUTIVE SUMMARY

and relationships with community-based organizations, senior centers, and local governments in support of the OAA and a coordinated service system. AAAs also maintain a comprehensive No Wrong Door (NWD) system that coordinates services and assists with the implementation of case management and eligibility requirements.

With about $38.7 million in ongoing federal funding during Federal Fiscal Year (FFY) 2022, $75.4 million in one-time, time limited federal COVID-19 recovery funding, and $24.3 million in ongoing state general funds for State Fiscal Year (SFY) 2022 for aging-related services, DARS is committed monitoring and overseeing the quality and fidelity of aging programs. The business model of the aging network and AAAs is changing rapidly, and key partners in Virginia are already evaluating these changes to identify new opportunities. DARS and its aging network partners continue to seek ways to grow services through ACL grants, grants from other federal agencies, and by maximizing existing funding and other potential lines of business.

As Virginia moves beyond the COVID-19 pandemic and into the next four years, DARS will focus on the goals, objectives and strategies identified in this plan as well efforts to align nutrition programs, engage Virginia's aging advisory boards, lead with data collection, analysis, and reporting, and leverage No Wrong Door. The outcomes from this work will prove invaluable to further identifying and assessing unmet needs, working to meet those needs and provide high quality services, and capitalizing on current and future collaborative initiatives.

Working in partnership with ACL and Virginia's aging network, DARS has adopted the following goals for October 1, 2023 through September 30, 2027:

GOAL 1: Provide high-quality, innovative core Older Americans Act (OAA) programs

GOAL 2: Deliver evidence-based programs that encourage healthy, active, and engaged lives

GOAL 3: Promote access to aging and community services for older Virginians with the greatest economic and social needs

GOAL 4: Bolster awareness of and increase access to person-centered long-term services and supports (LTSS)

GOAL 5: Improve access to resources and services that support caregivers

CONTEXT

Needs Assessment Survey

In developing a plan for a robust needs assessment for the 2023-2027 State Plan for Aging Services, DARS used a multi-method approach that included:

- Contracting with Polco to survey older adults directly via mail and online using the Community Assessment Survey for Older Adults (CASOA™) in addition to custom questions designed to assess in-home services and home modification needs,
- Partnering with the Virginia Center on Aging (VCoA) to solicit input via listening sessions with stakeholders,
- Partnering with VCoA to examine the conditions and characteristics of Virginia's older adults as evidenced in data and trend reporting
- Soliciting public comment on the draft plan

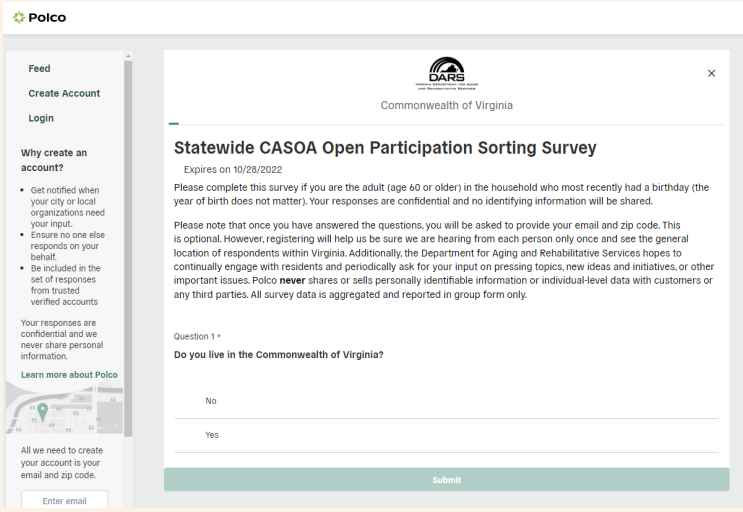
Community Assessment Survey for Older Adults

DARS contracted with Polco, which offers the CASOA™ that has been used across state and local governments, including Colorado, Indiana, and Montana, most recently.

Through the implementation of the CASOA™, DARS was able to expediently solicit input and hear directly from older Virginians about their needs through a representative, validated, and reliable multi-mode survey methodology that spanned the entire Commonwealth.

The CASOA™ implementation followed the following two-step process:

- Phase One: Random representative sampling via mail
- Phase Two: Open sampling via web link



In Phase One, the survey was mailed in September 2022 to a sample of 86,940 households that were likely to contain an adult aged 60 years or older. Chosen households were mailed a post card invitation to an online survey, followed by a mailed paper survey with a self-addressed and postage-paid envelope to return the survey. The online survey was available in several languages, including Spanish, Arabic, Traditional Chinese, Korean and Vietnamese.

For Phase Two, older Virginians who did not receive a direct mailing request for the survey had an opportunity to complete the survey when it was opened to all older adults in Virginia. The open participation phase of the survey process occurred over a two-week period. In sharing the survey, DARS prepared a promotional toolkit for partners to help encourage survey participation and distribute the open participation survey link. A total of 1,705 addresses were found to be vacant, and a total of 8,843 completed surveys were obtained, providing an overall response rate of 10% and a margin of error of plus or minus one percentage (1%) point. Results were statistically weighted to reflect the proper demographic composition of each AAA PSA and the state overall.

CASOA™ Index Ratings

For each of the CASOA™ community livability topic areas, survey questions evaluated the community's ability to accommodate the needs of older residents, as well as the actual experiences and challenges of older adults. To summarize the data, an index score was calculated for each aspect of livability by averaging the ratings given to the questions related to the specific community livability topic.

CONTEXT

Overall Community Quality	
Place to Live & Retire	80/100
Recommend & Remain in the Commu-	73/100
Community Design	
Housing	28/100
Mobility	54/100
Land Use	48/100
Employment and Finances	
Employment	27/100
Finances	48/100
Equity and Inclusivity	
Community Inclusivity	57/100
Equity	52/100
Health and Wellness	
Health Care	51/100
Mental Health	28/100
Safety	77/100
Independent Living	27/100
Physical Health	61/100
Information and Assistances	
Information on Available Older Adults	30/100
Quality of Older Adult Services	47/100
Productive Activites	
Cargiving	N/A
Civic Engagement	51/100
Social Engagement	57/100

CASOA™ Community Characteristics Benchmarks

To better provide context to the survey data, resident responses for Virginia were compared to Polco's national benchmark database or older adult opinion. Of the 52 assessments of community livability that were compared to the benchmark database, 52 were similar, 0 above, and 0 below the benchmark comparisons. In other words, with regard to community characteristics, Virginia is on par with peer states, localities, and AAA PSAs in the benchmark database.

CASOA™ Older Adult Challenges Benchmarks

Comparisons to the benchmark database can also be made for the proportion of residents experiencing a variety of challenges. In Virginia, there was a lower proportion of older adults experiencing challenges for 0 item(s), a greater proportion of older adults experiencing challenges for 0 item(s), and a similar proportion experiencing challenges for 42 item(s). In other words, with regard to older adult challenges, Virginia is on par with peer states, localities, and AAA PSAs in the benchmark database.

Complete CASOA™ Reporting

A summary of the statewide CASOA™ report is included in Appendix 2. The complete statewide CASOA™ report, as well as the complete CASOA™ reports for each AAA PSA, can be found here: https://vda.virginia.gov/stateplans.htm.

In-Home Services and Home Modifications

In 2020, the Virginia Joint Commission on Health Care (JCHC) examined strategies to support aging Virginians in their communities and found that there seemed to be a high unmet need for in-home services and home modifications. In the 2022 Appropriation Act, DARS was directed and provided funding to complete a needs assessment to identify the extent of unmet need. While implementing the CASOA survey, additional questions were asked of CASOA respondents so that DARS could assess the specific in-home services and home modification needs.

The executive summary from the final report is included in Appendix 3. The complete report can be found here: https://vda.virginia.gov/stateplans.htm.

CONTEXT

VCoA Listening Sessions

The VCoA research team began the listening session process by drafting a set of questions for the focus groups and interviews. Input from DARS regarding priority areas of interest, as well as a scoping review of publicly available data, guided the development of listening session questions. Two semi-structured interview protocols were developed; one for any provider or professional who interfaces with older adults and one for older adults and caregivers. This allowed VCoA to gather information regarding need from both those who are the target population for services and resources, as well as those who frequently need to link older adults to services and resources.

Recruitment of listening session participants occurred over the course of 5 months from June 2022 through October 2022. Email invitations were distributed to advocates, state agency representatives, professional provider associations, university representatives, AAA employees, and older adults/caregivers/care partners. Recruitment announcements were also promoted during relevant, professional meetings, such as that of the Virginia Geriatric Education Center and the VCoA Advisory Committee. Additionally, other external community-based organizations assisted with recruiting older adults, caregivers, and care partners across the Commonwealth.

A total of 31 listening sessions were conducted and included individual interviews, focus groups, and two written interviews. Most sessions were conducted and recorded virtually via Zoom and lasted approximately one hour. Two focus groups were held in-person to allow participation from stakeholders living in rural parts of the state who frequently experience broadband

	Theme	Description
1	**Stereotypes in Aging**	Emphasized the need to feel valued and autonomous, and an acknowledgement of the heterogeneity of the experience of growing old and living life as an older person
2	**Finances and Income**	Focused attention on the income gap and the need to restructure the income threshold to be more inclusive of challenges for middle income earners
3	**Accessibility**	Addressed increasing awareness of various services available to increase access to quality information for supports & services
4	**Caregiver Support**	Described the identified need for assistance for caregivers and care partners regarding training, support, respite care, and systems navigation.
5	**Legal Assistance**	Identified as a need to support and protect personal property and assets and included the need for financially accessible legal assistance with wills and other legal matters
6	**Aging in Place**	Captured the need to provide services that support older people to remain at home and be active participants in the community
7	**Workforce Retention and Expansion**	Emphasized the need to both promote healthcare jobs within all levels of the educational system as well as to expand job opportunities for older people in the community
8	**Housing**	Described the need to provide affordable housing and the integration of communities that are inclusive of all ages
9	**Healthcare**	Captured the need for increased accessibility to healthcare services in rural communities as well as greater awareness of services for older people amongst healthcare providers
10	**Abuse in Later Life**	Identified the need for more education, as well as for expanded screenings and increased funding
11	**Systemic and Organizational Barriers**	Referenced as responsible for silos amongst organizations and a need to decrease obstacles to receiving adequate healthcare and support services
12	**Education and Awareness**	Addressed the need for greater awareness of available supports and services at all levels (e.g., healthcare, community-based services, and the larger community)

CONTEXT

challenges. Two participants anticipated participating in-person but needed to provide their responses to the questions in writing due to unforeseen circumstances. One session was held in Spanish and one session was held in Korean; both sessions were translated and transcribed by individuals fluent in each language (the same individuals who conducted the sessions, respectively).

The twelve themes that emerged from analysis of the listening sessions present a broad representation of issues impacting older adults and providers in the Commonwealth.

As provided in the report, VCoA concluded that there were two primary opportunities for investment to better serve older adults across the Commonwealth. These included:

- Education and Training, which spoke to the need for education and training across both the workforce and the general public
- Outreach and Marketing, as a means to increase awareness of what services and supports are currently available for older adults and their caregivers

VCoA Conditions & Characteristics Data & Trends

VCoA also compiled a conditions and characteristics report for the Commonwealth. The focus of this analysis was gathering a well-rounded understanding of older Virginians and their caregivers using other national and state data and reports that were available and accessible.

In developing this analysis, VCoA staff examined:

- Census, American Community Survey (ACS), and University of Virginia Weldon Cooper Center Demographics Research Group population data
- Data from state agencies, such as DARS and the Departments of Health (VDH), Housing and Community Development (DHCD), Medical Assistance Services (DMAS), and Rail and Public Transportation (DRPT);
- Alzheimer's Association data
- Health Resource and Services Administration (HRSA) data
- Peer-reviewed journal articles

VCoA's final report and findings can be found in Appendix 4.

Applying the Needs Assessment to the Plan Development & Soliciting Public Comment

Using information gathered via the CASOA™ and the work completed by VCoA, DARS staff prepared a draft State Plan for Aging Services.

PLACEHOLDER - DARS WILL INSERT MORE DETAILS HERE LATER

The draft plan was posted for public comment:

DARS also had a virtual public hearing on the draft plan on:

The Aging Network and Aging Services

The Virginia Department for Aging and Rehabilitative Services (DARS), in collaboration with community partners, provides and advocates for resources and services to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families. DARS is committed to guiding the Commonwealth in preparing for a growing older adult population.

This section seeks to provide a framework for the operations and status of aging services in the Commonwealth.

DARS as the State Unit on Aging

DARS, as Virginia's State Unit on Aging (SUA), ensures older adults are able to live and thrive in the community of their choice by administering programs and services funded by the Older Americans Act (OAA), federal grants, and state general funding for services. The SUA is responsible for providing funding to and overseeing 25 local Area Agencies on Aging (AAAs) that, in turn, provide funding to local service providers to deliver services to adults aged 60 and older and their caregivers.

Area Agencies on Aging

The 25 AAAs in Virginia serve specific Planning Service Areas (PSAs), which may include a single city or county or multiple cities and counties. Fourteen AAAs are private nonprofit organizations, and 11 are part of local government or an entity jointly sponsored by counties and cities.

AAAs maintain local service provider networks and relationships with community-based organizations, senior centers, and local governments in support of the OAA and a coordinated service system. AAAs also maintain a comprehensive No Wrong Door (NWD) system that coordinates

CONTEXT

OAA Title	Purpose
Title III-B	Supportive Services, including Access Services, In-Home Services, and Legal Services
Title III-C1	Congregate Nutrition Services
Title III-C2	Home Delivered Meals
Title III-D	Evidence-Based Disease Prevention and Health Promotion Services
Title III-E	National Family Caregiver Support Program (NFCSP)
Title V	Senior Community Service Employment Program (SCSEP)
Title VI	Native American Tribes/Programs
Title VII	Elder Rights

services and assists with the implementation of information and referral, case management, and eligibility requirements. Lastly, each AAA has an Advisory Council, composed of older adults and community members, which recommends policies and procedures in compliance with the OAA and DARS' expectations.

In accordance with the OAA, AAA service priority is given to older individuals with greatest economic and social needs, with special emphasis on low-income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutionalization.

AAAs submit Area Plans to DARS that address the needs of their PSAs. Area Plans identify the services the AAA will offer and provide assurances that AAA programs and services meet the requirements of the OAA. Each AAA provides services particularly suited to the needs of the older individuals living within its PSA.

AAAs are financed with OAA and other federal funds, state funds, private funds, and appropriations from local governments. Older adults who participate in the programs or use AAA services are offered the opportunity to contribute to the cost of these programs. Some AAAs offer services on a sliding-fee scale to those who can afford to purchase them.

In Federal Fiscal Year (FFY) 2022, AAAs provided services to 68,932 older Virginians.

Appendix 6 includes a complete listing of Virginia's 25 AAAs and Appendix 7 includes additional details on AAA services.

As Virginia moves beyond the COVID-19 pandemic, AAAs are seeing some services return to pre-pandemic levels while also identifying opportunities to serve older adults in new ways. For example, in returning to normal operations and services, from FFY 2021 to FFY 2022, Virginia's AAAs experienced:

- 60% increase in the number of one-way trips under the Transportation service
- 99% increase in Adult Day Care hours service units
- 31% increase in the number of unique individuals served in the Congregate Meals services
- 54% increase in the number of unique individuals

DARS Unit	Services or Programs
Office for Aging Services	• AAA Services, Care Coordination for Elderly Virginians Program • Care Transitions • Chronic Disease Self-Management Program • Dementia Coordination • Falls Prevention Program • GrandDriver • Insurance Counseling • No Wrong Door, Options Counseling • Person-Centered Thinking • Public Guardianship and Conservator Program • Respite Care Initiative • Senior Cool Care, Senior Farmers' Market • Senior Legal Helpline • Lifespan Respite Program
Adult Protective Services Division	Adult Services, Adult Protective Services, Auxiliary Grant Program
Office of the State Long-Term Care Ombudsman	State Long-Term Care Ombudsman Program; Medicaid Managed Care Advocates
Division of Rehabilitative Services	SCSEP
V4A (not DARS)	Senior Medicare Patrol

CONTEXT

State Agencies	Community Partners
DMAS	Area Agencies on Aging
VDH	Centers for Independent Living
DSS	Community Services Boards
DBHDS	Local Departments of Social Services
DHP	Local Health Departments
DBVI	Long-Term Care Providers
VDDHH	Medicaid Providers
DHCD	State Colleges & Universities
Virginia Housing	Virginia Center on Aging at VCU
DRPT	
VDACS	
DVS	
DPOR	
DOC	

served by Nutrition Counseling

- In terms of growing service offerings:
- The initial year of Nutrition Education service offering saw a total of 46,329 sessions provided
- Consumable Supplies totaled 978 payments provided for 199 individuals
- Assistive Technology totaled 211 devices provided for 104 individuals and 124 payments for 35 individuals

A full list of acronyms for state agencies can be found in Appendix 1.

A Robust Statewide Menu of Aging Services

In addition to the partnership with AAAs, DARS is involved in a variety of collaborative initiatives aimed at helping older adults to remain in their home and community as long as they choose. Across the agency, DARS hosts the Office of the State Long-Term Care (LTC) Ombudsman; oversees the Adult Services (AS) and Adult Protective Services (APS) delivery system in the Commonwealth; oversees the Auxiliary Grant Program; and implements the Public Guardian and Conservator Program and Senior Community Service Employment Program (SCSEP), among other grant- and state-funded programs and initiatives.

A full overview of aging services can be found in Appendix 7.

Linking Aging and Disability Services

In addition to leading the delivery of aging services in the Commonwealth, DARS is also the designated state agency authorized to carry out the Rehabilitation Act of 1973, as amended under the Workforce Innovation and Opportunity Act of 2014.

This includes receiving and administering federal funds to provide vocational rehabilitation (VR) and supported employment services to individuals with disabilities, the provision of state independent living services, developing and supporting a statewide network of centers for independent living (CILs), and the provision of brain injury services, among other services and programs. More information about DARS can be found here.

In order to provide high-quality services to older Virginians, DARS recognizes the many and varied partnerships it has with other state agencies and community providers. These invaluable contributors to services for older adults and caregivers are listed in the table below.

More information on state agency activities in serving older adults can be found in Appendix 8.

Innovation in Aging Services

In seeking to provide context for the 2023-2027 State Plan for Aging Services, DARS has opted to highlight four ongoing efforts or initiatives (see next section).

- Aligning Nutrition Programs
- Engaging Virginia's Aging Advisory Boards
- Leading with Data Collection, Analysis, and Reporting
- Leveraging No Wrong Door

CONTEXT

Aligning Nutrition Programs

DARS has made increasing the nutritional health of older Virginians a key priority. To do this, DARS is strategically aligning existing programs and strengthening state and local partnerships to maximize access to healthy foods for older Virginians with the greatest economic needs.

Nutrition Program	Purpose	Partners	Impact
OAA Congregate Meals	In addition to serving healthy meals in a group setting, the program presents opportunities for social engagement, information on healthy aging, and meaningful volunteer roles; and trained staff provide opportunities for exercise as well as nutrition education and counseling.	AAAs	444,330 congregate meals provided in SFY 2022
OAA Home Delivered Meals	In addition to providing home delivered meals to older individuals who are homebound or isolated, this program provides a nutritious meal plus a safety check, connection to other possible services, and social engagement.	AAAs	2,688,300 home delivered meals delivered in SFY 2022
Virginia Fresh Match/ SFMNP	The SFMNP provides low-income older adults with checks (or vouchers) that can be exchanged for eligible produce at farmers' markets and roadside stands.	AAAs VDACS VAFMA[2]	193 authorized farmers and 10,950 older adults participated in 2022
SNAP Benefits	SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency.	VDSS AAAs	31% of older adults and individuals with disabilities are accessing SNAP in Virginia
SNAP Outreach	Outreach provides information to individuals or assistance with applying for SNAP to increase participation by eligible individuals and families	VDSS AAAs	5 AAAs are participating as SNAP Outreach providers
CDSME	CDSME, developed by Stanford University, is a collection of six-week, 2.5-hour workshops for older adults with education and tools to help them better manage chronic conditions.	AAAs VDH	In the last 15 years, 13,620 Virginians have completed the program
Malnutrition Learning Collaborative	Along with 10 other states, Virginia received technical assistance in reducing malnutrition through OAA programming.	NARC[3] NANASP[4]	See Objective TBD

[2]Virginia Farmers Market Association
[3]Nutrition and Aging Resource Center
[4]National Association of Nutrition and Aging Services Programs

CONTEXT

Engaging Virginia's Aging Advisory Boards

In Virginia, three statutory committees serve in public-facing policy and programmatic advisory capacities for aging-related programs and services.

Advisory Boards	Commonwealth Council on Aging[5]	Alzheimer's Disease and Related Disorders Commission[6]	Virginia Public Guardian and Conservator Advisory Board
Shorthand	**CCOA**	**ADRD Commission**	**VPGCAB**
Va. Code Authority	§§ 51.5-127 and 51.5-128	§ 51.5-154	§ 51.5-149.1
Membership	24 members: One member from each of Virginia's 11 congressional districts, eight at-large members, and five ex-officio representatives from state agencies and partner organizations	15 members spanning a wide range of professional and familial interest in dementia, including volunteers with the Alzheimer's Association	No more than 15 members from aging and disability advocacy organizations, the judicial branch, and other state agencies
Meetings	Meets at least quarterly with committee meetings throughout the year	Meets at least quarterly with committee meetings throughout the year	Meets at least quarterly with committee meetings throughout the year
Focus Areas	• Examines the needs of older Virginians and their caregivers • Advises the Governor & General Assembly on aging policy • Advocates for older Virginians • Focuses specifically on nutritional health and malnutrition • Supports the annual Best Practices Awards for innovative aging programs	• Examines the needs of persons with Alzheimer's disease and related disorders and their caregivers • Advises the Governor and General Assembly on dementia policy • Develops the Dementia State Plan • Promotes strategies to encourage brain health and reduce cognitive decline • Establishes priorities for state agency programs	• Assists in the coordination of public guardian providers • Provides advice on the provision of high-quality public guardianship services • Promotes activities and resources to support the program • Makes policy & program recommendations to the DARS Commissioner
Reporting	The CCOA's 2022 Annual Report can be found here.	The VPGCAB 2021 Biennial Report can be found here.	The ADRD Commission's 2022 Annual Report can be found here.

[5]Please note: This summary will be updated to reflect SB 1218 (2023) for the Final Plan.
[6]Please note: This summary will be updated to reflect SB 952 (2023) for the Final Plan.

CONTEXT

Leading with Data Collection, Analysis and Reporting

In seeking to improve access to data on demographics, needs, and services, DARS has partnered with a nationally recognized survey entity and several premier Virginia public universities to develop reports that can assist in data-driven decision-making for the delivery and improvement of aging services.

Projects	Partners	Report Focus	Status
State Plan Needs Assessment – CASOA™	Polco AAAs	DARS contracted with Polco to implement the CASOA™ Statewide and AAA-level reports were developed to guide the State Plan and aging policy development.	Posted Here
State Plan Needs Assessment – Listening Sessions and Data Trends	VCoA[7]	VCoA held listening sessions with stakeholders in the aging network, older adults, and caregivers. VCoA examined data and trends on the current state of older adults and their caregivers as evidenced in a review of recent research, data, reports, and scholarly publications.	Posted Here
Needs Assessment for In-Home Services and Home Modifications	Polco AAAs	DARS contracted with Polco to implement the CASOA™ with added custom questions that focused on specific older adults needs. The Statewide and DSS-regional reports were developed to inform the final report.	Posted Here
Intrastate Funding Formula	UVA DRG[8] AAAs	DRG provided data, presentations, and analysis to DARS and the 25 AAAs toward the development of a new IFF.	New IFF in this State Plan
Demographic Data Blueprint & Dashboard	UVA DRG AAAs	Following the development of a Demographic 10-Year Blueprint, DRG continues to provide ongoing support for statewide- and AAA-level demographic data for a forthcoming data dashboard.	Posted Here
APS Division Reporting	DARS	Annual report from the APS Division on the delivery of adult services and APS, inclusive of service overviews, statistics, and expenditures.	Posted Here
Auxiliary Grant Reporting	DARS	Annual report on the Auxiliary Grant Program, inclusive of statistics, expenditures, monitoring efforts, and trainings.	Posted Here
Dementia Case Management	DARS UVA MACC[9]	Annual report on the implementation of state-funded dementia case management.	Posted Here
Guardianship Reporting	DARS Virginia Tech Center for Gerontology	In addition to DARS biennial PGP reporting (1) Virginia Tech Center for Gerontology has or will provide reports for (2) Private Guardianship Visitation Requirements.	(1) Posted Here (2) Posted Here

[7]Virginia Center on Aging at Virginia Commonwealth University
[8]University of Virginia Weldon Cooper Center Demographics Research Group
[9]University of Virginia Memory and Aging Care Clinic

CONTEXT

Leveraging No Wrong Door

Seeking to maximize access to high-quality, accurate information on long-term services and supports (LTSS), DARS' award-winning No Wrong Door System has developed creative solutions and purposeful partnerships that will extend beyond the initial COVID-19 response.

Projects	Purpose	Partners
Addressing Food and Nutrition Security and Social Connectedness	DARS in collaboration with Prince William Area Agency on Aging and Rappahannock Rapidan Community Services are working on a project to improve health outcomes related to nutrition and social health. A multisectoral team of partners is convening to collectively craft an implementation ready social determinants of health accelerator plan (SDOH-AP) for the neighboring communities of the Greater Prince William area and Rappahannock Rapidan Health District.	Prince William Area Agency on Aging Rappahannock Rapidan Community Services Health Districts
HEAR: Helping Elders Access Resources	VCoA, with support from DARS, will connect Adult Protective Service clients and reporters, who are on the fringes of elder abuse, to resources, services and information via the "Safety Connector" screening tool for use by practitioners, older adults, and caregivers. This project will be piloted in rural southwest Virginia to over 400,00 and will be an accessible, easy to use web-based tool housed on Virginia Easy Access site.	Virginia Center on Aging (VCoA) DARS APS
Real Pay for Real Jobs (RPRJ EPIC) Project	Through a collaboration with DARS Division for Rehabilitative Services, NWD will develop a web-based hub for Integrated Resource Teams (IRTs) to support individuals with disabilities seeking employment with the essential community resources to succeed. This work will support 14c employers as they develop, implement, and sustain policy and system changes for community integrated employment opportunities.	DARS DRS George Washington University Self-Advocates
Assistive Technology	Virginia Assistive Technology System (VATS) and NWD are partnering to provide assistive technology (AT) items to Virginians that improve vaccine access and social health. AT Kits are being distributed to community organizations with items for loan. There are six AT Kits: Social Health, Emergency Preparedness, Training, Sensory, Fall Prevention, and Brain Health. All AT Kits are available on Virginia Easy Access	Virginia Assistive Technology System No Wrong Door network of Partners AAAs, CILs
Social Health Connector (SoHeCo)	The Social Health Connector (SoHeCo) is a web-based tool that connects individuals to a personalized social connection plan for improved health and well-being. Individuals engaged in a reflective, virtual conversation about their current and future social connections. This self-direct virtual tool will be housed on the No Wrong Door Virginia Easy Access site, offering individualized plans base drawing from the accurate trusted resources and databases of our statewide partners and national network	Virginia 2-1-1, VCU, Eldercare Locator, Department of Gerontology, UsAging, ACL Commit to Connect, UWW
Brain Health	DARS Brain Injury Services Coordination Unit (BISCU) has partnered with NWD to enhance brain injury services and supports across the Commonwealth. This includes onboarding brain injury providers to NWD's system, creating a brain health screener, and elevating brain health resources through Virginia Easy Access and with NWD's two resource databases, Virginia 2-1-1 and VirginiaNavigator.	DARS BISCU, Brain Injury Services Programs, VCU Partnership for Persons with Disabilities

QUALITY MANAGEMENT

Aging Services Data

Data drawn from the delivery of aging services can be found in the Context Section as well as in the Overview of Aging Services found in Appendix 7.

Monitoring, Oversight and Remediation

DARS integrates the requirements found in laws and regulations with Area Plans, service standards, and contracts to establish requirements for the aging network. DARS reviews each AAA and contractor in accordance with the requirements detailed in this section and with a team of DARS staff who are assigned monitoring responsibilities as a core function of their duties. Centralizing this responsibility among the team allows for specialization and the development of a comprehensive knowledge of AAA operations, needs, and practices.

The DARS monitoring process is divided into three functional areas:

- AAA and other contractor administration
- Program operations
- Governance and fiscal operations

Using standardized monitoring tools, monitoring of AAAs and contractors involves two distinct levels:

- On-going desk reviews
- Periodically scheduled on-site reviews

The desk review process involves an on-going review of AAA and contractor monthly statistical and financial reports and analysis of spending patterns.

DARS staff periodically visit AAAs and contractors to conduct on-site reviews. These on-site visits are scheduled based on random selection with the final objective to review all 25 of the AAAs and other contractors within a three-year period (or at least eight per year).

On-site visits last a period of one to five days depending on the scope of the review, the size of the organization, and the complexity of the operations. A schedule of the reviews is distributed at the beginning of each calendar year. Upon prior determination by DARS staff and management, a selected contractor may be incorporated into the interim or regular monitoring schedule based on the need for a visit.

DARS provides a copy of the internal review/monitoring instrument to the AAAs and contractors in advance of an on-site visit. DARS recommends that AAA executive directors and contractors distribute copies of the monitoring instruments and checklists to their staff in preparation for the on-site visit. DARS strongly encourages the AAAs and other contractors to utilize these tools for self-assessment and to incorporate appropriate requirements into their monitoring of sub-contractors. AAAs are required to submit/upload documents needed for the review prior to the on-site visit.

For desk and on-site reviews, DARS staff draft reports that identify any findings, observations, and corrective action recommendations. Upon the completion of the on-site review, DARS staff and the AAA or contractor will also have an exit conference to communicate the deficiencies and recommendations noted during the review. As needed, AAAs and contractors are provided instructions for completing a Corrective Action Plan (CAP).

The DARS staff follow-up on items identified as needing corrective action. DARS staff provide technical assistance, or if needed, arrange additional training to assist with compliance as necessary.

Data Collection

PeerPlace is the AAAs' primary data collection system to report on the OAA programs. The real-time, cloud-based software includes information about the OAA participants, what services participants receive, and what type of funding is expended for programs. DARS contracted for system use in 2008 and has invested much in the way of resources to enhance the data collection system's ever changing business requirements. The data collection system serves as a critical data source for measures of the performance of OAA programs. DARS also uses the data collected to perform valuable analyses of other program components.

DARS holds internal regular programmatic and fiscal review meetings to ensure fiscal and service integrity. In addition, DARS staff annually reviews the PeerPlace data and performs a comparison of the previous year's numbers for individuals served, service units provided, and expenditures and unit costs. If a difference in excess of 10 percent for either individuals, service units, expenditures or unit costs is found during the comparison, DARS will reach out to the AAA and request additional information.

QUALITY MANAGEMENT

Continuous Improvement

Training and technical assistance to AAAs and other contracted organizations is the primary method DARS employs to continuously improve services for older Virginians.

The monitoring team members, each with unique expertise, facilitate the provision of technical assistance and training to the aging network, inclusive of training on the development and submission of Area Plans. Follow-up activities in response to desk or on-site reviews as well as ongoing communication throughout the year are also integral to continuous quality improvement.

Beyond Virginia's efforts, DARS staff monitors national trends and information from ACL and national organizations, such as the Advancing States, USAging, and the National Council on Aging (NCOA), among others, to identify best practices, strategies, and potential performance measures that can be used in the Commonwealth to improve programs and services. DARS staff, in turn, shares best practices gleaned from those efforts with AAAs and contractors as well as those identified during desk and on-site reviews.

DARS staff encourages and disseminates information about additional training opportunities available for AAA staff, including trainings that can assist with achieving the objectives of this State Plan.

State Plan for Aging Services

PROFILE OF OLDER VIRGINIANS

POPULATION

As of 2020, there were 1.8 milllion Virginians over 60 or 22% of the total population in the Commonwealth.

22%

1,838,379

Virginians aged 60+

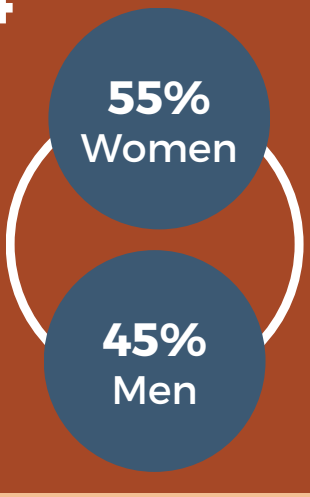
VETERANS

Virginians aged 65+

263,914

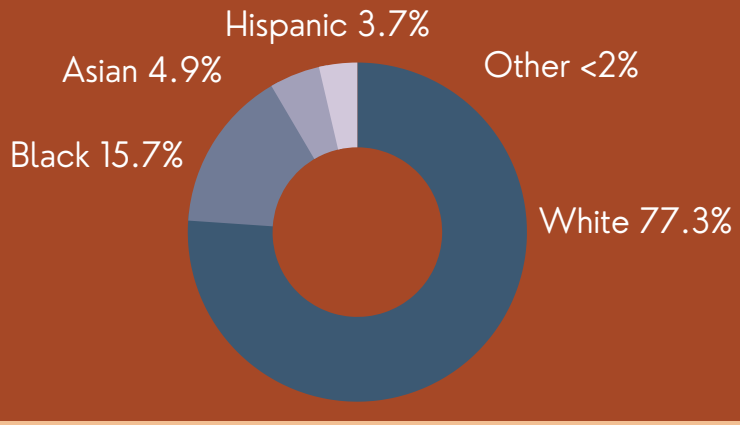
GENDER

Virginians aged 60+



RACE

Virginians aged 65+



Virginians aged 65+ have a disability

32%

Virginians aged 65+ lived alone

27%

Virginians aged 60+ in poverty

8%

Virginians aged 60+ have food stamps or SNAP

7%

[1] University of Virginia Weldon Cooper Center (2022). Data Brief: Demographic Characteristics of Older Adults in Virginia. Retrieved from here.
[2] National Center for Veterans Analysis and Statistics (2019, September 30). Virginia State Summary. Retrieved from: here.

GOAL 1

Provide high-quality, innovative core OAA programs

OBJECTIVE 1.1 Virginia provides an array of Title III services and home and community-based services that allow older adults to remain independent in their communities

STRATEGIES

- Fund and provide in-home services and transportation for older adults to obtain needed services that allow them to remain in their communities and that support engagement
- Facilitate the delivery of wrap-around services that can prevent housing instability and homelessness and support aging in place
- Represent the service needs of older adults at the state level
- Disseminate information about possible funding opportunities to the aging network and AAAs to augment current OAA efforts underway
- Facilitate opportunities among government, public, and private entities to better work together to enhance the resources for Virginia's senior population
- Identify opportunities to enhance OAA core programs through improved linkages to discretionary grants
- Update selected Aging Services Standards
- Launch and implement an enhanced data analytics tool for tracking AAA services and outcomes

OBJECTIVE 1.2 Title III and VII services are delivered effectively and efficiently

STRATEGIES

- Develop and pilot a standard satisfaction survey for selected Title III services
- Support AAAs in expanding services by sharing best practices, tools, and resources
- Provide training, technical assistance, and monitoring of programs and services to assure funds are expended fully and appropriately in accordance with federal and state laws, regulations, and guidelines
- Routinely convene AAA nutrition directors and registered dieticians to share information and ask questions
- Continue outreach to Native American tribes and expand opportunities to collaborate or share best practices with the Chickahominy Tribe
- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to older adult independent living needs, gaps, and opportunities

OBJECTIVE 1.3 Improve nutritional health and food security and decrease risk for malnutrition for older adults by providing nutritionally adequate meals, one-on-one nutrition counseling, and nutrition education

STRATEGIES

- Provide nutritionally balanced meals that meet the current Dietary Guidelines for Americans
- Assist AAAs with the operation of senior nutrition programs, nutrition counseling, and nutrition education through

training, technical assistance, and monitoring of programs

- Participate in the Malnutrition Learning Collaborative hosted by the Nutrition and Aging Resource Center (NARC) in partnership with the National Association of Nutrition and Aging Services Programs (NANASP)
- Pilot the Enhanced DETERMINE Tool with selected AAAs and look for opportunities to expand to statewide adoption
- Partner with VDSS, AAAs, and other stakeholders to increase awareness and enrollment in SNAP among older adults
- Placeholder (in funded): Partner with the Commonwealth Council on Aging using GTE funds to develop and promote microlearning videos on programs that can address malnutrition
- Work with VDACS, Virginia Farmers Market Association (VAFMA), and Virginia State University (VSU) to continue to expand SFMNP reach throughout the Commonwealth
- Distribute vouchers that provide fresh fruits and vegetables to older adults while supporting local farmers through the SFMNP
- With input from the AAA registered dietitians, train AAA nutrition directors and nutrition staff to increase specific knowledge of various cultural food habits, preferences, and practices to meet the needs of the diverse population participating in OAA meal programs
- Participate in the Virginia Farmers Market Association Advisory Committee and the Virginia Fresh Match Advisory Committee
- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to older adult nutrition needs, gaps, and opportunities

OBJECTIVE 1.4 The Senior Community Service Employment Program (SCSEP) in Virginia generates successful older adult employment placements and supports active engagement of host agencies

STRATEGIES

- Collaborate with AAAs and DARS vocational rehabilitation (VR) staff to identify opportunities to share information about SCSEP with potential participants and host agencies
- Ensure subgrantees provide individualized, person-centered assessments to identify possible job placements that fit older adult clients
- Assist older adults in obtaining computer/digital literacy
- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to older adult employment needs, gaps, and opportunities

OBJECTIVE 1.5 Virginia has a strong OAA elder rights and state APS system to protect the rights of older adults and individuals with disabilities and prevent abuse, neglect, and exploitation

STRATEGIES

- Through the Legal Services Developer, re-engage AAAs and partners in improving access to legal assistance for older Virginians
- Partner with the Virginia Poverty Law Center to offer the state-funded Senior Legal Helpline as a resource for older adults to receive no-cost basic legal advice and information

GOAL 1

Provide high-quality, innovative core OAA programs

- Participate and support active aging network engagement in Triad Chapters and SALT Councils, which brings together APS, state long-term care ombudsman programs, legal assistance programs, law enforcement, health care professionals, financial institutions, and other essential partners
- Direct planning and oversight, and provide technical assistance to LDSS for AS and APS
- Provide improved integrated e-learning to new APS workers and supervisors
- Maintain full NAMRS participation with agency, key indicator and case component level data
- Participate in WINGS (Working Interdisciplinary Networks of Guardianship Stakeholders)
- Collaborate with the Virginia Supreme Court Office of the Executive Secretary (OES) to develop and implement information technology design changes to:
    - Establish an automated process for local departments of social services (LDSS) to receive guardianship appointment orders and other related data and documents
    - Create an electronic method for the LDSS to file with the clerk of the circuit court a copy of the annual report and a list of all guardians who are more than 90 days delinquent in filing an annual report
- In support of the Virginia Center on Aging's (VCoA) ACL HEAR grant, DARS will assist with:
    - The development of a solution-focused intervention for practitioners, older adults, caregivers, and "first-line" community members
    - Education about recognizing and identifying abuse, the role of ageism, barriers to reporting abuse and seeking services, and best practices for linking systems of care
    - The development of the Safety Connector, including a screening tool component
    - The integration of the Safety Connector into No Wrong Door
    - The dissemination and education about the Safety Connector

OBJECTIVE 1.6 Virginia has a strong State-Long-Term Care Ombudsman Program that serves older adults and individuals with disabilities in all LTC settings

STRATEGIES

- Provide training, ongoing technical assistance and support (including annual statewide training) for State LTC Ombudsman Program representatives to ensure consistent, high-quality services
- Develop and implement a State LTC Ombudsman Program Strategic Plan (in collaboration with local program representatives) to increase the State LTC Ombudsman Program's presence in assisted living facility settings
- Provide targeted training and support to State LTC Ombudsman Program representatives to expand and enhance the Program's utilization of volunteers statewide to improve access and increase impacts of the State LTC Ombudsman Program
- Apply lessons acquired from the COVID-19 public health emergency into strategic planning and more effective utilization of enhanced communication technologies to improve program access and services
- Expand the Medicaid Managed Care (MMC) Advocate team to enable the OSLTCO to meet the increased beneficiary support needs generated by the state's transition from "CCC Plus" to "Cardinal Care"
- Work with DARS' contracted vendor for the Office of the State LTC Ombudsman data management and reporting system to fully integrate data collection and reporting for our MMC Beneficiary Support System into the State LTC Ombudsman Program's central web-based reporting system

GOAL 1

Provide high-quality, innovative core OAA programs

- Participate in the multidisciplinary statewide Elder Rights Coalition
- Monitor LTSS and Medicaid managed care policy changes at the federal and state levels and provide appropriate feedback to improve the care and services provided
- Engage with LTC and HCBS providers to promote best practices and improve the quality of LTSS
- Advocate for and help promote/develop training regarding person-centered care practices, including training on best care practices in working with cognitive and behavioral challenges
- Leverage the best practices and lessons learned from Virginia's participation in the Center for Health Care Strategies Medicare Academy, a learning collaborative that sought to increase knowledge and advance integration between Medicare and Medicaid programs

OBJECTIVE 1.7 Advance Virginia's dementia-capability across the lifespan by promoting education on brain health and dementia risk reduction, and providing resources and services to individuals living with cognitive decline and their caregivers

STRATEGIES

- Leverage the interest and engagement from the 2023 Governor's Conference on Aging and the 2023 Virginia Dementia Capable Summit for continued statewide engagement toward dementia-friendly communities
- Partner with the ADRD Commission, the Alzheimer's Association, state agencies and LTSS providers to support the implementation of the Dementia State Plan
- Provide ADRD Commission staffing and provide orientation and transition support for the implementation of SB 952 (2023)
- Through collaborative work with the Virginia Department of Health, implement the Healthy Brain Initiative by embedding information on brain health and modifiable risk factors of dementia in public health campaigns, and raising awareness and understanding of dementia to reduce the incidence of Alzheimer's disease and related dementias in coming decades
- Expand resources, services and training available to individuals, their caregivers, professionals, clinicians, community-based providers, and researchers through the Dementia Capable Virginia initiative
- Enhance and maintain the Dementia Capable Virginia and DARS Dementia Services web pages
- Partner with Virginia-based organizations to support applications for ACL Alzheimer's Disease Programs Initiative (ADPI) grants, and collaboratively support resulting grant-funded programs and services
- Identify and pursue funding to support increased delivery of dementia training and services
- Collaborate with the Department of Behavioral Health and Developmental Services (DBHDS) staff to improve the quality of care and transitions of care for individuals with dementia who are accessing state mental health services and systems
- Implement the Cognitive Decline module of the Behavioral Risk Factor Surveillance System (BRFSS) during the plan period
- Deliver dementia training to recruits with the Virginia State Police (VSP) Training Academy
- Support the Department of Criminal Justice Services, under the direction of the Board of Criminal Justice Services, in implementing HB 2250 (2023) which establishes training standards and a model policy for law enforcement interactions with individuals with dementia

GOAL 1

Provide high-quality, innovative core OAA programs

GOAL 1 Measures

- Achieve at least eight AAA monitoring visits and reports issued annually
- Track the number of AAAs demonstrating compliance following a corrective action plan (CAP)
- Successful pilot of the standardized satisfaction survey for Title III services and analysis of the results
- Increase the number of older adults and individuals with disabilities who are accessing SNAP benefits in collaboration with DSS. National average is 42%.
- Track AAA menu adherence to the current Dietary Guidelines for Americans
- Increase participation in nutrition counseling
- Increase geographic reach and participation in the SFMNP
- Track SCSEP participant employment in 2nd and 4th quarter after exit
- Increase the percentage of adults who remained in the least restrictive setting (home) at the conclusion of an APS investigation
- Increase the percentage of local departments of social services (LDSS) that initiate an APS investigation within 24 hours of the report being received by the LDSS
- Successful publication of annual APS reports to inform the public and policymakers
- Through the HEAR grant:
    - Development of a video-based intervention and facilitation guide for practitioners, older adults, and caregivers on abuse, neglect, and exploitation
    - Development of a Safety Connector for linking systems of care
    - Increase in knowledge about resources available
    - Decrease in ageist attitudes
- Track the number of complaints closed by the State Long-Term Care Ombudsman Program
- Track the number of information and assistance complaint counseling consultations for the State LTC Ombudsman Program and MMC Advocacy Services
- Successful design and implementation of enhanced data management and reporting functions within the web-based data management software for the State LTC Ombudsman Program
- Development of an implementation plan with measurable outcomes for the Dementia State Plan
- Increase the public's engagement with the Brain Health Virginia website
- Increase knowledge about dementia and improve attitudes towards people living with dementia through the delivery of Dementia Friends information sessions and training of Dementia Friends Champions
- Track the number of new and continuing partnerships between DARS and other organizations
- BRFSS Cognitive Decline module implementation and analysis of trends over time

GOAL 1 Outcomes

- **Short-Term**: More older Virginians who are eligible will be receiving SNAP benefits and participating in SFMNP
- **Intermediate**: Analysis of AAA uniform survey results concludes high participant satisfaction with OAA nutrition services
- **Long-Term**: Older adults experience decreased food insecurity/malnutrition and improved nutritional health

GOAL 2

Deliver evidence-based programs that encourage healthy, active and engaged lives

OBJECTIVE 2.1 DARS and AAAs maximize federal COVID-19 supplemental funding for the benefit of older Virginians and emergency preparedness

STRATEGIES

- DARS and AAAs continue to make strategic investments of ARPA and COVID-19 supplemental funding to position the aging network to meet the growing demand and changing needs of older Virginians
- AAAs will hire public health workers to increase awareness of COVID risk factors and expand access to immunizations
- Participate in the Virginia Department of Emergency Management (VDEM) Access and Functional Needs Advisory Committee
- Continue the partnership between No Wrong Door and the Virginia Assistive Technology System (VATS) to encourage emergency preparedness among and provide emergency preparedness kits to older adults
- Encourage AAA partnerships with local emergency response agencies to assist in the development of emergency preparedness plans and to provide support to those with the highest social and economic need
- Disseminate lessons learned and best practices on emergency preparedness to AAAs through NWD
- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to older adult internet access needs, gaps, and opportunities

OBJECTIVE 2.2 Virginian offers a menu of health promotion, disease prevention, and vaccination information, programs, and services to older Virginians

STRATEGIES

- AAAs offer at least one evidence-based program
- Monitor evidence-based programming to maintain fidelity to the programs
- Maintain the Chronic Disease Self-Management Education (CDSME) umbrella license for the AAAs in Virginia that choose to implement any or all of the programs under the CDSME heading: Chronic Disease Self-Management Program, Diabetes Self-Management program, Chronic Pain Self-Management program
- Provide technical assistance and monitoring to affirm the quality of CDSME offerings
- Collaborate with the Virginia Department of Health to increase awareness of CDSME offerings
- With vaccine access funding, the aging network will conduct outreach and engagement to increase awareness of and access to immunizations
- Through VICAP, increase awareness of immunization coverage among Medicare beneficiaries
- Through the LTC Ombudsman Program, increase awareness of immunization opportunities for LTC facilities and residents
- Pursue opportunities to partner with state agencies, such as the Department of Veterans Services and the Department of Behavioral Health and Developmental Services, and organizations in disseminating information on suicide prevention, opioid use disorder, and overdose reverse medications
- Partner with state agencies to develop alignment marketing strategies around vaccine access for vulnerable or high-risk populations
- Conduct outreach to behavioral and mental health service providers to inform them about AAAs and aging services

GOAL 2

Deliver evidence-based programs that encourage healthy, active and engaged lives

- Annual implementation of the Senior Cool Care Program to provide older adults with single room air conditioners or fans to keep cool in the summer months
- Participate in the Dominion Energy Share Bill Advisory Board
- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to older adult physical health and wellness needs, gaps, and opportunities

OBJECTIVE 2.3 Continue and expand No Wrong Door collaborations to address social determinants of health and reduce social isolation for older Virginians

STRATEGIES

- The aging network will continue to explore opportunities and implement programs that provide older adults with access to technology and the internet to help facilitate human connection
- Implement, evaluate and enhance the Social Health Connector screening tool for reducing social isolation of older adults
- Continue the partnership between No Wrong Door and the Virginia Assistive Technology System to provide assistive technology kits to older adults to decrease social isolation, reduce falls, provide training on accessing services via the internet, reduce anxiety, and improve cognitive health
- Convene and coordinate a Leadership Team consisting of multisectoral partners and develop an implementation ready social determinants of health accelerator plan (SDOH-AP) for the neighboring communities of Greater Prince William Area (GPWA) and Rappahannock-Rapidan Health District (RRHD)
- Provide consultations on assistive devices to support Virginians in improving health and wellbeing
- Offer a free course for direct support professionals (DSPs) on supporting individuals who have experienced a trauma
- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to social engagement and mental health needs, gaps, and opportunities

OBJECTIVE 2.4 Support older adult mobility and driver independence and safety through education, screening, awareness, and outreach

STRATEGIES

- Maintain the granddriver.net website
- Increase awareness of GrandDriver using web and social media
- Participate (present or exhibit) at conferences, workshops, health fairs, and expos across the Commonwealth
- Participate in CarFit events and trainings and train transportation professionals, health professionals (e.g., occupational and physical therapists and rehabilitation specialists) on how to conduct CarFit events
- Support driver assessments by Certified Driver Rehabilitation Specialists
- Through education, training, and engagement, increase awareness of available wraparound aging services among transportation agencies and organizations
- Support the launch and increase awareness of DRPT's upgraded Virginia Transportation Finder which will provide increased capabilities for mapping transportation services and providers, smartphone app integration, and alignment of transit resources that span various modalities

GOAL 2

Deliver evidence-based programs that encourage healthy, active and engaged lives

- Participate in and help raise awareness about the development and implementation of Virginia's next Coordinated Human Service Mobility Plan developed by DRPT
- Participate in the Virginia Department of Motor Vehicles (DMV) Highway Safety Stakeholders Workgroup and Pedestrian Safety Taskforce
- VDOT, alongside its partner agencies such as DMV and the VSP, is implementing the Strategic Highway Safety Plan (SHSP) which includes specific strategies and actions that benefit older Virginians
- VDOT is implementing the Americans with Disabilities Act (ADA) Transition Plan
- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to transportation needs, gaps and opportunities

GOAL 2 Measures

- Track COVID response funding expenditures
- Track the type of vaccine outreach events held and vaccine planning activities
- Track the number of older adults who receive incentives for COVID immunization
- Increase collaboration and engagement across multisectoral partners in GPWA and RRHD
- Development of the SDOH-AP including all required components for GPWA and RRHD
- Development of marketing materials for vaccine access that are culturally competent and easy to read
- Track participation in the Senior Cool Care Program and air conditioner units provided to older adults
- Evidence-based programs adhere to the programs' fidelity requirements
- Track the number of older adults completing CDSME
- Track the number of DSMP programs offered, including those offered in underserved areas
- For the GrandDriver program, annually track the number of:
    - Website hits
    - Events, trainings, and presentations on the GrandDriver program
    - Participants who complete CarFit checklists
    - Driver assessments completed - annually

GOAL 2 Outcomes

- **Short-Term**: All COVID response funding is expended
- **Intermediate**: Older Virginians receive COVID-19 immunizations, including all boosters
- **Long-Term**: Herd immunity among older adults from COVID infections is achieved

GOAL 3

Promote access to aging and community services for older Virginians with the greatest economic and social needs

OBJECTIVE 3.1 Individuals have access to person-centered information and referral services

STRATEGIES

- Ensure all AAAs offer Communication, Referral and Information and Assistance (CRIA), options counseling, and care coordination services to older adults
- Provide up-to-date, accurate, and unbiased information about available resources provided for older adults, including those in underserved areas
- Deliver CRIA in a manner that is culturally and linguistically appropriate and trauma-informed regardless of race, ethnicity, gender, disability, religion, sexual orientation, HIV/AIDS status, or socioeconomic status
- Provide person-centered training, and provide technical assistance and monitoring to ensure the quality of and access to services
- DARS and the aging network will help promote and increase awareness of RetirePath Virginia:
    - Virginia529's newest savings program, RetirePath Virginia, will give eligible employers across the Commonwealth a simple way to help their employees save for retirement at work. RetirePath Virginia accounts will be flexible, portable, and easy for savers to use. Self-employed individuals, independent contractors, and individuals who wish to enroll without an employer may also be eligible to participate. The program is scheduled to open with phased registration for eligible Virginia employers starting July 1, 2023, or soon thereafter. Learn more and subscribe to program updates at RetirePathVA.com.
- Promote and increase statewide awareness of the programs and services provided by the Department for the Blind and Vision Impaired, such as the Independent Living Services for Older Individuals who are Blind Grant, Rehabilitation Teaching/Independent Living Program, and The Senior Retreat: Live Active, Live Healthy, Live Modern (LIVE)
- Increase information sharing and engagement between DARS, the aging network, No Wrong Door, and DVS in support of Virginia's older veterans
- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to information assistance needs, gaps and opportunities
- Develop and implement a DARS Language Access Policy

OBJECTIVE 3.2 Ensure OAA services are targeted to older Virginians with the greatest economic and social needs

STRATEGIES

- Provide AAAs with up-to-date demographic profile data for their PSAs to help identify target populations
- Provide technical assistance and feedback to AAAs to assist with increasing services to vulnerable older Virginians
- Share outreach approaches that support underserved populations and increase inclusivity
- Promote person-centeredness and inclusiveness in services and professional approaches to serving older adults and caregivers
- Collaborate with the aging network and stakeholders on efforts to eliminate ageism and encourage the development of age-friendly communities
- Stay informed about the resources available through ACL-funded technical assistance centers and look for opportunities to utilize those resources in Virginia

GOAL 3

Promote access to aging and community services for older Virginians with the greatest economic and social needs

- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to older adult economic welfare and financial needs, gaps and opportunities

OBJECTIVE 3.3 Virginia increases the number of educated Medicare beneficiaries, caregivers, and consumers who will report suspected healthcare fraud, errors, and abuse

STRATEGIES

- Increase the number of SMP team member hours in each PSA
- Grow the number of one-on-one SMP counseling sessions and calls answered on the 1-800 fraud line
- Conduct SMP outreach to aging organizations and community groups
- Increase the number of targeted individuals reached statewide through SMP outreach events
- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to older adult safety needs, gaps, and opportunities

OBJECTIVE 3.4: Promote awareness of the VICAP program as a trusted and reliable resource for Medicare information

STRATEGIES

- With state funding, increase the capacity of the VICAP program to serve more older Virginians
- Produce and purchase media buys to run five topic focused television commercials (topics: Open Enrollment, General Program Awareness, Preventive Services, Low-Income Subsidy, and Volunteer Recruitment)
- Maintain program webpage through the DARS website
- Produce educational materials such as the Medicare Preventive Services Calendar and Low-Income Subsidy, Preventive Service, and Annual Wellness rack cards
- Offer or participate in outreach and education events on Medicare Parts A, B, C and D, low-income subsidy, Cardinal Care program, Medigap (supplemental insurance), LTC Insurance, preventive services, and Medicare Annual Wellness benefits
- Build VICAP volunteer base through recruitment campaigns
- Provide Medicare enrollment sessions on-site for the Upper Mattaponi Tribe members
- Promote and increase awareness of the consumer guides available through the Department of Professional and Occupational Regulation (DPOR) and the State Corporation Commission

OBJECTIVE 3.5: Older adults and older adults with disabilities at risk for falls have access to evidence-based community programs to reduce falls

STRATEGIES

- Enhance strategic partnerships between falls prevention programming and community-based service referral organizations (No Wrong Door's DirectConnect, VirginiaNavigator, and Virginia 2-1-1)
- Increase the number of program sites and program recruitment partners in underserved areas with poor health outcomes.

GOAL 3

Promote access to aging and community services for older Virginians with the greatest economic and social needs

- Coordinate with the Centers for Independent Learning (CILs) & Brian Injury Clubhouses (BI Clubhouses) to provide referrals for individuals to disabilities to falls prevention programs
- Collaborate and partner with the Virginia Department of Health on the Virginia Arthritis and Falls Prevention Coalition (VAFPC) to increase awareness of fall prevention program offerings
- Establish a partnership with a health care funder (Genworth Financial) and a health plan/MCO (Sentara) as a model for future sustainability partnerships
- In partnership with the Virginia Department of Health, promote the Walk With Ease online portal and six-week program among aging services and community partners in order to connect older Virginians to improve and increase their walking

OBJECTIVE 3.6 Older Virginians have increased access to state government and increased awareness of existing cultural engagement opportunities as a result of enhanced state partnerships

STRATEGIES

- Promote and conduct outreach to increase awareness of the engagement opportunities available through Virginia's Lifelong Learning Institutes
- Promote the availability of discounted senior memberships through Virginia's museums, such as the Virginia Museum of Fine Arts, Virginia Museum of History & Culture, and the Virginia Science Museum, among others
- Encourage AAAs to maintain existing or develop new partnerships with cultural organizations and institutions that can facilitate accessible and affordable programming opportunities for older adults
- Promote the Library of Virginia's virtual programming and the Find It Virginia (www.finditva.com) site, which provides free library service 24 hours per day anywhere an individual can connect to the Internet. The databases on Find It Virginia are heavily used by public libraries and contain specific health related materials that are of interest to older adults.
- Governor Youngkin's office has launched an effort to modernize state websites. Virginia Information Technology Agency (VITA) leads this initiative to help ensure that older adults have equal access to the information and services they need, to improve online experiences, and ensure they can participate fully in state government.
- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to older adult civic, volunteer and community engagement needs, gaps, and opportunities

GOAL 3 Measures

- Publish the DARS Language Access Policy
- Track the alignment of population demographic data for each PSA with AAA client service data
- Track the number of age-friendly or livable communities in Virginia
- Increase the number of individuals who receive CRIA
- Track SMP team member hours
- Increase the number of one-on-one VICAP counseling sessions, complaints, and referrals
- Increase the number of VICAP client contacts, low-income contacts, rural contacts, and non-native English-speaking contacts

GOAL 3

Promote access to aging and community services for older Virginians with the greatest economic and social needs

- Increase the number of persons reached through VICAP presentations, booths/exhibits at health/senior fairs and enrollments events
- Increase self-reported positive outcomes from falls prevention programming
- Reach 2,000 older adults through falls prevention programming
- Increase falls prevention trained program leaders and facilitators and sites that deliver falls prevention programs
- Maintain high recruitment of participants from underserved areas with poor health outcomes in falls prevention programs

GOAL 3 Outcomes

- **Short-Term**: Virginians will increase their knowledge of the aging network and the menu of available aging services
- **Intermediate**: AAA services reach more Virginians who have the greatest economic and social needs as reflected in population and aging services data
- **Long-Term**: Older adults are included, have full-access, and are active participants in their communities

GOAL 4

Bolster awareness of and increase access to person-centered long-term services and supports

OBJECTIVE 4.1 Individuals of all ages and disabilities are able to navigate and access barrier-free, high-quality, person-centered LTSS

STRATEGIES

- Increase partner participation in the No Wrong Door System
- Increase self-direction through access and participation in the online self-referral tool DirectConnect housed on the person-centered consumer site Virginia Easy Access
- Collaborate with VirginiaNavigator, 2-1-1 Virginia, and other referral entities to enhance access to accurate, up-to-date, and relevant services information
- Coordinate and host NWD Resource Advisory Council meetings and sub-workgroups to discuss statewide governance, streamlined access, person-centered options counseling and marketing/communications for statewide implementation, and monitor progress
- Provide ongoing training and technical assistance to promote successful use and participation in the No Wrong Door system
- Maximize the use of external funding opportunities to further innovate and bolster services and supports for older Virginians and individuals with disabilities

OBJECTIVE 4.2 Older Virginians have access to options counseling, care transitions, care coordination, and other wrap-around programs that reduce unnecessary hospitalizations and institutionalization

STRATEGIES

- The aging network provides care coordination and options counseling to individuals who qualify and express interest in these services
- The aging network connects individuals to Medicaid LTSS or other HCBS programs, if appropriate
- Connect aging network partners with other state, regional, and local initiatives that can be aligned in support of improved health outcomes
- Provide options counseling training to include disrupting ageism and trauma-informed care modules to No Wrong Door partners
- Disseminate information about VAAACares and Community Integrated Health Networks (CIHNs)
- Through the State LTC Ombudsman Program, provide information and counseling about LTSS options and resources and assist individuals with navigating through them
- Provide education to Medicaid MCO care managers on opportunities to utilize the No Wrong Door System and Virginia Easy Access to include information on the toolkits and navigating individuals through the self-referral and profile tools
- Explore opportunities to promote the inclusion of or increased collaboration with aging services and evidence-based programs in Medicaid LTSS

OBJECTIVE 4.3 Older Virginians have access to accessible, affordable, integrated, and safe housing in the community and across the continuum of LTSS

GOAL 4

Bolster awareness of and increase access to person-centered long-term services and supports

STRATEGIES

- To increase connections between the housing agencies and the aging and disability communities:
  - Participate in the Governor's Coordinating Council on Homelessness
  - Participate in the Interagency Leadership Team for Housing & Supportive Services and Permanent Supportive Housing Steering Committee
  - Participate in Virginia Housing's Supportive Housing Solutions Council
- Through education, training, and engagement, increase awareness of available wraparound aging services among housing agencies and organizations
- Promote and increase awareness of the Livable Home Tax Credit Program and Housing Choice Vouchers among older adults and stakeholders
- Disseminate information and best practices in LTSS to state agencies, LTSS associations, and aging services stakeholders
- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to housing needs, gaps and opportunities
- Disseminate information about opportunities for innovative housing models or permanent supportive housing grant funding to the aging network

OBJECTIVE 4.4 DARS staff participate in interagency efforts to support increased access to coordinated services, improved quality of service delivery, and the translation of research into evidence-based practices

STRATEGIES

- Provide Commonwealth Council on Aging staffing and provide transition support for the implementation of SB 1218 (2023)
- Provide staff support and promotion for the Commonwealth Council on Aging's annual Best Practices Awards
- Participate on the Virginia Center on Aging (VCOA) Advisory Council and host regular meetings with VCOA staff to discuss opportunities and partnerships
- Support the work of the MMC Advisory Committee and provide input on the implementation of managed care and managed LTSS in Virginia
- Participate in the Medicaid Ambassador Task Force to support Medicaid eligibility redeterminations following the end of the federal public health emergency
- Participate in the VDH Commissioner's Advisory Council on Health Disparity and Health Equity
- Participate in the Statewide Independent Living Council
- Monitor relevant health and human resource agency and legislative commission meetings for opportunities to improve interagency collaborations and increased awareness of aging services
- Engage in partnerships with other state agencies and organizations on grant projects as opportunities arise
- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to community livability needs, gaps and opportunities

GOAL 4

Bolster awareness of and increase access to person-centered long-term services and supports

GOAL 4 Measures

- Increase the percentage of older Virginians receiving in-home services that remain in the community one year later
- Of the unique individuals served through No Wrong Door, increase the percentage who remained in the community
- Track the number of older adults and individuals with disabilities who participate in falls prevention programs
- Care managers are educated about No Wrong Door, falls prevention, and the toolkits available for older adults
- The aggregate of individuals receiving Care Transitions who note a reduction in hospital readmissions
- Track the amount of external funding and grants secured to support innovation and services for older Virginians and individuals with disabilities
- With NWD, track the types of devices from the assistive technology toolkit distributed and used by older Virginians
- With NWD, track number of providers and programs who opt into DirectConnect for self-referrals
- With NWD, track the number of Virginians who self-refer for services and receive them
- With NWD, increase the number of users on the Virginia EasyAccess site
- Track media and statewide organizational engagement about the annual Best Practices Award winning programs
- Execution and promotion of the annual Older Virginians Month (May) Governor's Proclamation

GOAL 4 Outcomes

- **Short-Term**: Virginians will have increased awareness of and be more easily connected to services across the continuum
- **Intermediate**: Virginians will receive coordinated home and community-based services that reduce unnecessary emergency department visits and hospitalizations
- **Long-Term**: Virginians will remain in their homes and communities longer, thus generating systemic cost avoidance for more expensive institutional services

GOAL 5

Improve access to resources and services that support caregivers

OBJECTIVE 5.1 Virginia offers a variety of high-quality caregiver supports and services

STRATEGIES

- Offer person-centered Title III-E services that reflect each caregiver's specific needs
- Through the Lifespan Respite Voucher Program, expand and enhance respite care services to Virginia family caregivers
- Through aging network partnerships, increase knowledge and awareness of respite care services
- Identify and pursue grant opportunities and other funding sources to support paid and unpaid caregivers
- Work in partnership with the AAAs to connect participants in the Lifespan Respite Voucher Program with other OAA services
- Use No Wrong Door and social media to highlight respite services, caregiver education, and related OAA services available to Virginians
- Utilize the satisfaction survey to caregivers who utilize the Lifespan Respite Voucher Program and make improvements based on responses
- Ongoing implementation of the Respite Care Initiative for caregivers of individuals with dementia
- Educate Upper Mattaponi Tribe members on the availability of and eligibility for Lifespan Respite Vouchers

OBJECTIVE 5.2 Virginia coordinates statewide planning and programs that support caregivers

STRATEGIES

- Participate in and provide support for the Virginia Caregiver Coalition
- Utilize the No Wrong Door system and partners to make electronic referrals and to securely share individual-level data and progress in meeting caregiver needs
- Add the Lifespan Respite Voucher Program application on the Virginia Easy Access and Virginia Family Caregiver Solution Center to encourage direct, streamlined referrals
- Disseminate the results of the statewide needs assessment as it relates to needs of caregivers and potential opportunities to better serve them
- Increase caregiver education and public awareness of caregiver needs through coordination of No Wrong Door, the Virginia Caregiver Coalition, and ACL-grant funded programs
- Disseminate the newly updated electronic Taking Care: A Resource Guide for Caregivers
- Partner with VDSS to increase interagency information sharing in support of grandfamilies
- Disseminate information from the National Technical Assistance Center on Grandfamilies and Kinship Families with the aging network
- Implement the Caregiving modules of the Behavioral Risk Factor Surveillance System (BRFSS) during the plan period
- Review and evaluate opportunities to implement recommendations from the RAISE Family Caregiver Advisory Council's 2022 National Strategy to Support Family Caregivers
- Explore ways DARS and the aging network can support the Virginia Community College System's (VCCS) efforts to increase interest and enrollment in health and aging workforce programs
- Promote DARS' vocational rehabilitation workforce programs for individuals with disabilities as potential pathways for workforce opportunities and careers in LTSS and aging services

GOAL 5

Improve access to resources and services that support caregivers

- Explore opportunities to partner with health and human resource agencies and provider associations to support the direct care workforce
- Develop and disseminate an infographic based on the results from the statewide needs assessment as it relates to caregiving needs, gaps, and opportunities

GOAL 5 Measures

- Increase the number of families reporting temporary relief of their caregiving burden through the Lifespan Respite Voucher Program by June 30, 2026
- Expansion of the Virginia Caregiver Coalition membership and partnerships
- Execution and promotion of the annual Family Caregivers Month (November) Governor's Proclamation
- Increase the number of male, LGBTQ+, American Indian, and rural caregivers served by the Lifespan Respite Voucher Program
- Caregivers who use the Lifespan Respite Voucher Program report high satisfaction via surveys
- Increased engagement and activity for the caregiver resources on Virginia Easy Access
- Increase the number of new and ongoing caregiving and workforce partnerships between DARS and other organizations
- BRFSS Caregiver module implementation & analysis of trends over time

GOAL 5 Outcomes

- **Short-Term**: Virginians will increase their knowledge of the menu of caregiving services and resources
- **Intermediate**: Caregivers who use the Lifespan Respite Voucher Program report reduced caregiver burden and high satisfaction with the program
- **Long-Term**: Caregivers are able to provide high quality care for their loved ones with sufficiently available resources and services

ATTACHMENTS & APPENDICES

ATTACHMENTS:

A. Assurances
B. Information Requirements
C. Intrastate Funding Formula

APPENDICES:

1. Acronyms
2. CASOA Executive Summary
3. JCHC Report Executive Summary
4. VCOA Listening Sessions & Trends Report
5. UVA Data Brief For Virginia
6. Listing Of AAAs
7. Overview Of Aging Services
8. State Agency Information
9. Allocations
10. Ombudsman Allocation Process

Virginia State Plan for AGING SERVICES

October 1, 2023 - September 10, 2027

DARS
VIRGINIA DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such 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;

(B) 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; . . .

(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;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G) (i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) 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;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—…

(5) in the case of a State specified in subsection (b)(5), the State agency;

and 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. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: States must ensure 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, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual

adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) 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 and behavioral 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 with 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;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(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 sub-clause (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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is

(I) identify the number of low-income minority older individuals 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 (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) 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, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an 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) 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) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) 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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) 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;

(C) 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 contract or such relationship;

(D) 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 contract or such relationship; and

(E) 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) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of 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;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are 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.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) 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;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require 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) be based on such area plans.

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

(A) evaluate, 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) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(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 section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(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 intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, 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); and

(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.

(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).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a 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) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any 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 plan shall provide that 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.

(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.

(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.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be 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.

(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.

(9) The plan shall provide assurances that—

(A) 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 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances 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) The plan shall provide that with respect to legal assistance —

(A) the plan contains 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 (i) 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;

(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.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(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; and

(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 —

(A) 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—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(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 where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(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 area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (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.

(28) 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.

(29) 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.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

(b)(3)(E) No application by a State under subparagraph (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

(a) ELIGIBILITY.—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…

_____ _____

Kathryn A. Hayfield, DARS Commissioner Date

State Plan Guidance Attachment B

Information Requirements

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring 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;

Response:
DARS mandates all AAAs to contractually comply with the "Assurances – Local Plan for Aging Services," which require AAAs to abide by the assurances and provisions provided in Sections 306 and 307 of the OAA.

In Virginia, the OAA programs are an important safety net program. Through the area plan development, submission, and review process, AAAs target services to older individuals with greatest economic and social need, with special emphasis on low-income minority individuals, older individuals with limited English proficiency, older persons residing in rural or geographically isolated areas, and older individuals at risk for institutional placement.

Moving forward and in conjunction with parallel demographic services and data initiatives, DARS will be able to provide AAAs with information contextualizing their PSAs population demographics relative to the individuals served by the AAA. This will allow AAAs to proactively identify opportunities for enhanced outreach to groups most in need of aging services. This will be incorporated into the monitoring process and utilized as a performance outcome indicator.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

RESPONSE:
AAAs across Virginia play a critical role as the local No Wrong Door (NWD) lead organizations in communities as both written into the Code of Virginia and as detailed in each AAA's Area Plan with DARS.

Through NWD, DARS and the aging network has entered into a partnership with Virginia Assistive Technology System (VATS), as a result of receiving critical funds from the ACL targeting vaccine access and social health. Through the partnership between NWD and VATS, AAAs are helping to ensure that Virginians can acquire the appropriate, affordable assistive and information technologies (AT) and services they need to participate in society as active citizens. Specifically, DARS has supplied AT kits to all the AAAs and many of the Centers for Independent Living in a program that allows individuals to try the devices before they buy them. This program is supported by local coordinators at each of the AAAs. The AT kits include resources and devices for: social health, emergency preparedness, falls prevention, sensory health and training. These AT kits are free and made available to any AAA to share with their local communities and the people they support. In addition, all AAAs have access to a VATS-trained specialist (who is also an occupational therapist) who provides consultations both in-person and over the phone to any provider and/or individuals seeking information about AT resources services and local supports.

No Wrong Door and VATS have also created a report called How Assistive Technology (AT) is Helping Virginians through the COVID-19 Pandemic, summarizing the successes of the DARS/VATS Partnership. The report is posted on both the NWD Virginia and NWD Easy Access websites for public viewing.

Section 306(a)(17)

Describe the mechanism(s) for assuring that 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.

RESPONSE:

AAAs work with their clients to prepare for a disaster. As it has been needed, many AAAs have provided their clients who receive congregate and home-delivered meals with a limited supply of shelf-stable meals to be used in the event of a disaster. A majority of the AAAs (17) allocate funds to offer emergency services, which can be provided during natural and man-made (human-caused) disasters. With the onset of the COVID-19 pandemic, many of the AAAs also provided assistance with obtaining consumable supplies, such as groceries, prescription medications, personal hygiene items, cell phones, tablets and internet access.

The Area Plan Contract for Aging services requires the AAAs to develop a Continuity of Operations Plan (COOP) detailing how the agency plans to maintain its operations during an emergency or other situation that would disrupt normal operations. The COOP must be approved by the AAA's governing board or governing body.

For Area Plan submissions, DARS also requires AAAs to include information detailing how the AAA will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery. DARS then reviews AAA Area Plans and provides feedback to AAAs as needed.

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. Provide specific minimum proportion determined for each category of service.*)

RESPONSE:

DARS has established, through the Virginia Administrative Code (state agency regulations), the minimal amount of funding that can be spent on priority services such as access, in-home, and legal assistance.

In accordance with 22VAC30-60-100 A, at least 15 percent of its Title III-B allotment for services associated with access services, such as care coordination, information and assistance, and transportation services.

In accordance with 22VAC30-60-100 B, at least 5 percent 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.

In accordance with 22VAC30-60-100 C, at least 1 percent of its Title III-B allotment for legal assistance for older adults.

Each AAA may apply for a waiver if it can demonstrate to DARS that services being provided in such category in the area are sufficient to meet the need for such services in such area. The request for waiver is submitted to DARS after a public comment period and is reviewed by DARS staff prior to potential approval.

Section 307(a)(3)

The plan shall—

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year 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); and

(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.

RESPONSE:

In FFY 2000, DARS awarded rural PSAs in Virginia $12,577,037. By FFY 2018, the amount of funding had increased to at least $16.2 million, and in FFY 2022 it was at least $18.1 million. The increase occurred through additional federal funds that have been awarded and state general funds that have been

appropriated by the Virginia General Assembly and the Governor. DARS confirms that, for each fiscal year, Virginia spends not less than the amount expended for such services for fiscal year 2000. Also, of note on this topic, rurality is a component in the Intrastate Funding Formula (IFF), which is found in Attachment C.

DARS estimates the projected costs of providing such services per year at:

- 2024: $19,050,250
- 2025: $19,525,375
- 2026: $20,000,500
- 2027: $20,475,625

On an ongoing basis, DARS and the AAAs seek to maximize OAA funds to meet the needs of rural areas. This is often done through partnerships and collaborations with other agencies and community partners, and by accessing other funding sources to enhance the delivery of aging services.

In 2023, the fiscal year preceding the first year to which this plan applies, rural transportation increased to healthcare and congregate settings, AAAs procured additional heating and cooling devices to preserve meal temperature, access to broadband internet and cellular service expanded, AAAs increased checking (telephone calls) and outreach activities to combat social isolation, the number of home delivered meals increased, and the AAAs strengthened collaboration with community partners focusing on various activities for the benefit of rural older adult populations.

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*.

RESPONSE:

In 2000, 68 of the approximately 134 jurisdictions were classified as rural. As of the FFY 2023 funding allocations, 64 jurisdictions were classified as rural.

Since the 1980s, Virginia's IFF has had rural factor as one its components. For the new IFF, the percent of funds allocated to rural regions remains at 10 percent. Further, while it is certainly not an identical factor, PSA share of population 60+ has been added as a factor in Virginia's updated IFF at 10 percent. This factor addresses the unique needs of localities who have a higher proportion of older adults relative to the jurisdiction's overall population, which can reflect increased burden on the locality in meeting the needs of older adults and can often, but not always, be found in rural jurisdictions.

Section 307(a)(14)

(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.

RESPONSE:
The IFF that will be applied to FFY 2024 funding allocates 10 percent of the funds to individuals aged 60 and older who are minority and in poverty. For FFY 2022, Virginia used the five-year compilation of the American Community Survey (ACS) Special Tabulation data. The 2019 ACS Special Tabulation data indicates there are 53,310 individuals who are 60+, low-income, and minority. In addition, the 2019 ACS Special Tabulation data indicates there are 5,593 individuals who are 60+, low-income, minority, and have limited English proficiency.

To help address low-income minority older individuals and low-income minority individuals with limited English proficiency, one of Virginia's IFF factors is poverty. This factor alone is used to allocate 50 percent of the funds.

DARS is currently developing an agency-wide Language Access Policy, which will provide guidance for DARS staff on how to access translation and interpretation services. DARS utilizes translation and interpreter services as needed. As funding permits, DARS has also translated aging services materials, such as VICAP brochures and No Wrong Door materials, into other languages. AAAs with large populations of older adults with limited English proficiency within their PSAs have developed models of services and engagement to meet those specific 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, if applicable, *and specify the ways in which the State agency intends to implement the activities*.

RESPONSE:
As of 2019, Virginia has seven federally recognized tribes (Pamunkey, Chickahominy, Eastern Chickahominy, Upper Mattaponi, Rappahannock, Nansemond, and Monacan). To be eligible for funding, tribes must represent at least 50 older adults aged 60 or older and seek OAA funding. As of July 1, 2023, one tribe, the Chickahominy Tribe, has met this threshold and has received OAA funding.

DARS remains engaged with state and federally recognized tribes, committed to partnerships with them and providing Title VI application assistance, if requested, and responsive to any changes into the future. DARS works specifically with AAAs to engage with Native Americans within their PSAs to increase awareness of the OAA services available to them. DARS is also pleased to partner with the Upper Mattaponi Tribe to provide Lifespan Respite vouchers and Medicare counseling specifically for Native Americans.

According to 2019 ACS data, there are approximately 12,760 American Indian and Alaskan Native Americans in Virginia aged 60 and older, and of those, 1,635 live below poverty. For FFY 2022, data from AAAs indicated that 136 individuals receiving OAA services self-reported as American Indian or Alaskan Native. Of those, 37 were below poverty. DARS would note that this is an increase from the FFY 2018 figures, which were 49 and 23, respectively.

Section 307(a)(27)

(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

RESPONSE:
Looking ahead, Virginia anticipates continued growth in the population aged 60 and older. Current population estimates suggest that Virginia's population aged 65 and older is expected to grow from 15.9% in 2020 to 18.9% in 2030. In some small and rural localities, such as Highland, Lancaster or Middlesex Counties, residents aged 65 and older already comprise more than 30% of the county's total population.

There are a few major changes that will impact Virginia's aging services over the next decade and beyond. They include the overall increase in the older adult population and a population that is living longer, funding streams that have not kept pace with the increased demands, the effects from the COVID-19 pandemic, the growth in Medicaid and non-Medicaid HCBS, the push for health promotion and disease prevention efforts, and the increased needs of caregivers for respite and other supports.

In Virginia, like many other states, rural localities continue to lose residents, and urban areas continue to see a growth in population. The result for the aging network is disproportionate levels of geographically and potentially socially isolated rural older adults who need services and supports, while the growth in urban areas has been marked by an increase in racially and ethnically diverse older adults and older

adults whose primary language is not English. Further, national Census data indicates that older adult poverty is rising (from 8.9% in 2020 to 10.3% in 2022[1]).

DARS leadership continues to monitor the shifting demographics, particularly as it relates to the forthcoming complete 2020 Census results, the OAA priority population categories, and the growth in older adults who are aged 85 and older. The additional data set to be released from the 2020 Census will be informative for identifying and assessing needs as they relate to future population characteristics.

The business model of the aging network and AAAs is changing, and key aging network partners in Virginia are already evaluating these changes for opportunities and challenges. In this regard, DARS continues to seek opportunities to grow services through ACL grants, grants from other federal agencies, and through statewide partnerships and collaborations. While usually time-limited in scope, grants have enabled the Commonwealth to build capacity, look for opportunities to imbed innovative and evidence-based programming into core service offerings, and develop plans to sustain services into the future. With a particular eye for strong evaluations with all projects, DARS hopes to lead the way in evidence-based services and services that have a proven track record for increasing the effectiveness and efficiency of programs while producing cost avoidance or cost savings.

Given the demographic shifts and funding limitations, AAAs have also begun to target OAA services to individuals in the most critical need. To better serve other populations and maintain a broad offering of services in their communities, AAAs have started to shift their business model to market available private pay services and to contract with Cardinal Care (formerly CCC Plus) managed care organizations (MCOs) for additional funding revenue. The future development of HCBS performance measures at the national level could shift public funding from traditional FFS reimbursement to pay-for performance reimbursement.

Following the 2020 reauthorization of the OAA, DARS continues to monitor potential changes and opportunities to enhance OAA services across the nation and within the Commonwealth of Virginia. In partnership with ADvancing States, DARS is especially interested in discussions related to flexible funding, increased financial commitments (start-up and ongoing) for innovative programs, and understanding of the evolving model and roles of the AAAs and the aging network.

Section 307(a)(28)

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.

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[1] National Council on Aging, *Latest Census Bureau Data Shows Americans 65+ Only Group to Experience Increases in Poverty*, September 13, 2022, found viahttps://ncoa.org/article/latest-census-bureau-data-shows-americans-65-only-group-to-experience-increase-in-poverty

RESPONSE:
In Virginia, the Virginia Department of Emergency Management (VDEM) is responsible for working with local government, state agencies, federal agencies, and private organizations to provide resources and expertise through the phases of emergency management.

VDEM has established a workgroup, called the Access and Functional Needs Advisory Committee (AFNAC). It is the mission of this committee to work with the whole community to better prepare individuals, localities, and the Commonwealth to meet the needs of people with access and functional needs during a disaster. To this end, the AFNAC provides guidance and recommendations to the State Coordinator of Emergency Management (through the Chief Deputy Coordinator) and others regarding state level preparedness, response, and recovery planning. DARS has three representatives that serve on this workgroup to provide technical expertise to ensure state emergency efforts meet the needs of older Virginians and people with disabilities.

VDEM has dedicated a portion of its website to educate and help citizens. The link is: https://www.vaemergency.gov/prepare. It provides useful information on taking control before a disaster strikes, preparing an emergency supply kit, making a plan (including contact information and insurance needs), planning for pets, and staying informed.

VDEM has created two new operational positions to support individuals with disabilities during response and recovery operations. These are not full-time positions; they are active only during response and recovery, as needed. The Access and Functional Needs Officer is a Command Staff position with responsibility for ensuring the accessibility of the Virginia Emergency Support Team's response and recovery operations. The Access and Functional Needs Coordinator supports and assists at mass care facilities, recovery centers, and distribution sites to ensure universal accessibility of emergency programs and services.

Since January 2016, VDEM has facilitated conference calls with disability service organizations and agencies during every state and federally declared disaster in Virginia. The purpose of these calls is to facilitate a common operating picture of the mass care, emergency assistance, and recovery for a disaster event; identify existing concerns and needs and emerging issues for individuals with disabilities and others with access and functional needs; coordinate the activities of the agencies and organizations responding to identified and anticipated needs; disseminate public talking points and information to the disability community; solicit information from the disability community regarding needed public messaging, rumors, and effectiveness of current public information; and make decisions on the acquisition, prioritization, and allocation of resources and assistance to localities and individuals.

If needed, in the event of a serious disaster, DARS has coordinated with Federal Emergency Management Agency (FEMA), the Virginia National Guard, and VDEM for the distribution of food.

Section 307(a)(29)

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.

RESPONSE:
VDH convenes the Health and Human Resources Subpanel of the Secure and Resilient Commonwealth Panel, of which DARS is a member. The Commissioner of DARS, or her designee(s), attend the meetings.

https://www.pshs.virginia.gov/initiatives/secure-and-resilient-commonwealth-panel/

In regards to our Emergency Response Plan, VDH uses the subpanel as a sounding board to provide a brief/update on the status of the agency's planning initiatives and an overview of the plans, as they are available.

Section 705(a) ELIGIBILITY —

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.

RESPONSE:
In addition to §§ 51.5-134 through 143 of the Code of Virginia, and 22VAC30-60 of the Virginia Administrative Code, DARS also publishes an Aging Services Standards Manual for AAAs and a LTC Ombudsman Policies and Procedures Manual for local ombudsman entities to use for the delivery of Title VII services to older adults. Staff from DARS and the Office of the State LTC Ombudsman monitor the AAAs for compliance with all applicable laws, regulations and policies, and as needed, provide training and technical assistance to support improved compliance efforts. Taken together, these support the assurance of compliance Section (705)(a)(1) of the OAA.

With regard to Section (705)(a)(2) of the OAA, DARS is committed to receiving the opinions and feedback of older adults, caregivers, AAAs, providers, advocates, external partners, and other stakeholders as evidenced by the plan development process. In implementing the needs assessment to inform the plan, DARS received specific feedback from older adults through a direct mailed and online survey of older adults and through listening sessions with older adults, caregivers, and other stakeholders. [This effort extend[s/ed] with a public hearing on the draft plan [to be held/held] in the spring 2023.] In the development of this plan, AAAs were also provided the results of the mailed and online survey of older adults that was specific to their PSAs. In the development of Area Plans, AAAs also explore needs in their communities, host public hearings or town hall meetings, and review satisfaction surveys and feedback received throughout the previous year for the services they provided. DARS staff reviews the Area Plans for these elements prior to Area Plans are approved.

DARS, the State LTC Ombudsman, local ombudsman entities, AAAs, VICAP counselors, the Senior Medicare Patrol program volunteers, and Virginia's NWD partners are committed to providing information and assistance to individuals to access benefits and exercise their rights. Through person-centered planning, CRIA, OC, and other services, the aging network explores options and supports

individual efforts to access benefits and exercise their rights. These actions support Virginia's assurance that the Commonwealth is in compliance with Section (705) (a)(3) of the Older Americans Act.

In accordance with Section (705)(a)(4) of the OAA, state general revenue funds as well as federal OAA funds are allocated to AAAs designated as local host entities for the State LTC Ombudsman Program. Title VII funds are not used to supplant funds under this subtitle.

In Virginia, the LTC Ombudsman Program's services are provided to individuals who reside in LTC facilities, and with state general funding, to those receiving HCBS. Through the Office of the State Long-Term Care Ombudsman Policies and Procedures and contracts with the AAAs, Virginia assures that the operations of the Ombudsman Program are in compliance with and support existing practices that do not place additional restrictions on local ombudsman entities as required by Section (705)(a)(5) of the OAA.

Taken as a whole, the items identified below spell provide an overview of Virginia's activities that demonstrate compliance with Section (705)(a)(6) of the OAA.

- Adult Services (AS) and Adult Protective Services (APS) is available for "any person 60 years of age or older, or any person 18 years of age or older who is incapacitated and who resides in the Commonwealth" (§ 63.2-1600 et seq. of the Code of Virginia). Virginia operates a 24-hour APS Hotline (1-888-832-3858) to receive reports of suspected abuse, neglect or exploitation, and laws govern specific mandated reporters (§ 63.2-1606 of the Code of Virginia). Sections 51.5-148 and 63.2-1600 et seq. of the Code of Virginia as well as 22VAC30-100 of the Virginia Administrative Code outline requirements for the delivery of APS programming. This is supplemented with an APS Policy Manual used by all APS staff across the 120 LDSS. DARS provides training and technical assistance to support compliance with these laws, regulations and policies.
- DARS provides information to the public on reporting abuse, neglect and exploitation to the appropriate authorities. This includes providing an up-to-date training for mandated reporters on their legal obligations. DARS staff participates in interagency and multidisciplinary workgroups dedicated to increasing awareness of the rights of older adults and improving awareness of and relationships between older adults and APS, the Long-Term Care Ombudsman Program, and law enforcement. In addition, after receiving state funding in 2022, DARS, through a contractual partnership with the Virginia Poverty Law Center, operates a Senior Legal Helpline (PHONE NUMBER) to provide additional support and assistance to older adults regarding common legal issues they may encounter and questions they may have.
- In implementing aging programs and services, DARS does not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households.
- Lastly, confidentiality is a pillar of the OAA Elder Abuse Prevention activities, State LTC Ombudsman Program, and the operations of Virginia's Adult Services and Adult Protective Services programs. Virginia's Title VII-Elder Abuse Prevention services comply with OAA confidentiality requirements. State laws and regulations, specifically §§ 51.5-134 through 143, 51.5-148, 63.2-1600 et seq. of the Code of Virginia, and 22VAC30-60 and 22VAC30-100 of the Virginia Administrative Code, align and comport with federal Older Americans Act requirements and provide clear parameters for staff who work with the State Long-Term Care Ombudsman

and Adult Services and Adult Protective Services programs. As needed, DARS consults with counsel with the Virginia Office of the Attorney General (OAG) regarding any concerns about confidentiality or the disclosure of information about aging services clients.

All assurances within this information requirement are met under federal and state regulations of the OAA by DARS.

_____ _____

Kathryn A. Hayfield, DARS Commissioner Date

INTRASTATE FUNDING FORMULA (IFF) BACKGROUND

Area Agency on Aging (AAA) funding is estimated based on the previous year's funding, with adjustments made as the year progresses based on the final federal allocation Virginia receives.

DARS receives federal funding allocations broken down by: Titles III B, C (C1 and C2), D, E, and NSIP.

The following terms are used in the IFF:

- "Jurisdiction" means a city or county in Virginia.
- "Planning and service area" or "PSA" means the jurisdictions that are served by an Area Agency on Aging.
- "Area Agency on Aging" or "AAA" means the entity that serves a designated PSA. Virginia has 25 AAAs.

The following funding factors are used in the IFF:

Factor	Description
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 aged 60 and older throughout the Commonwealth by jurisdiction. **Data Source**: Five-year American Community Survey (ACS) special tabulation prepared for the U.S. Administration for Community Living (ACL). The population factors are updated with the most recent ACS five-year tabulation available to determine the AAA allocations each year.
Population 60+ in Rural Jurisdictions	This factor addresses the unique social needs of older adults in rural areas, specifically the geographical isolation faced by older rural Virginians. DARS defines "rural" as 1) any jurisdiction (city or county) not within a Metropolitan Statistical Area (MSA), or 2) any jurisdiction within an MSA but which has a population density of 50 persons or less per square mile. **Data Source**: An MSA is calculated by the U.S. Census Bureau and is updated in the formula when the census population data is updated. Square mileage by jurisdiction is obtained from the U.S. Census Bureau and is updated in the formula when the decennial census population data is updated. The determination of rural or urban is reassessed when the population numbers are updated or when the U.S. Census Bureau updates land area. To compile the data needed for this factor, DARS uses the most recent OMB Bulletin available through the U.S. Census Bureau.

Population 60+ in Poverty	This factor addresses the economic needs of older persons throughout the Commonwealth by jurisdiction. **Data Source**: Five-year ACS special tabulation prepared for ACL. The population factors are updated with the most recent ACS five-year tabulation available to determine the AAA allocations each year.
Population 60+ Minority in Poverty	This factor addresses the unique social and economic needs of older racial and ethnic minorities who are in poverty throughout the Commonwealth by jurisdiction. **Data Source**: Five-year ACS special tabulation prepared for ACL. The population factors are updated with the most recent ACS five-year tabulation available to determine the AAA allocations each year.
AAA Share of Population 60+	This factor addresses the unique needs of localities who have a higher proportion of older adults relative to the jurisdiction's overall population, which can reflect increased burden on the locality in meeting the needs of older adults. **Data Source**: Five-year ACS special tabulation prepared for ACL. The population factors are updated with the most recent ACS five-year tabulation available to determine the AAA allocations each year.
Medically Underserved Area (MUA)	MUA are areas or populations designated by HRSA have too few primary care providers, high infant mortality, high poverty or a high elderly population. MUA is determined for each jurisdiction. If any portion in whole or part is medically underserved, the entire jurisdiction is included in the funding allocation. **Data Source**: The U.S. Department of Health and Human Services, Health Resource and Services Administration (HRSA), maintains the MUAs/Populations. DARS updates this factor when the population data is updated.

APPLYING THE IFF

1. State Plan Administration

Before applying the funding formula (Items 3 and 4), DARS withholds funding from a combination of Title III parts up to the maximum amount that the ACL allows for state plan administration. No state plan administrative expenses are removed from NSIP. No funds are taken from Title III for the State Long-Term Care Ombudsman Program.

2. Initial Reserves

After Item 1 is complete, but before applying the funding formula (Item 3), DARS sets aside approximately 5% of the funds within all funding categories (Title III B, C, D, E, and NSIP) as a reserve. This is later allocated as indicated in Item 4.

3a. Funding Formula Part 1 - Base

For federal allocations within Titles III B, C and E: For the current year, DARS will allocate 40% of each AAA's prior year allocation for each category (III B, III C and III E) as a base for each category (III B, III C and III E). For example, in FFY 2024, DARS will allocate 40% of each AAA's FFY 2023 allocation for each category as a base, and then for FFY 2025, DARS will allocate 40% of each AAA's FFY 2024 allocation for each category as a base.

The mathematical formula is as follows:

Mathematical Formula Reference Table	
Each AAA's Title III B FFY Prior Year Allocation	R
Each AAA's Title III C FFY Prior Year Allocation	S
Each AAA's Title III E FFY Prior Year Allocation	T

- AAA1 Title III B, C, and E Base for Current Year = (AAA1 R * 40%) + (AAA1 S * 40%) + (AAA1 T * 40%)
- AAA2 Title III B, C, and E Base for Current Year = (AAA2 R * 40%) + (AAA2 S * 40%) + (AAA2 T * 40%)
- This same process is replicated for AAA3 through AAA25.

For federal allocations for Title III D: DARS allocates each AAA a base of $2,000.

The mathematical formula for the Title III D Base is as follows:

- AAA1 Title III D Base for Current Year = AAA1 x $2,000 = $2,000
- AAA2 Title III D Base for Current Year = AAA2 x $2,000 = $2,000
- This same process is replicated for AAA3 through AAA25.

3b. Funding Formula Part 2 – Factors and Weights

For federal allocations within Titles III B, C, and E: DARS will allocate the remaining current year federal allocation for each category (III B, III C and III E) to each AAA for each category (III B, III C and III E) as follows:

For each jurisdiction within a PSA, DARS obtains the population figures for the following factors: 1) Population 60+, 2) Population 60+ in Rural Jurisdictions, 3) Population 60+ in Poverty, 4) Population 60+ Minority in Poverty, and 5) AAA Share of the Population 60+.

Once DARS obtains the jurisdiction figures, DARS allocates federal funding within each funding category using the weighted factors as follows:

Factor	Weight
Population 60+	20
Population 60+ in Rural Jurisdictions	10
Population 60+ in Poverty	50
Population 60+ Minority in Poverty	10
AAA Share of Population 60+	10
TOTAL	**100%**

The mathematical formula for Title III B, C and E allocations is as follows:

Mathematical Formula Reference Table	
Each AAA's % of Statewide Population 60+	U
Each AAA's % of Statewide Population 60+ in Rural Jurisdictions	V
Each AAA's % of Statewide Population 60+ in Poverty	X
Each AAA's % of Statewide Population 60+ Minority in Poverty	Y
Each AAA's Population Concentration of 60+ within the AAA Planning & Service Area	Z

- AAA1 Total Formula Percentage for the Current Year = (U * 20%) + (V * 10%) + (X * 50%) + (Y * 10%) + (Z * 10%)
- AAA2 Total Formula Percentage for the Current Year = (U * 20%) + (V * 10%) + (X * 50%) + (Y * 10%) + (Z * 10%)
- This same process is replicated for AAA3 through AAA25.

For federal allocations for Title III D: The remaining funding for Title III D is allocated to the AAAs as follows:

If an AAA does not have a MUA jurisdiction in the AAA's PSA at all, the AAA only receives the Title III D Base as described above in Item 3A.

AAAs that have at least one (1) MUA jurisdiction within the AAA's PSA are eligible to receive additional Title III D funding. For each AAA PSA, DARS determines which jurisdictions within the AAA's PSA are MUAs. For those MUA-designated jurisdictions, DARS applies the same IFF factors and weights identified above in Item 3B for Title III B, C and E, and the AAA receives additional Title III D funds based on the adjusted proportion of MUA-designated jurisdictions within PSAs.

The mathematical formula for Title III D allocations is as follows for those AAAs that have an MUA-designated jurisdiction with the AAA's PSA:

Mathematical Formula Reference Table	
Each AAA's % of Statewide Population 60+	U
Each AAA's % of Statewide Population 60+ in Rural Jurisdictions	V
Each AAA's % of Statewide Population 60+ in Poverty	X
Each AAA's % of Statewide Population 60+ Minority in Poverty	Y
Each AAA's Population Concentration of 60+ within the AAA Planning & Service Area	Z

- AAA1 Total MUA III D Adjusted Formula Percentage for the Current Year = (U * 20%) + (V * 10%) + (X * 50%) + (Y * 10%) + (Z * 10%)
- AAA2 Total MUA III D Adjusted Formula Percentage for the Current Year = (U * 20%) + (V * 10%) + (X * 50%) + (Y * 10%) + (Z * 10%)
- This same process is replicated for AAA3 through AAA25 if they have at least one MUA-designated jurisdiction within the AAA's PSA.

For NSIP: To allocate federal funding for NSIP, DARS collects data from the state-mandated OAA reporting system to determine each AAA's previous FFY's meal counts for congregate and home delivered meals. From this data, DARS calculates each AAA's total meals served in the previous FFY as a proportion of the total meals served in the previous FFY across all AAAs. This determines each AAA's proportion of the overall federal funding allocation for this category for the current allocation.

4. Reserve Allocation

For all federal funding categories (Title III B, C, D, E, and NSIP), toward the end of the FFY, the funds held in reserves (from Item 2) are allocated using the same process identified in Item 3B only (not 3A).

5. Reallotted Funds

In instances when Virginia receives an additional allotment of federal funds beyond what was estimated or when federal funds are allocated late in the FFY to DARS, DARS completes the following:

- **For Title III**: DARS withholds up to the maximum amount that ACL allows for state plan administration from a combination of Title III parts, adds the reallotted funds to the reserve funds identified in Item 4, and follows the same process identified in Item 3B to allocate the funds.

- **For NSIP**: No state plan administrative expenses are removed from NSIP. DARS adds the reallotted funds to the reserve funds identified in Item 4 and follows the same process identified in Item 3B for NSIP to allocate the funds.

6. Area Plan Administration

Once federal funds are allocated to the AAAs, DARS permits, but does not require, AAAs to use up to 10% of their allocations from Titles B, C and E for Area Plan Administration.

7. Population Figures and Funding Allocation Examples

Population Figures and Formula Percentages: Using the most recently available data from the ACS Five-Year Special Tabulation (2015-2019), AAAs had the following estimated figures:

PSA	AAA Name	FACTORS					Total AAA Formula Percentage for Titles B, C & E	Total MUA (Title III D) Adjusted Formula Percentage
		60+ (U)	60+ Rural (V)	60+ in Poverty (X)	60+ Minority in Poverty (Y)	AAA Population Concentration of 60+ (Z)		
1	Mountain Empire Older Citizens, Inc.	24,055	24,055	3,092	147	3.09%	2.4225	2.13393
2	Appalachian Agency for Senior Citizens, Inc.	30,440	30,440	4,805	150	3.34%	3.3293	5.22189
3	District Three Governmental Cooperative	56,290	35,570	6,331	366	6.89%	4.7196	7.03415
4	New River Valley Agency on Aging	39,125	9,585	2,877	317	3.40%	2.1647	2.63669
5	LOA – Local Office on Aging	73,120	8,060	6,221	1,506	5.71%	4.1839	3.53262
6	Valley Program for Aging Services, Inc.	73,015	12,970	5,554	619	7.98%	4.1366	0.85102
7	Shenandoah Area Agency on Aging, Inc.	57,570	18,770	4,348	468	4.37%	3.2965	1.94193
8A	Alexandria Division of Aging and Adult Services	25,890	-	1,860	1,235	0.47%	1.2516	1.96303
8B	Arlington Agency on Aging	34,745	-	2,585	1,625	0.43%	1.6855	2.64362
8C	Fairfax Area Agency on Aging	226,385	-	10,954	5,924	1.70%	7.8333	0.00000
8D	Loudoun County Area Agency on Aging	52,490	-	2,095	610	0.38%	1.5085	0.00000
8E	Prince William Area Agency on Aging	74,760	-	3,625	1,740	1.23%	2.6163	0.00000
9	Rappahannock-Rapidan Community Services	43,045	15,920	2,693	488	3.91%	2.4035	2.75342
10	Jefferson Area Board for Aging	61,265	15,595	3,910	1,140	4.51%	3.2271	4.21326
11	Central Virginia Alliance for Community Living, Inc.	66,220	4,385	5,651	1,631	3.78%	3.6230	2.90849
12	Southern Area Agency on Aging	72,460	55,045	7,407	2,387	5.18%	6.0548	9.49662
13	Lake Country Area Agency on Aging	25,305	25,305	3,319	1,674	2.63%	2.7955	4.38469
14	Piedmont Senior Resources Area Agency	26,560	26,560	3,675	2,095	5.35%	3.3270	5.21826
15	Senior Connections	230,515	2,295	17,158	8,833	5.72%	11.1716	5.08099
16	Health Generations Area Agency on Aging	63,890	11,765	3,559	1,174	2.63%	2.8370	3.53644

17/18	Bay Aging	46,525	29,425	3,948	1,458	10.12%	4.0889	6.41318
19	Crater District Area Agency on Aging	39,105	8,200	4,122	2,487	6.08%	3.2573	3.67105
20	Senior Services of Southeastern Virginia	227,600	5,090	16,134	9,364	5.14%	10.8832	14.85944
21	Peninsula Agency on Aging	106,765	-	8,743	4,948	4.06%	5.7383	7.23961
22	Eastern Shore Area Agency on Aging /Community Action Agency, Inc.	14,080	14,080	1,449	899	1.88%	1.4445	2.26568

** For a complete listing of jurisdictions within each PSA please refer to Appendix 6: Listing of AAAs.*

Federal Allocations within Titles III B, C, D and E: Using the FFY 2023 federal funding award as a *placeholder* in anticipation of the FFY 2024 federal funding award, each AAA would receive the following allocations in FFY 2024:

PSA	AAA Name	III B ($)	III C ($)	III D ($)	III E ($)	Total ($)
1	Mountain Empire Older Citizens, Inc.	303,164.00	389,093.40	13,751	112,219.20	818,227.17
2	Appalachian Agency for Senior Citizens, Inc.	398,519.80	511,894.60	30,755	148,013.60	1,089,182.53
3	District Three Governmental Cooperative	570,963.80	733,151.80	40,734	211,768.60	1,556,618.04
4	New River Valley Agency on Aging	264,283.20	339,441.20	16,519	98,124.40	718,367.85
5	LOA – Local Office on Aging	511,582.60	657,394.20	21,453	190,332.40	1,380,761.74
6	Valley Program for Aging Services, Inc.	509,694.80	654,318.20	6,686	188,853.00	1,359,552.18
7	Shenandoah Area Agency on Aging, Inc.	393,197.60	505,423.80	12,693	146,474.60	1,057,789.30
8A	Alexandria Division of Aging and Adult Services	156,901.00	201,704.80	12,810	58,474.60	429,889.91
8B	Arlington Agency on Aging	205,638.20	264,375.60	16,557	76,657.80	563,228.77
8C	Fairfax Area Agency on Aging	943,525.80	1,215,042.20	2,000	354,136.20	2,514,704.20
8D	Loudoun County Area Agency on Aging	175,934.00	226,943.00	2,000	66,487.80	471,364.80
8E	Prince William Area Agency on Aging	297,129.20	383,081.40	2,000	112,058.40	794,269.00
9	Rappahannock-Rapidan Community Services	285,663.80	367,021.00	17,162	106,205.00	776,051.59
10	Jefferson Area Board for Aging	372,897.80	479,654.60	25,200	139,300.60	1,017,053.49
11	Central Virginia Alliance for Community Living, Inc.	451,222.20	579,386.80	18,016	167,343.60	1,215,968.32
12	Southern Area Agency on Aging	747,362.00	960,314.60	54,294	277,981.20	2,039,951.31
13	Lake Country Area Agency on Aging	350,003.40	449,162.20	26,144	129,500.40	954,810.50
14	Piedmont Senior Resources Area Agency	394,465.60	506,421.80	30,735	146,192.20	1,077,814.15
15	Senior Connections	1,337,594.20	1,720,338.60	29,979	499,443.20	3,587,354.66
16	Health Generations Area Agency on Aging	329,358.40	423,783.80	21,474	123,197.00	897,812.72
17/18	Bay Aging	464,670.20	596,676.40	37,314	172,358.80	1,271,019.83
19	Crater District Area Agency on Aging	393,889.40	505,706.00	22,215	146,007.20	1,067,817.37
20	Senior Services of Southeastern Virginia	1,391,803.80	1,787,912.20	83,824	517,115.60	3,780,655.72
21	Peninsula Agency on Aging	680,400.20	874,860.80	41,865	253,777.20	1,850,903.38
22	Eastern Shore Area Agency on Aging /Community Action Agency, Inc.	188,281.00	241,469.00	14,476	69,480.40	513,706.45

** For a complete listing of jurisdictions within each PSA please refer to Appendix 6: Listing of AAAs.*

AAA---------- Area Agency on Aging
ACL ---------- U.S. Administration for Community Living
ACS ----------American Community Survey
ADA ----------Americans with Disabilities Act
ADL ---------- Activities of Daily Living
ADRD---------- Alzheimer's Disease and Related Disorders
AG ---------- Auxiliary Grant
APS ---------- Adult Protective Services
AOA ---------- Administration on Aging
AS---------- Adult Services
BRFSS ---------- Behavioral Risk Factor Surveillance System
CAP----------Corrective Action Plan
CASOA ---------- Community Assessment Survey for Older Adults
CCC Plus---------- Commonwealth Coordinated Care Plus
CCOA---------- Commonwealth Council on Aging
CDC ---------- Centers for Disease Control and Prevention
CDSME---------- Chronic Disease Self-Management Education
CDSMP----------Chronic Disease Self-Management Program
CIL ----------Center for Independent Living
CMS ----------Centers for Medicare & Medicaid Services
COOP---------- Continuity of Operations Plan
CRIA ----------Communication, Referral, Information and Assistance
FFS---------- Fee-For-Service
FFY----------Federal Fiscal Year
HCBS ---------- Home & Community Based Services
HHR ---------- Health and Human Resources
GTE ---------- Geriatric Training and Education Initiative
I & R/A---------- Information & Referral/Assistance
IADL ---------- Instrumental Activities of Daily Living
IFF ---------- Intrastate Funding Formula
LDSS---------- local department(s) of social services
LGBTQ ----------Lesbian, gay, bisexual, transgender, queer
LTC----------Long-Term Care
LTSS ---------- Long-term services and supports
MCA---------- Managed Care Advocates
MFP ---------- Money Follows the Person
MIPPA ----------Medicare Improvements for Patients and Providers Act
MOB---------- Matter of Balance
MSA ---------- Metropolitan Statistical Area
NAMRS ----------National Adult Maltreatment Reporting System
NFCSP---------- National Family Caregiver Support Program
NORC ----------Naturally Occurring Retirement Communities
NWD ---------- No Wrong Door
OAA ----------Older Americans Act
OC ---------- Options Counseling
OTC----------over the counter
PACE ----------Program for All-inclusive Care for the Elderly

PCT ---------- Person-Centered Thinking
PSA ---------- Planning and Service Area
SALT ---------- Seniors and Law Enforcement Together
SCSEP ---------- Senior Community Service Employment Program
SFMNP ---------- Senior Farmers' Market Nutrition Program
SFY ---------- State Fiscal Year
SLH ---------- Senior Legal Helpline
SMP ---------- Senior Medicare Patrol
SNAP ---------- Supplemental Nutrition Assistance Program
SOS ---------- Senior Outreach to Services
SUA ---------- State Unit on Aging
UAI ---------- Uniform Assessment Instrument
VA ---------- Veterans Affairs
V4A ---------- Virginia Association of Area Agencies on Aging
VCPEA ---------- Virginia Coalition for the Prevention of Elder Abuse
VICAP ---------- Virginia Insurance Counseling and Assistance Program
VLRVP ---------- Virginia Lifespan Respite Voucher Program
VPGCAB ---------- Virginia Public Guardianship and Conservator Advisory Board
VPGCP ---------- Virginia Public Guardianship and Conservator Program
VR ---------- Vocational Rehabilitation
WINGS ---------- Working Interdisciplinary Networks of Guardianship Stakeholders

VIRGINIA STATE AGENCY ACRONYMS

DARS ---------- Department for Aging and Rehabilitative Services
DBHDS ---------- Department of Behavioral Health and Developmental Services
DBVI ---------- Department for the Blind and Visually Impaired
DHCD ---------- Department of Housing and Community Development
DHP ---------- Department of Health Professions
DMAS ---------- Department of Medical Assistance Services
DMV ---------- Department of Motor Vehicles
DPOR ---------- Department of Professional and Occupational Regulation
DRPT ---------- Department of Rail and Public Transportation
OAG ---------- Office of the Attorney General
SCC ---------- State Corporation Commission
UVA MACC ---------- University of Virginia Memory and Aging Care Clinic
UVA DRG ---------- University of Virginia Weldon Cooper Center Demographic Research Group
VCoA ---------- Virginia Center on Aging
VDACS ---------- Virginia Department of Agriculture and Consumer Services
VDDHH ---------- Virginia Department for the Deaf and Hard of Hearing
VDEM ---------- Virginia Department of Emergency Management
VDH ---------- Virginia Department of Health
VDOT ---------- Virginia Department of Transportation
VDSS ---------- Virginia Department of Social Services
VHDA ---------- Virginia Housing Development Authority (public-private)

CASOA™

COMMUNITY ASSESSMENT SURVEY FOR OLDER ADULTS™

Commonwealth of Virginia

Community Assessment Survey for Older Adults

December 2022

Polco NRC

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Table of Contents

Section 1: Introduction

About the Community Assessment Survey for Older Adults®

The Community Assessment Survey for Older Adults (CASOA)® provides a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves. This report is intended to enable local governments, community-based organizations, the private sector and other community members to understand more thoroughly and predict more accurately the services and resources required to serve an aging population. With this data, community stakeholders can shape public policy, educate the public and assist communities and organizations in their efforts to sustain a high quality of life for older adults.

Objectives

- Identify community strengths to support successful aging
- Articulate the specific needs of older adults in the community
- Estimate contributions made by older adults to the community
- Develop estimates and projections of resident need in the future

Methods

- Random sample of older adult households
- Multi-contact method mailed and online survey
- Data statistically weighted to reflect older adult population

Goals

Immediate

Make more informed decisions in:

- Planning
- Resource allocation and development
- Advocacy
- Engagement

Intermediate

Create and offer:

- Programs to meet community needs
- Better-quality programs
- More effective policies

Long-term

Support a community of older adults that is:

- Healthier
- More engaged
- More empowered
- More independent
- More productive
- More vibrant

The results of this exploration will provide useful information for planning and resource development as well as strengths advocacy efforts and stakeholder engagement. The ultimate goal of the assessment is to create empowered communities that support vibrant older adult populations.

This report summarizes how older residents view their community and its success in creating a thriving environment for older adults. Aspects of livability are explored within six community dimensions: Community Design, Employment and Finances, Equity and Inclusivity, Health and Wellness, Information and Assistance, and Productive Activities. Overall community quality also is assessed.

Domain of Community Livability	Description	Community Livability Topics
Overall Community Quality	Measuring community livability starts with assessing the quality of life of those who live there, and ensuring that the community is attractive, accessible, and welcoming to residents of all ages.	• Place to Live and Retire • Recommend and Remain in Community
Community Design	A well-designed community enhances the quality of life for its residents by encouraging smart land use and zoning, ensuring that affordable housing is accessible to all, and providing mobility options to support residents aging in place.	• Housing • Mobility • Land Use
Employment and Finances	Communities that work to foster sustainable growth, create jobs and workforce training for persons of all ages, and promote equitable economies ensure older adults are able to sustain their financial well-being through retirement and not outlive their life investments.	• Employment • Finances
Equity and Inclusivity	A community is often greater than the sum of its parts. Having a sense of community entails not only a sense of membership and belonging, but also feelings of safety and trust in the other members of the community.	• Equity • Community Inclusivity
Health and Wellness	The amenities available in the communities have a direct impact on the health and wellness of residents, and thus, on their quality of life overall.	• Safety • Physical Health • Mental Health • Health Care • Independent Living
Information and Assistance	Government programs, policies and information assistance can support successful aging initiatives allowing older residents to remain independent contributors to community quality.	• Quality of Older Adult Services • Information on Available Older Adult Services
Productive Activities	Productivity is the touchstone of a thriving old age. Older adults' engagement and contribution to the community can be determined by their time spent in civic meetings and social activities or providing help to others.	• Civic Engagement • Social Engagement • Caregiving

Survey Methods

The CASOA survey instrument and its administration are standardized to assure high-quality survey methods and comparable results across communities. Households with an adult member 60 years or older were selected at random. Multiple mailed contacts gave each household more than one prompt to participate. A total of 86,940 older adult households were randomly selected to receive the survey. These households first received a half-page postcard inviting them to complete the survey online, followed by a mailed hard copy survey packet which included a cover letter, a copy of the questionnaire and a postage-paid return envelope. A total of 7,117 completed surveys was

obtained, providing an overall response rate of 8.4% and a margin of error plus or minus 1.16% around any given percent and one point around any given average rating for the entire sample (e.g., average number of caregiving hours). Results were statistically weighted to reflect the proper demographic composition of older adults in the entire community.

In addition to the random sample "probability" survey, an open participation survey was conducted, in which all older adults 60 years or older were invited to participate. The open participation survey instrument was identical to the probability sample survey. This survey was conducted entirely online. A total of 1,725 surveys were completed by open participation survey respondents. The open participation survey results were combined with responses from the probability sample survey, for a total of 8,843 completed surveys. With the inclusion of the open participation survey participants, it is likely that the precision of the responses would be even greater (and thus the margin of error smaller).

Results were statistically weighted to reflect the proper demographic composition of older adults in the entire community.

Because Commonwealth of Virginia doesn't have any prior measurements, trends aren't available. Trends will be available after this survey has been conducted a second time. Differences in responses between the survey administrations will be tested for statistical significance, and statistically significant differences are noted in the charts. Trend data represent important comparisons and should be examined for improvements or declines.

For additional details on the survey methodology, see the Methods section.

How the Results Are Reported

Don't Know Responses and Rounding

On many of the questions in the survey, respondents could provide an answer of don't know. The proportion of residents giving this reply can be seen in Responses. However, these responses have been removed from the analyses presented in the body of the report, unless otherwise indicated. In other words, the majority of the tables and graphs in the body of the report display the responses from respondents who had an opinion about a specific item.

For some questions, respondents were permitted to select multiple responses. When the total exceeds 100% in a table for a multiple response question, it is because some respondents are counted in multiple categories. When a table for a question that only permitted a single response does not total to exactly 100%, it is due to the customary practice of rounding percentages to the nearest whole number.

Benchmark Comparison Data

National Research Center at Polco has developed a database that collates responses to CASOA and related surveys administered in other communities, which allows the results from Commonwealth of Virginia to be compared against a set of national benchmarks. This benchmarking database includes responses from more than 35,000 older adults (age 55 and over) in over 328 communities across the nation.

Ratings are compared when similar questions are included in Polco's database and when there are at least five other communities in which the question was asked. Where comparisons for ratings are available, Commonwealth of Virginia's results are shown as more favorable than the benchmark, less favorable than the benchmark or similar to the benchmark. In instances where ratings are considerably more or less

favorable than the benchmark, these ratings have been further demarcated by the attribute of "much" (for example, much more favorable or much less favorable).

Section 2: Key Findings

Background

Most older adults desire to age in place. Communities that assist older adults in remaining or becoming active community participants must provide the requisite opportunities for recreation, transportation, culture, education, communication, social connection, spiritual enrichment and health care.

To better understand the strengths and challenges of Virginia communities aging in place, the Virginia Department of Aging and Rehabilitative Services (DARS) partnered with Polco to administer The Community Assessment Survey for Older Adults (CASOA®) across all Area Agencies on Aging across the state. Data in this report focus specifically on older residents in Commonwealth of Virginia.
Survey participants rated the overall quality of life in their community. They also evaluated their communities as livable communities for older adults within six domains:

- Community Design
- Employment and Finances
- Equity and Inclusivity
- Health and Wellness
- Information and Assistance
- Productive Activities.

The extent to which older adults experience challenges within these domains is also described.

Overall Community Quality

Measuring community livability for older adults starts with assessing the quality of life of those who live there, and ensuring that the community is attractive, accessible, and welcoming to all. Exploring how older residents view their community overall and how likely they are to recommend and remain in their communities can provide a high-level overview of the quality and livability of the community.

- About 79% of older residents living in the state rated their overall quality of life as excellent or good. Most of the older respondents scored their communities positively as a place to live and would recommend their communities to others. About 76% residents planned to stay in their community throughout their retirement.
- Positive scores were given to their communities as places to retire by 69% of older residents.

Overall Scores of Community Livability

The Community Assessment Survey of Older Adults (CASOA) is designed to examine the status of older adults and the community around many (17) topics of livability within six domains: Community Design, Employment and Finances, Equity and Inclusivity, Health and Wellness, Information and Assistance, and Productive Activities. Summary scores of community livability were created through the aggregation of a series of resident ratings within each of these different livability aspects and domains. Of the 17 aspects of livability examined, the aspects found to be strongest in the state related to areas of Safety (average positive score of 77%), Physical Health (61%), and Community Inclusivity (57%). The areas showing the greatest need for improvement related to Employment (27%), Independent Living (27%) and Housing and Mental Health (28%). More detailed information about each livability domain follows.

Community Design

Livable communities (which include those with mixed-use neighborhoods, higher-density development, increased connections, shared community spaces and more human-scale design) will become a necessity for communities to age successfully. Communities that have planned and been designed for older adults tend to emphasize access, helping to facilitate movement and participation.

- About 46% of respondents rated the overall quality of the transportation system (auto, bicycle, foot, bus) in their community as excellent or good. In many communities, ease of travel by walking or bicycling is given lower ratings than travel by

car. Here, ease of travel by car was considered excellent or good by 81% of respondents, while ease of travel by walking and bicycling was considered excellent or good by 52% and 44% of respondents, respectively.

- When considering aspects of housing (affordability and variety) and community features of new urbanism (where people can live close to places where they can eat, shop, work, and receive services), relatively lower scores were given by older adults compared to many other items on the survey. Only 28% of respondents gave a positive score to the availability of affordable quality housing in their communities, and only about 30% older adults gave excellent or good ratings to the availability of mixed-use neighborhoods.
- About 45% of older residents in the state reported experiencing housing needs and 24% reported mobility needs.

Employment and Finances

The life expectancy for those born between 1940 and 1960 has increased dramatically due to advances in health care and lifestyle changes. While this is a very positive trend overall, it also highlights both the importance of communities providing employment opportunities for older adults and the need for older adults to plan well for their retirement years.

- About 69% of older residents rated the overall economic health of their communities positively, although the cost of living was rated as excellent or good by only 27%.
- Employment opportunities for older adults (quality and variety) received low ratings (24% and 22% positive, respectively), and the opportunity to build work skills also was found to be lacking (22% excellent or good).
- About 30% older adults reported financial challenges and 20% reported employment needs.

Equity and Inclusion

A community is often greater than the sum of its parts. Having a sense of community entails not only a sense of membership and belonging, but also feelings of equity and trust in the other members of the community.

- About 62% of older residents rated the sense of community in their towns as excellent or good, and neighborliness was rated positively by 55% of residents.
- About 54% of the respondents positively rated their community's openness and acceptance toward older residents of diverse backgrounds, and 49% indicated that their community valued older residents.
- Inclusion challenges were reported by about 20% of older residents and equity challenges by 8%.

Health and Wellness

Of all the attributes of aging, health poses the greatest risk and the biggest opportunity for communities to ensure the independence and contributions of their aging populations. Health and wellness, for the purposes of this study, included not only physical and mental health, but issues of safety, independent living and health care.

- About 77% older residents in the state rated their overall physical health as excellent or good and 87% rated their mental health as excellent or good.
- In most places, opportunities for health and wellness receive higher ratings from older adults than do health care ratings. Here, community opportunities for health and wellness were scored positively by 62% residents, while the percent giving ratings of excellent or good to the availability of physical health care was 43%, to mental health care 28%, and to long term care options 31%.
- Health-related problems were some of the most common challenges listed by older adults in the survey, with 37% reporting physical health challenges and 26% reporting mental

health challenges. Health care was also a challenge for about 36% of older residents.

Information and Assistance

The older adult service network, while strong, is under-resourced and unable to single-handedly meet the needs of the continuously growing population of older adults. Providing useful and well-designed programs, as well as informing residents about other assistance resources, is an important way that government agencies can help residents age in place.

- The overall services provided to older adults in the state were rated as excellent or good by 47% of survey respondents.
- About 56% of survey respondents reported being somewhat informed or very informed about services and activities available to older adults. The availability of information about resources for older adults was rated positively by 29% of older residents and the availability of financial or legal planning services was rated positively by 32% of older residents.
- About 42% of older adults were found to have information access challenges in the state.

Productive Activities

Productive activities outside of work (such as volunteerism and social activity) promote quality of life and contribute to active aging. This domain examines the extent of older adults' participation in social and leisure programs and their time spent attending or viewing civic meetings, volunteering or providing help to others.

- About 60% of older adults surveyed felt they had excellent or good opportunities to volunteer, and 51% participated in some kind of volunteer work.
- The caregiving contribution of older adults was substantial in the state. About 36% of older residents reported providing care to individuals 55 and older, 15% to individuals 18-54 and 19% to individuals under 18.
- Older adults in the state reported challenges with being civically engaged 26%, being socially engaged 27% and caregiving 14%.

The Economic Contribution of Older Adults

The contribution older adults make through employment, volunteerism and caregiving was calculated for all older adults living in the state. It is estimated that older residents contribute $38,508,493,401 annually to their community through paid and unpaid work.

Older Resident Needs

Through the survey, more than 40 challenges commonly facing older adults were assessed by respondents. These challenges were grouped into 15 larger categories of needs. In the state, the largest challenges were in the areas of housing, mental health, and physical health. At least 45%% of older residents reported at least one item in these categories was a major or moderate problem in the 12 months prior to taking the survey.

Comparison to National Benchmarks

Community Characteristics Benchmarks

To better provide context to the survey data, resident responses for the state were compared to Polco’s national benchmark database or older adult opinion. Of the 52 assessments of community livability that were compared to the benchmark database, 52 were similar, 0 above, and 0 below the benchmark comparisons.

Older Adult Challenges Benchmarks

Comparisons to the benchmark database can also be made for the proportion of residents experiencing a variety of challenges. In the state, there was a lower proportion of older adults experiencing challenges for 0 item(s), a greater proportion of older adults experiencing challenges for 0 item(s), and a similar proportion experiencing challenges for 42 item(s).

Section 3: Understanding the Report

Throughout this report, iconography is used to denote trends and benchmarks. While some pages will show the legend, others won't for the sake of space. Keep this page handy for reference.

Trends

Favorably
At least 7 percentage points more favorable than last measure

Similar
No statistically significant difference

Unfavorably
At least 7 percentage points less favorable than last measure

Benchmarks

Much more favorable
At least 20 points more favorable than benchmark

More favorable
10-20 points more favorable than benchmark

Similar
No statistically significant difference

Less favorable
10-20 points less favorable than benchmark

Much less favorable
At least 20 points less favorable than benchmark

Section 4: Community Readiness

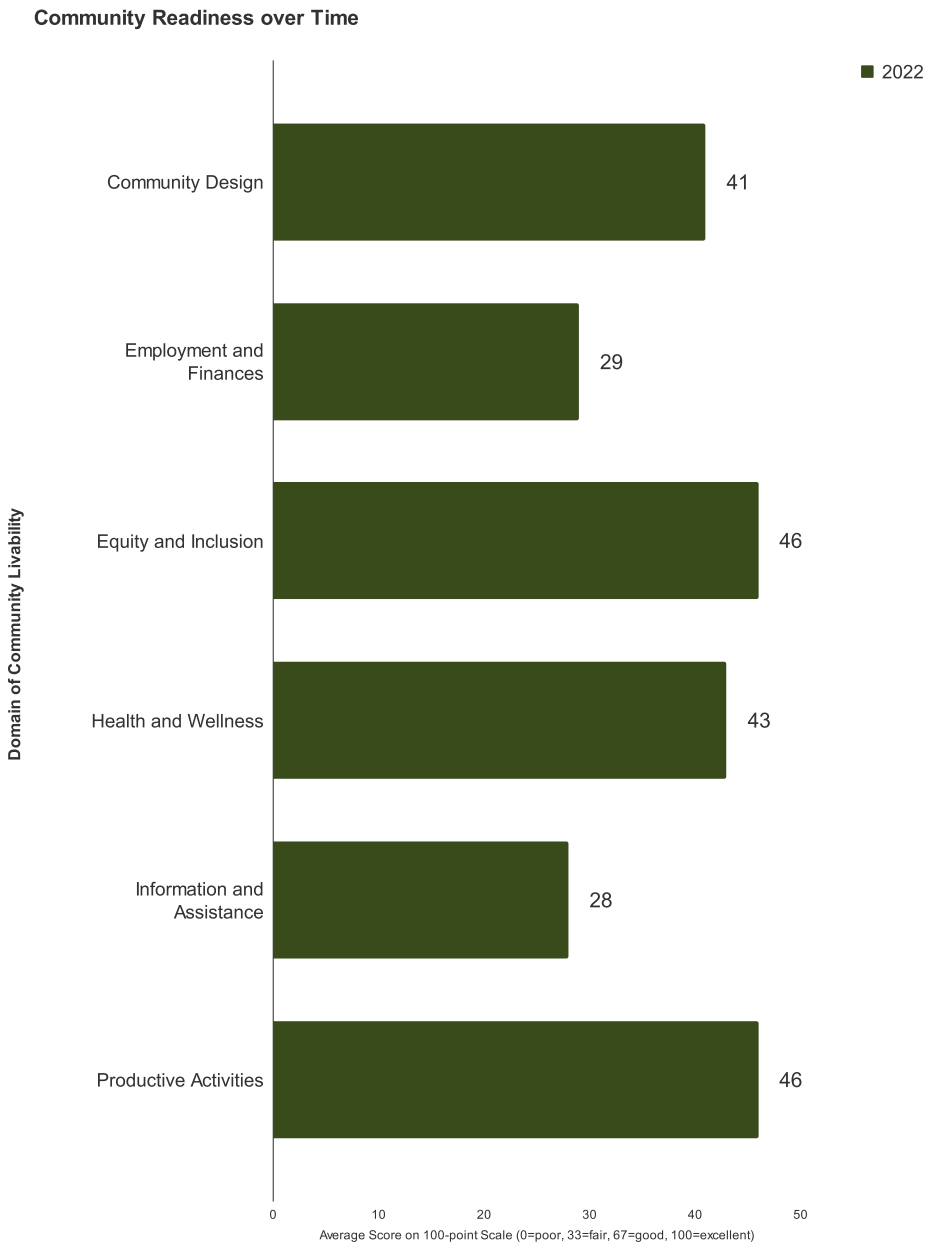
Communities that assist older adults to remain or become active community participants must provide the requisite opportunities for recreation, transportation, culture, education, communication, social connection, spiritual enrichment and health care. Because every community is different, each must identify what its older adults value most and what the community offers its older residents. The judgments of these residents provide the elements used to calculate the overall community quality in Commonwealth of Virginia.

Survey respondents were asked to rate a number of aspects of the community. These ratings were converted to an average scale of 0 (the lowest rating, such as poor) to 100 (the highest rating, such as excellent) and then combined to provide one overall rating (index[1]) for each of the six dimensions of Community Readiness, as well as an overall rating of the Quality of the Community. If trend data prior to 2022 are shown, it should be noted that community readiness scores have been updated from previous reports to improve these metrics. Readiness scores for past surveys were recalculated using the new dimensions to make them comparable to the current structure.

Community Readiness Chart

Dimension	Community Livability Topics	Score (out of 100)
Overall Community Quality	• Place to Live and Retire • Recommend and Remain in Community	67
Community Design	• Housing • Mobility • Land Use	41
Employment and Finances	• Employment • Finances	29

Dimension	Community Livability Topics	**Score** (out of 100)
Equity and Inclusivity	• Equity • Community Inclusivity	46
Health and Wellness	• Safety • Physical Health • Mental Health • Health Care • Independent Living	43
Information and Assistance	• Quality of Older Adult Services • Information on Available Older Adult Services	28
Productive Activities	• Civic Engagement • Social Engagement • Caregiving	46

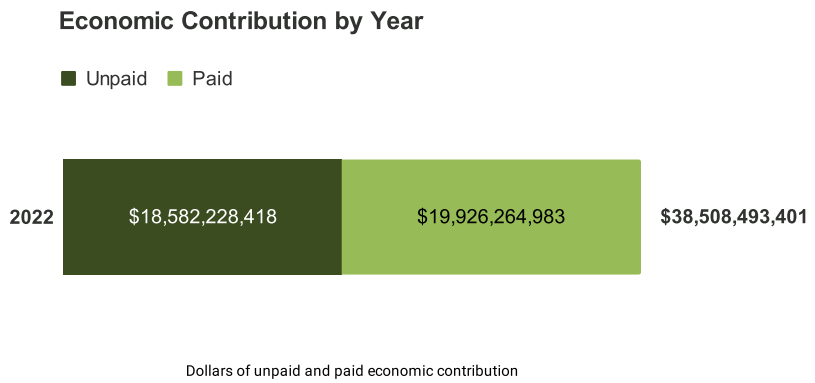


[1]These ratings are not to be understood like ratings from school tests, because they are summaries of several questions that range from 0 as poor, 33 as fair, 67 as good and 100 as excellent. For example, a score of 58 should be interpreted as closer to good than to fair (with the midpoint of the scale, 50, representing equidistance between good and fair).

Section 13: Economic Contribution

Productive behavior is “any activity, paid or unpaid, that generates goods or services of economic value.”[1] Productive activities include many types of paid and unpaid work, as well as services provided to friends, family or neighbors. Older adults make significant contributions (paid and unpaid) to the communities in which they live. In addition to their paid work, older adults contribute to the economy through volunteering, providing informal help to family and friends, and caregiving.

Economic Contribution of Older Adults in Commonwealth of Virginia



The calculations of the economic contributions of older adults in Commonwealth of Virginia were rough estimates using data from the U.S. Department of Labor Bureau of Labor Statistics (Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates).

Economic Contribution of Older Adults

	% of older adults	# of older adults*	Average # of hours**	Average hourly rate***	Annual total
Providing care to older adult(s)	37%	673,923	10.6	$11.23	$4,169,794,523

Providing care to adult(s)	16%	299,227	8.27	$11.23	$1,444,570,680
Providing care to child(ren)	20%	371,608	8.73	$12.67	$2,138,541,164
Providing help to family and friends	81%	1,496,167	5.65	$15.01	$6,593,986,591
Volunteering	52%	960,184	4.73	$17.94	$4,235,335,459
Subtotal unpaid					**$18,582,228,418**
Working part time	10%	185,712	15	$28.92	$4,189,217,011
Working full time	18%	327,018	32	$28.92	$15,737,047,972
Subtotal paid					**$19,926,264,983**
Total contribution					**$38,508,493,401**

[1]Rowe JW, Kahn RL. Successful Aging. New York: Pantheon Books; 1998.

* Based on U.S. Census Bureau - 2019 American Community Survey; about 1,838,379 adults age 60 and over in the state.

** Respondents were asked to select a range of hours. The average number of hours was calculated from the mid-point of the response scale. For example, a response of 1 to 3 hours equated to 2 hours and a response of never was assumed to be zero hours. In cases where the respondent chose a response that indicated 11 or more hours or 20 or more hours, the number of hours was calculated as 125% of 11 and 125% of 20 (i.e., 13.75 and 25 respectively). Working full time was assumed to be 32 hours per week and working part time was assumed to be 15 hours per week.

*** The economic value of an hour worked was assumed to be the same as the average hourly wage as calculated by the Bureau of Labor statistics for similar types of work in undefined. Providing care for older adults and adults was assumed to be the equivalent of “Personal and Home Care Aides.” Providing care for children was assumed to be the equivalent of “Child Care Workers.” Providing help to family and friends was assumed to be the equivalent of “Personal Care and Service Occupations.” Volunteering was assumed to be the equivalent of “Office Clerks, General.” Working full time and part time was assumed to be the equivalent of “All Occupations.”

Section 14: Community Needs

The individual survey questions about specific problems faced by older community members were summarized into the 17 larger categories to provide a broad picture of older resident needs in Commonwealth of Virginia. The figure below shows the percent of respondents who reported that one or more items within each of these 17 areas was a major or moderate problem. (See Methods for more information on the items included in each area.)

Typically, it is understood that the self-reported needs of older adults represent a minimum level, a conservative estimate attenuated by respondents' strong desire to feel and appear self-reliant and further reduced by the silent voice of some older adults who, no matter how sensitive the attempt, are too frail to participate in any survey enterprise.

Percent and Estimated Number of Older Adults With a Need

	Percent with need	Number affected (N=1,838,379)*
Housing	45%	823,961
Mobility	24%	448,762
Employment	20%	371,175
Finances	30%	558,586
Equity	8%	139,383
Community Inclusivity	20%	367,946
Safety	13%	236,196
Physical Health	37%	687,231
Mental Health	26%	484,625
Health Care	36%	664,127
Independent Living	11%	193,558

	Percent with need	Number affected (N=1,838,379)*
Housing	45%	823,961
Mobility	24%	448,762
Information on Available Older Adult Services	42%	764,707
Civic Engagement	26%	482,039
Social Engagement	27%	498,537
Caregiving	14%	266,584

Populations at Higher Risk

As people age, many learn to take better care of themselves, to plan for retirement and, generally, to move more deliberately. Aging builds wisdom but can sap resources — physical, emotional and financial. Even those blessed by good luck or prescient enough to plan comprehensively for the best future may find themselves with unanticipated needs or with physical, emotional or financial strengths that could endure only with help. Some people age better than others, and aging well requires certain strengths that are inherent and others that can be supported by assistance from the private sector and government.

The tables below show the reported needs within each category of livability of Commonwealth of Virginia's older adult population, by demographic subgroup. This information can help identify which groups are at higher risk in the community and account for sociodemographic disparities when addressing these needs.

Percent Needs of Older Population by Sociodemographic Characteristics, (1,838,379)*

The sociodemographic characteristics examined included Gender, Age, Race, Ethnicity, Annual Household Income, Housing Tenure (Rent or Own), and Household Composition (Lives alone or Lives with others)

	Housing	Mobility	Employment	Finances	Equity
Female	50%	25%	20%	32%	7%
Male	39%	23%	21%	28%	8%
60 to 64 years	42%	22%	21%	36%	9%
65 to 74 years	42%	23%	21%	30%	8%
75 or over	51%	29%	19%	25%	6%
White	42%	23%	18%	27%	6%
Not white	56%	28%	26%	42%	12%
Hispanic	44%	32%	23%	36%	10%
Not Hispanic	45%	24%	20%	30%	8%
Less than $25,000	70%	38%	37%	69%	13%
$25,000 to $74,999	49%	26%	23%	37%	8%
$75,000 or more	51%	29%	19%	25%	6%
Rent	62%	36%	31%	52%	15%
Own	41%	22%	18%	25%	6%
Lives alone	50%	26%	22%	34%	9%
Lives with others	42%	24%	19%	29%	7%
Overall	45%	24%	20%	30%	8%

	Community Inclusivity	Safety	Physical Health	Mental Health	Health Care	Independent Living
Female	20%	13%	39%	28%	37%	11%

Male	20%	13%	36%	25%	35%	10%
60 to 64 years	22%	14%	37%	27%	42%	10%
65 to 74 years	20%	12%	36%	25%	36%	10%
75 or over	18%	13%	41%	28%	31%	12%
White	20%	11%	37%	25%	35%	10%
Not white	20%	19%	41%	31%	39%	14%
Hispanic	26%	12%	42%	25%	42%	6%
Not Hispanic	20%	13%	37%	26%	36%	11%
Less than $25,000	37%	23%	62%	43%	59%	21%
$25,000 to $74,999	21%	14%	42%	29%	42%	10%
$75,000 or more	18%	13%	41%	28%	31%	12%
Rent	28%	20%	53%	34%	50%	18%
Own	18%	11%	34%	25%	33%	9%
Lives alone	26%	15%	42%	32%	38%	13%
Lives with others	17%	12%	35%	24%	35%	10%
Overall	20%	13%	37%	26%	36%	11%

	Information on Available Older Adult Services	Civic Engagement	Social Engagement	Caregiving
Female	42%	25%	28%	15%
Male	41%	27%	26%	15%
60 to 64 years	45%	27%	28%	17%
65 to 74 years	42%	28%	28%	15%
75 or over	37%	22%	25%	11%
White	40%	24%	25%	14%
Not white	47%	33%	33%	17%
Hispanic	52%	39%	35%	19%
Not Hispanic	41%	26%	27%	14%
Less than $25,000	56%	40%	44%	16%
$25,000 to $74,999	46%	28%	30%	17%
$75,000 or more	37%	22%	25%	11%
Rent	50%	37%	37%	18%
Own	40%	24%	25%	14%
Lives alone	43%	30%	33%	10%
Lives with others	41%	25%	25%	17%
Overall	42%	26%	27%	14%

* Source: U.S. Census Bureau, 2020 American Community Survey 5-Year Estimates

DARS
VIRGINIA DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

Virginia Department for Aging and Rehabilitative Services

NEEDS ASSESSMENT REPORT: IN-HOME SERVICES AND HOME MODIFICATIONS FOR OLDER ADULTS

Submitted to the Joint Commission on Health Care, Chairman of the House Appropriations Committee, and Co-Chairwoman and Co-Chairman of the Senate Finance and Appropriations Committee

December 1, 2022

The full report can be found here: https://rga.lis.virginia.gov/Published/2022/RD890.

Executive Summary

According to American Community Survey data, Virginia is home to 1,566,250 adults aged 65 and older, making up roughly 18.5% of Virginia's total population. When reviewing similar figures for Virginians aged 60 and older, it grows to 2,085,580 or 24.6% of the population.[1] Recognizing the current population statistics and the future growth trends, it is no surprise that in 2020, the Joint Commission on Health Care (JCHC) directed staff to examine strategies to support aging Virginians in their communities. In conducting the study, JCHC staff examined in-home services provided by area agencies on aging (AAAs) and the local departments of social services (LDSS) as well as the limited availability of home modification services.

In-home services, a term inclusive of homemaker, personal care, companion, and chore services, assist older adults with completing instrumental activities of daily living (IADLs; such as meal preparation, shopping for personal items, housework, and yard maintenance), and with activities of daily living (ADLs; such as dressing, bathing, walking, and eating). Home modifications include a range of services and projects, such as home repairs, pest control, installation of grab bars or handrails, and installation of ramps or roll-in showers, which are intended to improve the accessibility and livability of the home.

While the JCHC staff reported that there seemed to be a high unmet need for in-home services and home modifications, there was limited data available from the Department for Aging and Rehabilitative Services (DARS), the AAAs, and the LDSS to pinpoint that exact need. At the December 7, 2021 meeting,

[1] American Community Survey (ACS) Special Tabulations, 2015-2019, Retrieved from AGID Data Porta: https://agid.acl.gov/ on August 8, 2022.

and with the JCHC Aging in Place report in hand, the JCHC voted to adopt a recommendation to provide funding and direct DARS to complete a needs assessment and provide a report to the JCHC and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees the following year. This recommendation was ultimately achieved through Item 331 L of the 2022 Appropriation Act.

In implementing this needs assessment, DARS used a multi-method approach to determine the unmet need and potential service costs. DARS' process included surveying older adults directly, surveying staff with the AAAs and LDSS, reviewing AAA reporting data and the DARS Adult Protective Service (APS) Annual Report services and financial data, researching national standards regarding poverty, and conducting an environmental scan of existing programs that provide home modification-type services to Virginians.

At a high-level, the following needs were identified:

- Just over half of older adult survey respondents (54%) indicated that they intended to stay in their homes and 21% would move to a new area or new home in their current area. Almost 2 in 10 (or 18%) reported that they wanted to stay in their home but were concerned they would not manage to, and 8% said they wanted to move but did not have the resources.
- In the same survey, those in lower income brackets were more likely than those with higher incomes to report that they would like to move but don't have the resources to do so, or that they want to stay in their current home but are concerned they won't be able to.
- Of those older Virginians indicating concerns about the ability to age in place in their current homes, financial reasons (52%) and health reasons (44%) were identified as the top concerns in the older adult survey. The third top concern was that the home was not suited for aging in place (27%).
- From the survey, 22% of Virginians aged 65 and older stated they had a major or moderate need for homemaker services, 6% stated they needed personal care services, and 41% stated they needed chore services.
- The older adult survey also found that 37% of Virginians aged 65 and older indicated a major or moderate need for home repairs or home maintenance assistance, 18% needed assistance with maintaining the minimum housing standards, 18% needed minor home modifications, and 16% needed major home modifications.
- In 2021, approximately 10.3% of older adults lived in poverty, an increase from 8.9% in 2020, according to the U.S. Census Bureau.[2]
- In a survey of LDSS across Virginia, staff estimated that an additional 3,468 adults needed LDSS in-home services beyond the 4,415 clients that were served in SFY (State Fiscal Year) 2021.
- In examining the biggest challenges, every Department of Social Service (DSS) region of the state indicated finding in-home service providers in their area was the main problem.
- All LDSS who responded to the survey reported that an increase in the allocation for in-home services is needed for LDSS to be able to serve more adults.

The current provision of in-home services and home modifications for older adults is limited by extensive funding constraints and increasing costs to provide services. In addition, data from the most recent years has been affected by the COVID-19 pandemic and the additional influx of time-limited federal funding to support some aging services.

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[2] National Council on Aging, *Latest Census Bureau Data Shows Americans 65+ Only Group to Experience Increases in Poverty*, September 13, 2022, found via: https://ncoa.org/article/latest-census-bureau-data-shows-americans-65-only-group-to-experience-increase-inpoverty.

Despite some report limitations, DARS believes that the final estimates and accompanying policy options provided in this report would result in meaningful increases in the Commonwealth's capacity to serve older adults in their homes and their communities. To this end, DARS notes the following needs as identified as policy options:

- **AAA In-Home Services**: Provide between $1.5 million and $6.2 million in increased state funding for AAA in-home services, which could result in an increase of between 425 and 1,700 older Virginians served.
- **LDSS In-Home Services**: Provide between $1.9 million and $7.8 million in increased state funding for LDSS in-home services, which could result in an increase of between 1,000 to 4,400 older adults and adults with disabilities served.
- **AAA Home Modifications**: Provide between $500,000 and $5 million annually in new state general funds for AAA home modifications, which could result in home modification services for between 100 and 1,000 older Virginians.

VCU

Virginia Center on Aging

College of Health Professions

Needs Assessment Report to DARS

January 2023

Virginia Center on Aging
College of Health Professions

Needs Assessment Report to DARS

Virginia Center on Aging

As part of developing the most recent Virginia State Plan for Aging Services, the Virginia Department for Aging and Rehabilitative Services (DARS) spearheaded needs assessment efforts to identify critical areas of focus for the new plan. The Virginia Center on Aging (VCoA) at Virginia Commonwealth University completed two key pieces of the state needs assessment: conducting listening sessions with a diverse group of key stakeholders from across the Commonwealth and compiling a conditions and characteristics report. Here, we first present the process for carrying out the listening sessions followed by the conditions and characteristics report.

Part 1: Stakeholder Engagement through Listening Sessions

The VCoA research team began this process by drafting a set of questions for the listening sessions. Input from DARS regarding priority areas of interest, as well as a scoping review of publicly available data guided the development of listening session questions. Two semi-structured interview protocols were developed; one for any provider or professional who interfaces with older adults (see Appendix A) and one for older adults and caregivers (see Appendix B). This allowed us to gather information regarding need from both those who are the target population for services and resources as well as those who frequently need to link older adults to services and resources.

Recruitment of listening session participants occurred over the course of 5 months from June 2022 through October 2022. Emails were distributed to advocates, state agency

representatives, professional provider associations, university representatives, Area Agencies on Aging employees, and older adults/caregivers/care partners. Recruitment announcements were also promoted during relevant, professional meetings, such as that of the Virginia Geriatric Education Center and the Virginia Center on Aging Advisory Committee. Additionally, other external community-based organizations assisted with recruiting older adults, caregivers, and care partners across the Commonwealth.

A total of 31 listening sessions were conducted and included individual interviews, focus groups, and two written interviews. Most sessions were conducted and recorded virtually via Zoom and lasted approximately one hour. Two focus groups were held in-person to allow participation from stakeholders living in rural parts of the state who frequently experience broadband challenges. Two participants anticipated participating in-person but needed to provide their responses to the questions in writing due to unforeseen circumstances. One session was held in Spanish and one session was held in Korean; both sessions were translated and transcribed by individuals fluent in each language (the same individuals who conducted the sessions, respectively). Participants ranged in age from 33-86 and represented diverse races (see Figure 1) and ethnicities (see Figure 2).

Figure 1. Represented Races of Listening Session Participants

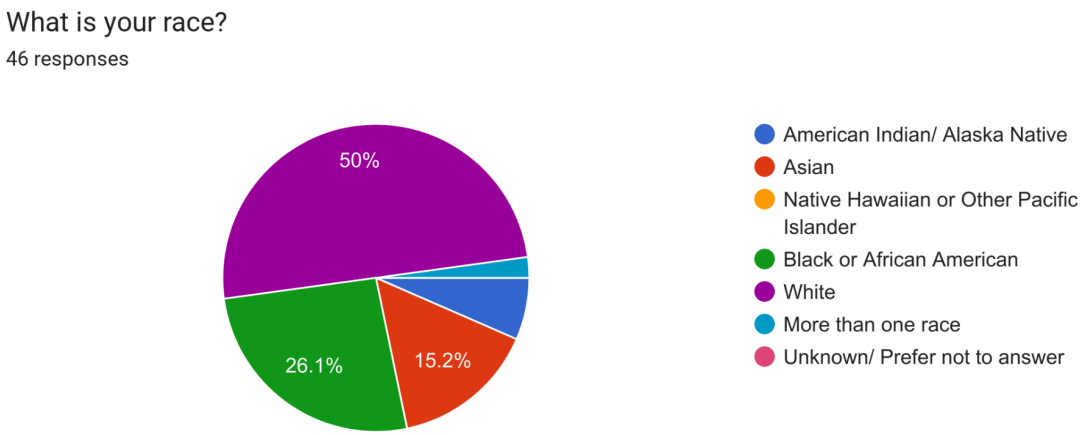
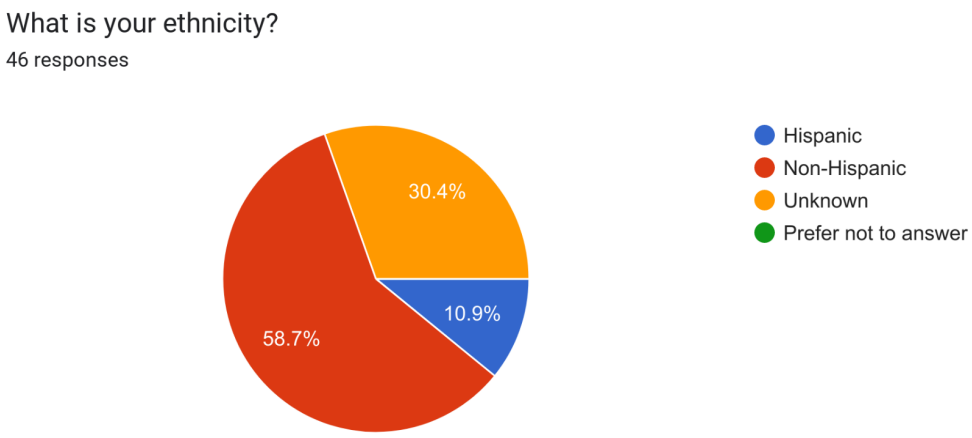


Figure 2. Represented Ethnicities of Listening Session Participants



Session recordings were transcribed verbatim by a third-party entity. Transcripts of the listening sessions were then analyzed using inductive thematic analysis whereby themes emerged from the qualitative data. Several members of our research team reviewed and coded the transcripts and twelve major themes emerged from the data; themes, sample codes, and exemplar quotes are provided in Table 1.

Presentation of Themes

The twelve themes that emerged from analysis of the listening sessions present a broad representation of issues impacting older adults and providers in the Commonwealth. *Finances and Income* concerns focused attention on the income gap and the need to restructure the income threshold to be more inclusive of challenges for middle income earners. *Increased Accessibility* addressed increasing awareness of various services available to increase access to quality information for supports and services. *Caregiver Support* describes the identified need for assistance for caregivers and care partners regarding training, support, respite care, and systems navigation. *Legal Assistance* was identified as a need to support and protect personal property and assets and also included the need for financially accessible legal assistance with will and other legal matters. The theme *Aging in Place* captured the need to provide services

that support older people to remain at home and be active participants in the community. *Workforce Retention and Expansion* was a theme that emphasized the need to both promote healthcare jobs within all levels of the educational system as well as to expand job opportunities for older people in the community. *Housing* was a theme that describes the need to provide affordable housing and the integration of communities that are inclusive of all ages. The theme *Healthcare* captured the need for increased accessibility to healthcare services in rural communities as well as greater awareness of services for older people amongst healthcare providers. The need for more education on *Abuse in Later Life* included the need for expanded screenings and increased funding. *Systemic and Organizational Barriers* was referenced as responsible for silos amongst organizations and a need to decrease obstacles to receiving adequate healthcare and support services. *Stereotypes of Aging* arose as a theme related to the need to feel valued and autonomous, and the need for acknowledgement of the heterogeneity of the experience of growing old and living life as an older person. Finally, *Education and Awareness* was identified as a theme that described the need for greater awareness of available supports and services for older people at all levels (e.g., healthcare, community-based services, and the community at large).

Taken as a whole, the data elucidated two primary opportunities for investment to better serve older adults across the Commonwealth. Education and training was a stand-alone theme that emerged from the listening sessions, and the need for education and training across both the workforce and the general public was apparent. More importantly, Virginians *want* and *need* more education and training, particularly regarding elder mistreatment, as evidenced by the following quotes:

> *And just education. I think some people just aren't aware that, when you take your parent's money or your grandparent's money and you use it for something other than what they need, that is abuse. It's not something that you are supposed to do. But some people feel like it's their right to do that. The person, 'They're living with me. I'm taking*

care of them. I have a right to do this.' So I think, again, it's education and resources and things like that.

We have to do more education, too, with families, caregivers and others as to what is elder abuse, so that they know. Do we even talk about it in our caregiver trainings? A lot of times we don't even add that in our trainings.

Education should increase knowledge of how to best interact with and provide care to older adults as well as work to reduce the ageist beliefs we have about what it means to age and be old and how those beliefs result in systems and policies that do not serve older Virginians effectively or efficiently, as described in the following quotes:

I know in our area, the number of children 18 and under is 19% and the number of people 60 and over is 19%. I'm not saying take away from education, because we need young people to have a vital and strong education, so they can take care of seniors, but it's that big a demographic and yet…Nobody talks about it during their primaries or elections. There's never anything about what are you going to do for seniors. I don't know how we do it, but I think we've got to get a bigger presence, in terms of people's awareness, and then that would help drive, there's a need and then how do we do that.

We, the broader aging network, have to do a much better job at educating elected officials on why it's important, because they are the ones, in fact, who set policy, and when they are woefully uneducated about the needs of older people or the benefits that older people have, we can't expect them to do better than what they're doing now. That's hard for the general aging network to do, because so many of us are in public positions and lobbying is an absolute no-no, so we have to figure out better ways of providing education.

Then there's the general ageist culture that we live in, where we as an American society really do value youth. I mean, you look at all those jokes about Boomers now. It's a laugh line. And I don't know that that's going to change, but as long as it's a laugh line, it's going to be hard to make things better. It doesn't mean we should not try, and it doesn't mean we should not carve out small things to do, but as long as it's a laugh line…

I think we have an education issue of, you know, people are living much longer than they used to and are in better health, and I think our visions or our thoughts of, 'Oh, you're 65,' or, 'Oh, you're 70. You're over the hill. You can't do anything. You're just sitting on your porch, knitting or whatever,' I think we really need to change the whole society's attitude.

The second opportunity Virginia has to better serve its older adult population is by engaging in outreach and marketing campaigns to increase awareness of what services and supports are currently available for older adults and their caregivers. This is illustrated by the following comment:

I think there are a lot of resources out there in education, but sometimes we don't know how to find them. This is where networking works and joining groups where you can network and find out where the resources are. I looked for a support group for Alzheimer's. It took me years to find one. I didn't know where to look. The ones I found through the Alzheimer's website; they were in Hampton. There was nothing in Williamsburg. It wasn't until I signed my husband up for respite care that I found out they had a support group. It was only advertised at the place. There wasn't any information out there. Now, he is in another facility, they also have their own support group. I'm not sure why they don't advertise to the community.

We also learned about more targeted needs as part of these listening sessions. For instance, access to healthcare and other services in rural parts of the states continue to be a barrier for many, as we can see from the following quote:

> *I also think in some of the rural areas there's got to be better economic development because what we're finding is in the really rural areas, the percent of seniors is really high, not because it's a bigger number, but because the people 20-50 have moved away because there's no jobs. That makes the concern for seniors even greater, because now we don't have an infrastructure to help support them.*

There are also serious concerns about the cost of housing across the state. The following quote illustrates this sentiment:

> *Most recently, I talked to a volunteer who also did save, she and her husband were professionals, and yet they're shocked that they can't afford an assisted living place. The need for serving people that are not just the most, most in need, the lowest economic buckets, is a need that's going to continue to grow.*

Housing concerns are coupled with concerns about the rise in cost-of-living that is not paired with increases from social security to keep pace with inflation and the high cost of healthcare, especially in-home care.

Table 1. State Needs Assessment Focus Group Themes

Theme	Sample Codes	Exemplar Quotes
Abuse in Later Life	- Abusive care in nursing homes - Lack of training on elder abuse - Self-neglect of the older adult within the community - Financial Scams	"And largely self-neglect is what we find out in the community, and so, to mitigate that, we need services, we need, maybe, meals, and that could be either congregate or that could be Meals on Wheels and other services that they are able to offer." "The scams, and the safety when they're out and about."

	- Funding for elder abuse education	"You shouldn't treat anybody like that. And the most abusive care in those nursing homes…"
Stereotypes of Aging	- The "new senior" - Wisdom - Increased spirituality - Redefine "old age"	"... I guess I think about sometimes older people feel like the value of their word is not as meaningful" … "I just feel like they need to feel as valued, being still felt like your words are valuable and that even though you're older, there are certain things you can do." "They have so much wisdom to impart and help the younger population. We have young people that need a lot of direction. We need the older population to teach the younger population how to manage your home, manage finances, manage a business, how to start a business and things like that." … "I don't want to play Bingo. I don't want to learn to knit.' They told me, 'We want another Curves class. We want Zumba. We want to do aqua aerobics, dance, salsa, all this other stuff,' but they said, 'There's nothing in our area to support what we want, but they assume we want to play Bingo."
Aging in Place	- More transportation - Home modifications - Hunger and food insecurity - Better job opportunities - Building communities that includes all ages	"... in a rural area, transportation is a real issue" "We might not get a lift, but we might have to get a ramp. It just depends on how things…we're pretty good now…" "But as we age, we become isolated, we need more senior centers, we need more programs to get people out, we need more transportation to get people back and forth."
Caregiver Support	- Additional respite - Employer support for caregivers - Liaison between the caregiver and insurance - Caregivers need training for providing care - Caregiver burnout	"I'm acutely aware of the lack of knowledge that I have to do this. I just don't feel like I was trained well. I was giving care from my heart, but it needed to be more from the brain." "For me the respite care, if I could either get an extra day or just a day when maybe I could sleep for a couple of hours or sleep later." "There definitely seems to be a higher need for mental health supports, whether it be for the individual that needs the care or the caregiver

		themselves. There's a lot of burnout going on, so the respite care absolutely helps them."
Education/ Awareness at all Levels	- Not knowing where and who to complain to - Education on veterans' programs - Community unaware of how to access information - Doctors are uninformed of available services - Educating elected officials	"Educational seminars, focus groups. In the rural area, too, not just in Richmond, where you've got to drive for…" "We need to identify some of these things that we need to know but then know the sources as to where to go to get the help and the knowledge of them." "Really, there is a lack of education and training, and I think more outreach could be done."
Finances/ Income-related	- Financial barriers - Redefine the financial threshold - Caregiving costs are rising, but retirement incomes are not - Financial planning - Focus on both lower and middle income	"Yeah, that's the thing. People are trying to live off what they retired on, and seniors already retired, some of them, 30 years, and that's all they make, and then when you go to apply, it's like, 'Oh, you make too much.'" "After a certain age, if you've worked a good portion of your life and you have a retirement, taxes are difficult. Even though the state makes some consideration for your social Security taxes, but no consideration for your regular retirement." "So, we definitely need to do something to elevate financial opportunities for funding of assisted living services, because a lot of individuals don't necessarily need to go to a nursing home right away, once it becomes a safety issue for them to be home alone. We have seen a significant decrease in the number of assisted living communities accepting the auxiliary grant because it does not cover their basic out-of-pocket costs to care for an individual."
Healthcare	- Need for medication assistance - "Care desert" - Lack of communication in hospitals - Increase quality of care - Services only geared toward the	"…three things that our community decided are important to it are access to health care, affordable housing, and mental health." "We're sort of like a care desert here." "Even palliative care, I ended up signing my husband up for palliative care just recently. I mentioned it to his neurologist, and he was clueless. He didn't know what that was. I think on the side of doctors. They

	initial diagnosis, but no guidance after	don't recommend you these services. I think they should be the ones telling you…"
Housing	- Affordable housing - Older adults having to leave their community for affordable housing - Multi-aged housing - Homelessness amongst older adults - Age-friendly/livable communities	"A lot of our residents want to stay in Alexandria, where a lot of them have lived all of their lives, and, unfortunately, it's just not affordable." "...unfortunately, there's just no affordable housing here at all." "... we get a lot of calls for information or referral for financial assistance as well as with housing."
Increased Accessibility	- More services for deaf and hard of hearing - Automation for non-English speaking clients - Increased Wi-Fi and broadband connection - Need a one-stop shop for people to go and get information - Re-evaluate who qualifies for services	"... because with the deaf and hard-of-hearing community, oftentimes, when we have elderly individuals, they have to move a great distance in order to find a place that may have communication access." "There are very, very few programs in the United States that specifically are designed to work with deaf and hard-of-hearing individuals." "Okay, so people who make too much to qualify for certain things, but you don't make enough, like a higher income, so we need to put more emphasis on that, as well."
Legal Assistance	- Increased legal aid to address wills, land, deed questions - Affordable legal assistance - Education on advance directives, wills, etc. - Education/guidance on power of attorney forms and documents	"Yes, that goes back to the planning for your will, your power of attorney, all those things, that information, legal matters." "You know our finances are linked, and it's a matter of you have to make decisions. It's so hard because everybody wants him to be present to sign papers and things like that. He can't. All that, for everything you have to go. Oh, no you need a power of attorney. Oh no, you need a medical power of attorney. Now, you need this. So many forms and papers that they ask you just to take care of one thing. It just makes it so difficult. Financial stuff." "...how to go about getting your financial stuff in order, it's huge, huge. And every aspect, whether it be finances, whether it be getting your paperwork in order…"

Systemic/ Organizational Barriers	- Better standardization of AAAs - Having case managers that follow the person through the process - The system is difficult to navigate - Separating aging services from rehabilitation - Having assets work against older Virginians	"The service I did access was the respite care, and I did receive respite care for several years, and then the program funding…I think they were out of funding for a while, and so then I got more information in 2021 that they were still up and running, but I contacted different agencies and then they would send me to somebody else. I got sent from one agency to another trying to get respite care. But then I went online and saw the website in 2022, and I completed an application, sent it in, and then I was told that I had the wrong application and I had to do it over." "So, she went to Office of the Aging, and they said, 'Well, you've got to do this spenddown.' And then what we found was, once you do the spenddown, if they provide you with help, then once you are deceased, you have to pay that money back. That, we never knew, that you have to pay that money back." "Virginia needs to get terminology right, in order to include each of those levels of care. Saying "healthcare provider," because of the way that the definition is written in the code, assisted living is excluded from that definition. So, if the general assembly passes a bill and says we're going to give a hundred-million dollars to healthcare providers, assisted living is left out because of terminology."
Workforce Retention/ Expansion	- Staffing in facilities - Expanding VICAP - Home health care agencies are unreliable - Better pay for skilled nursing facility employees - Workforce retention	"We were seeing a workforce shortage prior to covid and that has just been exacerbated. We would love to see the state do a blitz, trying to educate and putting it out to every single high school, every single community college, every single technical college and university." "Come the fall, all the people who've been in this Medicaid expansion will have to provide their documentation, and, not surprisingly, I don't think any of the local DSS's are staffed up to handle that number of people, and if they are, we're going to have a whole lot of people who have had health care and are suddenly going to lose it." "I'm concerned right now, the work force, recruitment, retention across the human services spectrum, whether it be the medical field, my office, agencies on aging. We have had delays in getting services started for many of our clients because

		there were no workers to provide the service, so I think that gives me the most worry, these days. It's not funding; it's are there bodies to do the work…"

Part 2: Conditions and Characteristics Across the Commonwealth

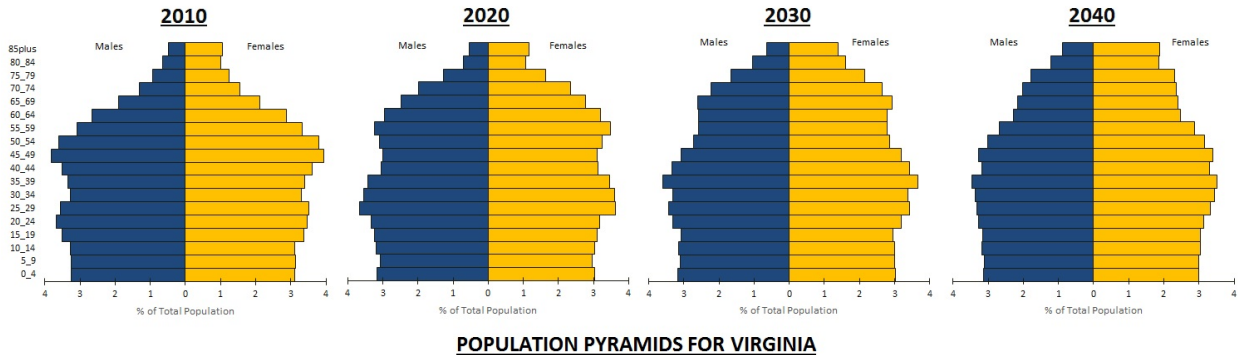
The global population is growing older and that trend is evident in Virginia, as well. Table 2 below shows the total number of adults aged 60 and older living in Virginia and what percent of the population they make up, both as of 2021. Adults 65 and older comprised 16 percent of Virginia's total population. By 2030, it is projected that almost 24 percent, or just over 1.8 million, of Virginia's population will be 65 and over. This age group will represent most of Virginia's growth during that period. Figure 1 below illustrates the shift in age of Virginia's population demographics across a 30-year span.

Table 2. Frequency and Percentage of Adults Aged 60 and Older in Virginia

2021	Total	Percent (%)
All Virginia	8,642,274	
60 64	562,217	6.5
65 74	855,903	9.9
75 84	403,700	4.7
85 +	146,877	1.7
Total age 60+	1,968,697	22.7

Source: 2021 ACS 1-Year Estimates Subject Tables

Figure 1. Shift in Age of Virginia's Population from 2010 to 2040



Source: https://statchatva.org/2017/12/28/what-is-the-biggest-demographic-trend-in-virginia/

Demographics

Tables 3 through 11 below contain other demographic data for Virginia's older adults including racial and ethnic representation, gender and sexual orientation representation, and several indicators of living and housing circumstances.

Table 3. Races Represented by Virginia's Older Adult Population

2021	Total	Percent (%)
All Virginia Population 60+	1,968,687	
White	1,417,455	72.0
Black or African American	334,677	17.0
Asian	102,372	5.2
American Indian or Native American	3,937	0.2
Native Hawaiian and Other Pacific Islander	1,969	0.1
Other	25,593	1.3
Two or more races	82,685	4.2

Source: 2021 ACS 1-Year Estimates Subject Tables

Table 4. Ethnicity Representation of Virginia's Older Adult Population

2021	Total	Percent (%)
All Virginia Population 60 +	1,968,687	
Hispanic or Latino Origin (of any race)	76,779	3.9
White alone, not Hispanic or Latino	1,407,611	71.5

Source: 2021 ACS 1-Year Estimates Subject Tables

There is growing racial and ethnic diversity among older adults, especially as the population of older Black, American Indian/Alaska Native, Latino, and Asian adults increases across the nation. Nationwide, 36 percent of all counties are at least 25 percent non-White, while in Virginia, 49 percent of all counties (66 of 136 counties) are at least one-quarter non-White (https://waysandmeans.house.gov/sites/democrats.waysandmeans.house.gov/files/documents/Virginia%20Health%20Equity%20Facts_0.pdf).

Life expectancy is a key population-level health status indicator. The White, non-Hispanic life expectancy advantage compared to the Black, non-Hispanic population in Virginia increased from 3.5 years in 2019 to 4.8 years in 2020 (https://www.vdh.virginia.gov/content/uploads/sites/110/2022/05/EPI-Report-Life-Expectancy-in-VA-5-4-22.pdf)

Table 5. Life Expectancy of White and Black Individuals in Virginia

Life Expectancy	2019	2020
White (non Hispanic)	79.8	78.7
Black (non Hispanic)	76.3	73.9

In 80 of Virginia's 136 counties, the average life expectancy is below the U.S. average. Higher income correlates with lower mortality and better health outcomes. In 86 of Virginia's 136 counties (63.2 percent of Virginia's counties), the median annual household income is below the U.S. average.

Table 6. Place of Birth of Virginia's Older Adult Population

2021	Total	Percent (%)
All Virginia Population 60 +	1,968,687	
Native Born in the U.S.	1,741,044	
Foreign Born	227,653	
Entered U.S. 2010 or later	21,855	9.6
Entered U.S. 2000 to 2009	23,448	10.3
Entered U.S. before 2000	182,578	80.2
Naturalized U.S. Citizen	182,578	80.2
Not a U.S. Citizen	45,075	19.8

Source: 2021 ACS 1-Year Estimates Subject Tables

Table 7. Self-Identified English Language Speaking Ability

2021	Total	Percent (%)
All Virginia Population 60 +	1,968,687	
English Only	1,748,194	88.8
Language other than English	220,493	11.2
Speaks English Less Than "Very Well"	106,309	5.4

Source: 2021 ACS 1-Year Estimates Subject Tables

Table 8. Frequency and Percentage of Sex of Virginia's Older Adult Population

Source: 2021 ACS 1-Year Estimates Subject Tables
**Note*: ACS did not collect data on other sexes.

Table 9. Percentage of LGBT Identifying Individuals in Virginia

2020	Total	Percent (%)
Virginians Identifying as LGBT*	257,000	3.9
Adults 65+ Identifying as LGBT*	20,560	.03

Source: UCLA Williams Institute, July 2020
**Note:* Data on LGBTQIA+ was not collected.

Poverty and Disability

U.S. Census data has shown that while the poverty rate decreased for all other age groups last year, it increased for people who are 65 and older. Many older people left or were forced out of the workforce because of the COVID-19 pandemic, and face difficulty returning. Many were not eligible for relief provided to families with children. Before the pandemic, older workers' wages had stagnated at higher rates than other age groups (David et al., 2022). In a time of high inflation, minimal wage growth has now turned negative for older workers. Combined with the result of the reduction of employer defined-benefit pensions over the last few decades, this trend of increased poverty in late life is likely to continue if nothing is done to intervene. The U.S. elder poverty rate is already among the highest in the developed world (source: https://data.oecd.org/chart/6Qc4).

Table 10. Poverty Level of Older Adults in Virginia

2021	Total	Percent (%)
Virginia Population 60 + for Whom Poverty is Determined	1,942,827	
Below 100% of the Poverty Level	159,312	8.2
100 149% of the Poverty Level	132,112	6.8
At or above 150% of the Poverty Level	1,651,403	85

Source: 2021 ACS 1-Year Estimates Subject Tables

Developed by United Way, ALICE is an acronym for Asset Limited, Income Constrained, Employed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology (https://www.unitedforalice.org/research-briefs/focus-disabilities). Having a disability — whether apparent or non-apparent, physical or cognitive—can be a substantial barrier to financial stability. Yet traditional economic measures hide the full extent of financial hardship for the 12 percent of people in Virginia (994,957) who have a cognitive, hearing, vision, or ambulatory disability, or one that makes self-care or independent living difficult. Half (50 percent) of people with disabilities in Virginia lived in households experiencing financial hardship in 2019. While 15 percent were below the federal poverty level, an additional 35 percent — more than twice as many — were ALICE. This has implications for growing older while experiencing a disability and outcomes for late life.

Table 11. Disabilities Experienced by Older Adults in Virginia

2021	Total	Percent (%)
All Virginia Population 65+	1,384,964	
With a hearing difficulty	174,974	12.6
With a vision difficulty	85,753	6.2
With a cognitive difficulty	99,104	7.2
With an ambulatory difficulty	271,749	19.6
With a self care difficulty	97,350	7
With an independent living difficulty	177,762	12.8

Source: 2021 ACS 1-Year Estimates Subject Tables

Table 12. Older Adult Medicaid Enrollee Demographics

DMAS	Total	Percent (%)
Virginians 65+ enrolled in Medicaid	85,402	
Race		
White	45,263	53
African American	28,183	33
Asian	11,102	13
Other	854	1
Gender		
Men	28,183	33
Women	57,219	67

**Note*: These data are current as of 9/12/22

Source: DMAS Virginia Medicaid, FAMIS, and PACE enrollment and demographic data report, https://www.dmas.virginia.gov/data/medicaid-famis-enrollment/

Rurality and Living Situation

Studies have shown that older people are socially engaged and place high amounts of trust in their communities, especially in rural areas (Henning-Smith et al., 2022). Rural Virginia, as with rural America, is older than the nation as a whole, and the impacts of an older and aging population are even more pronounced in these areas. Rural older adults are vital members of their communities, particularly as many rural places have experienced outmigration of younger adults and declining birth rates. Ensuring the social well-being and quality of life of rural older adults aging in place is paramount to ensuring the vitality of their communities as a whole.

Table 13. Percent of Older Adults Living in Rural Areas

2016	Total	Percent (%)
Percent of People age 65 + Living in Nonmetropolitan Areas in Virginia		

Source: ACS Reports, The Older Population in Rural America: 2012–2016 (https://www.census.gov/content/dam/Census/library/publications/2019/acs/acs-41.pdf)

Table 13 below demonstrates the numbers of older adults in Virginia who are currently living alone; those who live alone are at greater risk of social isolation and/or loneliness. Having limited contact with others can intensify feelings of loneliness and isolation and living alone is one indicator that increases the risk of developing feelings of loneliness. The experience of loneliness was amplified during the COVID-19 pandemic and those living alone (men and women alike) had the greatest increase in loneliness (Wilson-Genderson et al., 2022).

The Geography of Social Isolation in U.S. Older Adults interactive mapping tool (AARP, 2022) integrates individual measures of social isolation at the state and county level including demographics, health and health behaviors, health care utilization, health system capacity and COVID-19 data. Examples include income, internet/broadband access, and the percent of adults aged 65 and older who live alone. According to the tool, parts of southwest Virginia, southside, and the eastern shore are experiencing very high levels of social isolation risk.

Tables 14 through 17 provide additional demographic data that illustrate the current status of Virginia's older adults regarding things such as employment or veteran status as well as additional information about living situations.

Table 14. Frequency and Percentage of Older Adults Living Alone in Virginia

2021	Total	Percent (%)
All Virginia 60 + Households		
Living Alone		

Source: 2021 ACS 1-Year Estimates Subject Tables

Table 15. Marital Status of Virginia's Older Adults

2021	Total	Percent (%)
All Virginia Population 60 +	1,968,687	
Married	1,173,337	59.6
Widowed	330,739	16.8
Divorced	295,303	15
Separated	31,499	1.6
Never Married	137,808	7

Source: 2021 ACS 1-Year Estimates Subject Tables

Table 16. Employment Status of Virginia's Older Adults

2021	Total	Percent (%)
All Virginia Population 60 +	1,968,687	
In Labor Force	631,949	32.1
Employed	608,324	30.9
Unemployed	25,593	1.3
Not in Labor Force	1,336,738	67.9

Source: 2021 ACS 1-Year Estimates Subject Tables

Table 17. Veteran Status of Virginia's Older Adults

2021	Total	Percent (%)
All Virginia Veterans	641,144	
55 64	140,974	22
65 74	133,075	20.8
75 +	111,162	17.3

Source: 2021 ACS 1-Year Estimates Subject Tables

Table 18. Frequency and Percentage of Older Adults in Virginia Living With and Without Grandchildren

2021	Total	Percent (%)
All Virginia Population 60+	1,968,687	
Living with Grandchildren	104,340	5.3
Responsible for Grandchildren	31,499	1.6

Source: 2021 ACS 1-Year Estimates Subject Tables

Housing

As we age as a nation and economic inequality in this growing older population becomes more acute, the demand for affordable, accessible housing is also about to soar, according to the RRF Foundation for Aging (RRF). In a report commissioned by the Virginia General Assembly, HB854 Statewide Housing Study found a dramatic rise in the older adult population will call for new housing opportunities across all parts of the commonwealth. The share of older people in Virginia will grow faster than all other age groups, creating major shifts in housing demand, healthcare needs, and the workforce. Until recently, Virginia has not undertaken a comprehensive state-led effort to identify and plan for housing needs statewide. A review of affordable housing in Virginia conducted by the Joint Legislative Audit and Review Commission (JLARC) found a declining number of Virginians can afford to buy a home, and the commonwealth has a shortage of at least 200,000 affordable rental units. Nation-wide, home ownership is a key piece of financial opportunity for older adults. Without selling their homes, three quarters of U.S. middle income older adults (11.5 million people) have insufficient resources to pay for private assisted living. Even with home equity, 6 million U.S. elders cannot pay for assisted living. In Virginia, JLARC found that state officials need statewide, regional, and locality-specific information on housing needs to make informed decisions about how and where to deploy available resources.

Increasing housing instability is currently affecting outcomes for older adults in Virginia. On the one hand, the increased focus on ending homelessness across the lifespan in the Commonwealth of Virginia has achieved significant results over the past decade:

- Overall homelessness decreased by 36 percent
- Family homelessness decreased by 49 percent
- Veteran homelessness decreased by 63 percent (since 2011)
- Youth homelessness decreased by 62 percent (since 2013)
- Chronic homelessness decreased by 20 percent

(https://rga.lis.virginia.gov/Published/2021/RD642/PDF)

However, elders experiencing homelessness are actually a ***growing*** population. Recent data show a steady increase in the number of older Virginians becoming homeless. For instance, from 2015 to 2018 there was a 69% increase in persons over the age of 55 accessing emergency shelter in Central Virginia. It should be noted that these data do not include domestic violence shelter data. The Homeless Management Information System (HMIS: https://centralvirginiacoc.org/homeless-older-adults) predicts that over the next five years, homelessness among older adults aged 55 to 61 in Central Virginia will see an increase of 64% and an increase of 80% for those age 62+. Overall, 21.3% of people experiencing homelessness within the Greater Richmond Continuum of Care are adults aged 55+.

The National Academy of Medicine's 2022 Global Roadmap for Healthy Longevity identified late life housing affordability and accessibility as key health variables. A safe and secure place to live is a foundational social determinant of health, according to RRF. But many older people have difficulty accessing adequate housing, stymied by a combination of shrinking income, rising rents, and a shortage of places suitable to their needs. In its 2022 Gaps Analysis, homelessness services provider Homeward notes Virginia is situated in a time of rising evictions, rising rents, inflation, low rental market vacancy rates, and a decrease in affordable housing. To that end, housing instability among elders who live in Virginia continues to grow. Further contributing to this, Virginia has historically been one of the highest evicting states in the

country. During the pandemic, more than 32,000 eviction judgments were issued across the Commonwealth, even with protections in place. Now that eviction protections are expiring, these numbers are growing substantially, with more than 18,000 eviction hearings in Virginia in just September 2022 according to data collected from online court dockets by the Legal Services Corporation. Increases in eviction filings and eviction judgments are occurring in all regions of the state (https://rampages.us/rvaevictionlab/2022/10/31/2nd-3rd-quarter-2022-report-memo/)

RRF notes that the research and advocacy required—to persuade the public and private sectors to implement change—needs to keep pace with these growing needs. “We must continue to make the case for innovative and comprehensive policies that elevate the needs of older people in the design, financing and regulation of housing.” To that end, a Virginia program called the Virginia Eviction Reduction Pilot showed promise in reducing evictions statewide, according to a new study by the RVA Eviction Lab at Virginia Commonwealth University. They found a statistically significant decrease in eviction filings and judgements in zip codes that participated in the program(https://rampages.us/rvaevictionlab/wp-content/uploads/sites/33937/2022/05/RVAEL_2022-Q1-Report-1.pdf). According to RRF, sustaining the quality of life for older people, especially in apartment complexes and for the 2.9 million older people in public housing, is only possible by providing an array of integrated support services.

Transportation

With regard to transportation, there are approximately 1.1 million people who lack access to transit across the commonwealth. Given the increase in older Virginians, it will be increasingly important for all modes of travel—especially transit—to be accessible to and convenient for people of all ages and abilities. Access to transit is a critical social determinant of health. Safe and affordable mobility options work to overcome health disparities and the

inequitable distribution of resources and opportunities. The average household in Virginia spends a quarter of their income on transportation, and transportation costs are often the second-highest household expenditure after housing. The presence of public transit can be critical to affordability and quality of life. Transit reduces motor fuel consumption and Virginia's carbon footprint and provides cost savings. But transit in Virginia is in need of expansion and enhancement.

According to the Virginia Dept. of Rail and Public Transportation (DRPT) the availability of basic transit infrastructure—such as shelters, seating, and lighting—is lacking across Virginia, with few systems providing these necessary features at most or all of their bus stops. The Virginia Transit Equity and Modernization Interim Study Report (2022) found 79 percent of transit agencies in Virginia indicated that they have bus stops that are not well-connected to sidewalks. Targeted action is needed to improve about a quarter of the roughly 15,000 bus stops in the commonwealth where accessibility is limited.

The Access to Opportunity analysis aims to quantify the "opportunities," jobs and destinations, that are accessible via fixed-route transit across the Commonwealth. Destinations include locations such as healthcare, public spaces, grocery stores, government buildings, and schools/childcare. Scores are developed based on the average number of jobs and destinations accessible via 30-45- and 60-min transit travel sheds. This analysis has found that Virginians who rely on transit have less access to opportunity in comparison to those who have a vehicle (https://www.vatransitequity.com/wp-content/uploads/2022/09/EM-Study_Final-Report_DIGITAL_08-29-2022.pdf). Robust planning has the potential to fortify communities when equity is integrated into the planning process.

Internet Access

According to the Federal Communications Commission, 10 percent of U.S. residents lack access to broadband – a trend that the Joint Economic Committee found to be more pervasive across communities of color. Approximately 8.3 percent of Virginia residents lack broadband access, compared to 6.5 percent of residents across the U.S. In 21 of Virginia's 136 counties (15.4 percent of Virginia's counties), at least half of all county residents lack broadband access.

Workforce Shortages

The Health Resource and Services Administration (HRSA) designates geographic regions as health professional shortage areas (HPSAs) if they lack health care providers. Counties in Virginia exhibit an average Mental Health HPSA score of 15 compared to the national average of 15.5 (on a scale of zero to 25, where 25 denotes an extreme HPSA shortage), and 61 percent of Virginia's counties (83 of 136 counties) are designated as mental health HPSAs (https://waysandmeans.house.gov/sites/democrats.waysandmeans.house.gov/files/documents/Virginia%20Health%20Equity%20Facts_0.pdf). As of 2022, there are only 113 geriatricians and 52,990 home health and personal care aides in Virginia. To meet the current and increasing demand, there will need to be a 259.3% increase in geriatricians by 2050 and a 36% increase in home health and personal care aides by 2028.

COVID-19

As with all ages, COVID-19 has touched every Virginian 60 and older. There is no single step or strategy that can stop the spread of COVID-19. Instead, the Virginia Department of Health reports we need to follow multiple strategies--all at the same time--to stop the spread. This includes vaccinations, masking, and staying home when you are sick.

According to the CDC, although many people with COVID-19 get better within weeks, some people continue to experience symptoms that can last months after first being infected, or may have new or recurring symptoms at a later time (www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html). This can happen to anyone who has had COVID-19, even if the initial illness was mild. People with this condition are sometimes called "long-haulers." This condition is known as "long COVID," and might affect 6 percent of people diagnosed with COVID-19 (Hanson et al., 2022), which would equate to about 95,000 Virginians 60 and older. The August 2022 U.S. Census Household Pulse Survey found 16 million working-age Americans (aged 18 to 65) have long COVID today. This equates to ~8 percent prevalence. Of those, 2-4 million are out of work due to long COVID. This has emerging implications for Virginians across the lifespan, and the U.S. Department of Health and Human Services has issued guidance on long COVID as a disability.

Table 19. Virginia Department of Health COVID-19 Data for Older Adults

VDH COVID 19 Data Indicator	Total
COVID 19 deaths 60+	79,805
COVID 19 hospitalizations 60+	142,028
COVID 19 cases 60+	1,575,336*

**Note:* Underreported as at-home tests are not included in this number.
**Note:* These data are current as of 12/16/22
Source: https://www.vdh.virginia.gov/coronavirus/see-the-numbers/covid-19-in-virginia/

Elder Abuse

Since the onset of the COVID-19 pandemic, researchers and health officials across Virginia, the U.S., and the globe have been sounding the alarm: cases of abuse have skyrocketed (Jain, 2021; Peitzmeier, et al., 2021; UN Women Data Hub, 2021). Described as "a pandemic within a pandemic" (Evans et al., 2020), evidence shows the COVID-19 pandemic led to a stark increase in the number of cases of elder abuse (Chang & Levy, 2021). Even before the pandemic altered life as we knew it, cases of elder abuse had been steadily rising. In

Virginia, cases of both reported and substantiated elder abuse have been growing steadily. For example, the number of calls received by the state Adult Protective Services hotline in Virginia saw a 23% increase from fiscal year 2020 to fiscal year 2021 (https://www.vadars.org/downloads/publications/SFY2021_AnnualReport_010622.pdf)

Cognitive impairment caused by Alzheimer's disease and related dementia places elders at a high risk for abuse and neglect (Lee et al., 2018). According to the Alzheimer's Association, 150,000 people aged 65 and older are living with Alzheimer's in Virginia and 9.5% of people aged 45 and older have subjective cognitive decline.

They also estimate there are 351,000 family caregivers who bear the burden of the disease in Virginia, which is a quarter of all unpaid caregivers in the state. This amounts to 524 million hours of unpaid care provided by Alzheimer's caregivers, valued at $8.5 billion. Alzheimer's cost the state Medicaid program $1 billion in 2020.

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Appendix A

Provider and Professional Semi-Structured Protocol

Script: Older adults and providers around the state (including one in Spanish in northern Virginia, if possible)

Introduction: Hi, my name is _____. I work for Virginia Commonwealth University's Virginia Center on Aging and the Department of Gerontology. Our department is working with the Virginia Department of Aging and Rehabilitation Services (DARS) to learn more about older Virginians' needs and aspirations, and how we can best serve Virginians as we age.

-During this focus group, your input will impact the plans and services that will be provided in the Virginia State Plan for Aging.

-This session will be recorded via Zoom or audio for our notes and the session should take no longer than a 1-hour of your time. During our time together, you may find some of the topics to be challenging to discuss, especially when it comes to our personal experiences. As important as these topics are to discuss, we encourage you to take care of yourself when processing through each topic and know that we are here to support you as well. If at any time you feel uncomfortable with a question or a topic and would like to skip a question, please let me know. We can stop the conversation at any point once we get started.

All of your responses will be anonymous, and no individual information or response will be shared in the analysis or report.

—

HCBS

1. With regards to helping older adults plan out their living arrangements to either continue to live at home, move in with family, or transition to an assisted living community or skilled nursing facility, what are some common barriers that you may have seen when it came to planning? (ex: lack of family, friends, community, and/or financial support/resources)
2. How familiar are you with the services and supports available through the Virginia Department of Aging and Rehabilitation Services (DARS) or your local Area Agency on Aging (AAA)?
    a. Have you ever referred patients/clients to DARS or AAA services and supports? And if so, did you feel that the client/patient benefited from those services? Do you know of any barriers the client/patient had in accessing the services?

Caregiving

1. While providing care, what services or supports do your clients/patients find most helpful?
        i. Respite, additional family support, community support, etc.

Elder Abuse

1. How do you screen for elder abuse?
2. If you suspect that an older adult has been abused, neglected, or exploited, what steps would you take?
3. 1 in 10 people over age 60 will be a victim of abuse. Why do you think elder abuse is so prevalent?

Equity & Inclusion

1. In many parts of Virginia, cost of living has been rapidly rising. All signs point to this continuing. How has this affected the services that you provide?
2. Do you agree with this statement: When creating the state plan on aging, it's important to acknowledge those with the greatest economic and social need? Why or why not?

3. Do you feel that older adults are important to your community? How so?

Last Question:

1. What would it take to make Virginia a great place to grow old?
    a. What are we missing? What are we doing right?
2. When you think about your needs or the needs of older adults in your community, what concerns you the most?

Appendix B

Older Adults and Caregiver Semi-Structured Protocol

Script: Older adults and providers around the state (including one in Spanish in northern Virginia, if possible)

Introduction: Hi, my name is _____. I work for Virginia Commonwealth University's Virginia Center on Aging and the Department of Gerontology. Our department is working with the Virginia Department of Aging and Rehabilitation Services (DARS) to learn more about older Virginians' needs and aspirations, and how we can best serve Virginians as we age.

-During this focus group, your input will impact the plans and services that will be provided in the Virginia State Plan for Aging.

-This session will be recorded via Zoom or audio for our notes and the session should take no longer than a 1-hour of your time. During our time together, you may find some of the topics to be challenging to discuss, especially when it comes to our personal experiences. As important as these topics are to discuss, we encourage you to take care of yourself when processing through each topic and know that we are here to support you as well. If at any time you feel uncomfortable with a question or a topic and would like to skip a question, please let me know. We can stop the conversation at any point once we get started.

All of your responses will be anonymous, and no individual information or response will be shared in the analysis or report.

—

HCBS

1. As you continue to age, are you happy with your current living arrangement?
    a. Do you have a plan to change your living arrangement in the near future? Why?
2. With regards to your planned living arrangement, are there any barriers that you may foresee? (family, friends, community, and/or financial support/resources)
3. How familiar are you with the services and supports available through the Virginia Department of Aging and Rehabilitation Services (DARS) or your local Area Agency on Aging (AAA)?
    a. Do you know what DARS is? AAA?
    b. Have you used any of the services/supports they provide?
        i. How satisfied were you with these services? What is easy to access? What services are missing?
4. What concerns do you have about your current and future transportation needs?
    a. If a provider, ask: What concerns do you have about the transportation needs of your clients/patients?

Covid

1. Has covid-19 had an impact on your overall well-being?
    a. Has it impacted your stress levels, mental health, trauma, the way you work, the way you visit with friends/family, etc.?
2. Have you ever utilized telehealth for any of your doctor's appointments? If so, how impactful was telehealth to you during covid-19?
    a. What was your experience like?
    b. Is it an option that you would utilize/prefer to use in the future?
    c. If you have not used it, is there a specific reason why? (internet access, skills, cost, levels of trust, etc.)

Caregiving

1. Do you currently or have you ever provided care for an older adult?

a. If yes, can you share the most challenging things you experienced while providing care? Most rewarding?
b. While providing care, what services or supports do you find most helpful?
    i. Respite, additional family support, community support, etc.

Elder Abuse

1. Do you know what elder abuse is? How would you describe it?
2. When someone asks you “do you feel safe at home”, what does that mean to you?

Equity & Inclusion

1. In many parts of Virginia, cost of living has been rapidly rising. All signs point to this continuing. How has this affected you and your family?
2. Do you agree with this statement: When creating the state plan on aging, it’s important to acknowledge those with the greatest economic and social need? Why or why not?
3. Do you feel that older adults are important to your community?
4. What do you think makes it easier to grow old?

Last Question

1. What would it take to make Virginia a great place to grow old?
    a. What are we missing? What are we doing right?
2. When you think about your needs or the needs of older adults in your community, what concerns you the most?

January 2023

VA

DATA BRIEF

Demographic Characteristics of Older Adults in Virginia

Population

Gender, Race, & Hispanic Origin

Marital Status, Living Arrangement, & Living Alone

Language Spoken at Home & Ability to Speak English

Poverty & Economic Status

Disability, Health, & Health Care Access

Access to Technology & Transportation

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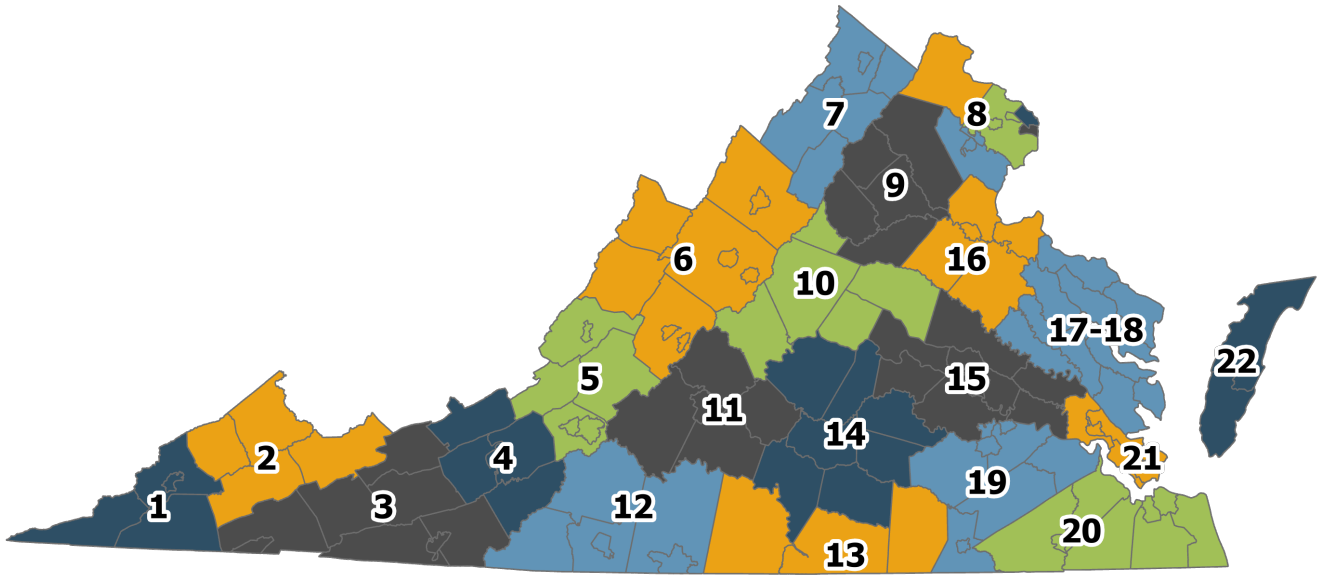
DATA BRIEF

Demographic Characteristics of Older Adults in Virginia

POPULATION



There are **25 Area Agencies on Aging** (AAA) in Virginia.

As of 2020, there were **1,838,379 Virginians aged 60+**, accounting for **22% of the total population** in the Commonwealth.

CONTACT

For questions and additional data services, contact Sol Baik (sbaik@virginia.edu)

Source for all data: U.S. Census Bureau, 2016-2020 American Community Survey (ACS) 5-Year Estimates

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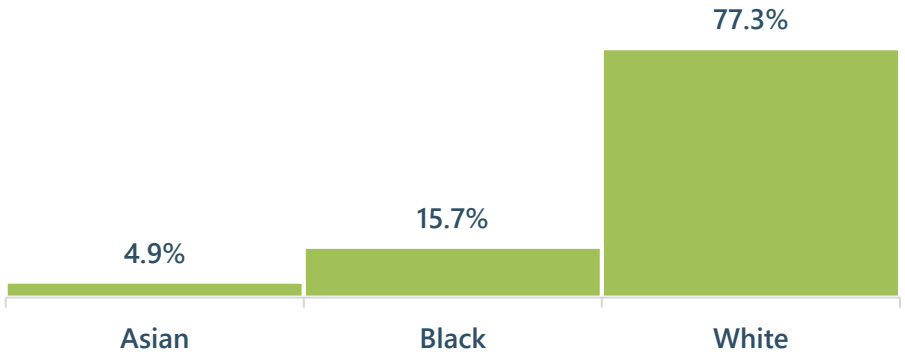
DATA BRIEF

Demographic Characteristics of Older Adults in Virginia

GENDER, RACE, & HISPANIC ORIGIN

Percentage of 65+ Adults by Race



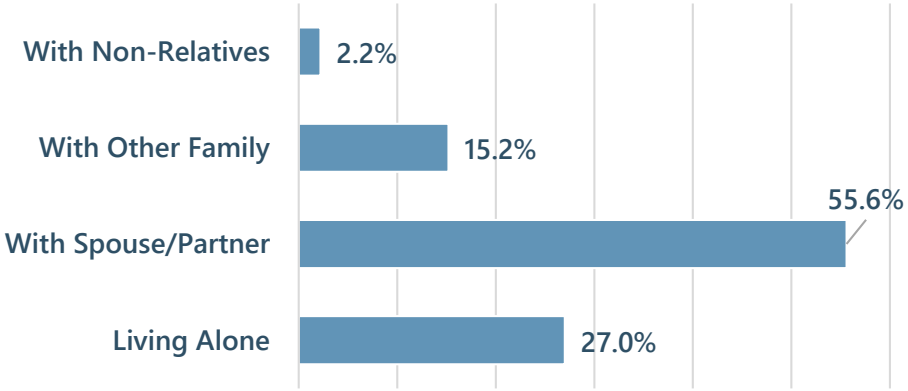
55% of 60+ Virginians were **women** and **45% men**.

Among 65+ Virginians, **3.7%** were **Hispanic**.

Other racial groups consist of less than 2%.

MARITAL STATUS, LIVING ARRANGEMENT, & LIVING ALONE

65+ Adults by Living Arrangement



27% of 65+ Virginians **lived alone**.

57.6% of 60+ Virginians were **married or partnered**, followed by **19.2%** widowed, **15%** divorced, **1.6%** separated, and **6.7%** never married/single.

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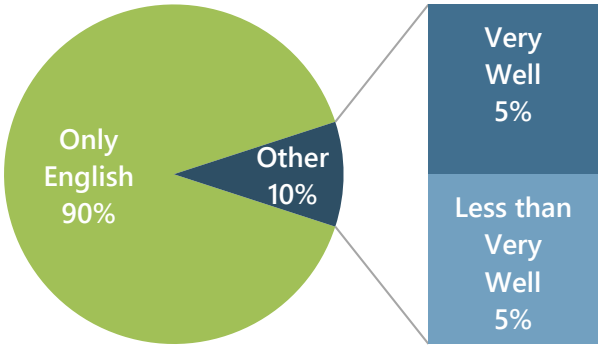
DATA BRIEF

Demographic Characteristics of Older Adults in Virginia

LANGUAGE SPOKEN AT HOME

65+ Adults by Language Spoken at Home & English Ability



2.5% of 65+ Virginians did not have U.S. citizenship.

Among 65+ Virginians, **10%** said they **speak other languages** at home.

Of 65+ who speak other languages at home, **about half** (49.8%) said they **speak English less than very well**.

POVERTY & ECONOMIC STATUS

7.7% of 60+ Virginians were **in poverty**.

7.1% of households with 60+ older adults **received food stamps or SNAP**.

19.4% of 60+ householders **rented** their houses.

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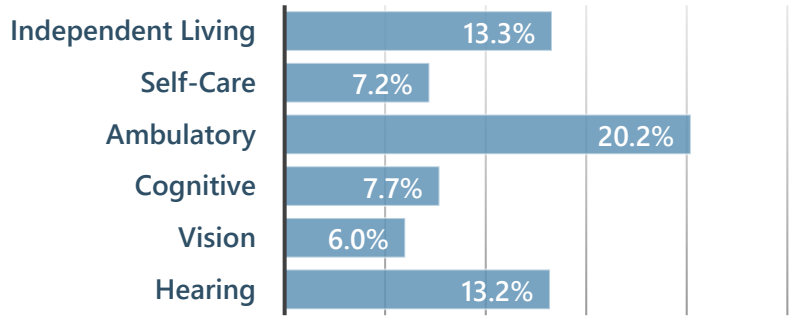
DATA BRIEF

Demographic Characteristics of Older Adults in Virginia

DISABILITY, HEALTH, & HEALTH CARE ACCESS

65+ Adults by Disability Type



32.4% of 65+ Virginians had a **disability**.

Among those with disability, **52.7%** had **two or more types of disabilities**.

0.9% of 65+ Virginians had **no health insurance coverage**.

ACCESS TO TECHNOLOGY & TRANSPORTATION

9.3% of 65+ householders did **not have a vehicle**.

16.2% of 65+ Virginians did **not have a computer**.

8.2% of 65+ Virginians had **no access to internet**.

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Demographics Research Group

PSA	AAA	Jurisdictions and Contact Information
1	**MOUNTAIN EMPIRE OLDER CITIZENS, INC.** 1501 3rd Avenue East PO Box 888 Big Stone Gap, VA 24219-0888	Counties of Lee, Scott and Wise; City of Norton Toll-Free: 1- 800-252-6362 Fax: 276-523-4208 http://www.meoc.org/
2	**APPALACHIAN AGENCY FOR SENIOR CITIZENS, INC.** 216 College Ridge Road Wardell Industrial Park P.O. Box 765 Cedar Bluff, VA 24609-0765	Counties of Buchanan, Dickenson, Russell, and Tazewell Toll-free: 1-800-656-2272 Fax: 276-963-0130 http://www.aasc.org/
3	**DISTRICT THREE GOVERNMENTAL COOPERATIVE** 4453 Lee Highway Marion, VA 24354-4269	Counties of Bland, Carroll, Grayson, Smyth, Washington, and Wythe; Cities of Bristol and Galax Toll-free: 1-800-541-0933 Fax: 276-783-3003 http://www.district-three.org
4	**NEW RIVER VALLEY AGENCY ON AGING** 6226 University Park Drive Suite 3100 Fairlawn VA 24141	Counties of Floyd, Giles, Montgomery, and Pulaski; City of Radford Toll-free: 1-866-260-4417 Fax: 540-980-7724 www.nrvaoa.org
5	**LOA – LOCAL OFFICE ON AGING** Street Address: 4932 Frontage Road NW Roanoke, VA 24019 Mailing Address: P.O. Box 14205 Roanoke, VA 24038-4205	Counties of Alleghany, Botetourt, Craig, and Roanoke; Cities of Covington, Roanoke and Salem Phone: (540) 345-0451 Toll-Free 1-888-35LOAAA (1-888-355-6222) Fax: 540-981-1487 http://www.loaa.org/
6	**VALLEY PROGRAM FOR AGING SERVICES, INC.** 325 Pine Avenue P.O. Box 817 Waynesboro, VA 22980-0603	Counties of Augusta, Bath, Highland, Rockbridge, and Rockingham; Cities of Buena Vista, Harrisonburg, Lexington, Staunton, and Waynesboro Toll-free: 1-800-868-8727 Fax: 540-949-7143 www.vpas.info

7	**SHENANDOAH AREA AGENCY ON AGING, INC.** 207 Mosby Lane Front Royal, VA 22630-3029	Counties of Clarke, Frederick, Page, Shenandoah, and Warren; City of Winchester Phone: 540-635-7141 Fax: 540-636-7810 www.seniorsfirst.info
8A	**DIVISION OF AGING and ADULT SERVICESDEPT. OF COMMUNITY & HUMAN SERVICES** 4850 Mark Center Drive Alexandria, 22311	City of Alexandria Phone: 703-746-5999 Fax: 703-746-5975 https://www.alexandriava.gov/Aging
8B	**ARLINGTON AGENCY ON AGING** 2100 Washington Boulevard 4th Floor Arlington, VA 22204	County of Arlington Phone: 703-228-1700 Fax: 703-228-1148 https://aging-disability.arlingtonva.us
8C	**FAIRFAX AREA AGENCY ON AGING** 12011 Government Center Pkwy Suite 708 Fairfax, VA 22035-1104	County of Fairfax; Cities of Fairfax and Falls Church Phone: 703-324-7948 (TTY: 711) Fax: 703-653-9577 https://www.fairfaxcounty.gov/olderadults
8D	**LOUDOUN COUNTY AREA AGENCY ON AGING** Dept. of Parks, Recreation and Community Services 742 Miller Drive SE Leesburg, VA 20175	County of Loudoun Phone: 703-777-0257 Fax: 703-771-5161 https://www.loudoun.gov/1104/Area-Agency-on-Aging
8E	**PRINCE WILLIAM AREA AGENCY ON AGING** 5 County Complex Court Suite 240 Woodbridge, VA 22192-9200	County of Prince William; Cities of Manassas and Manassas Park Phone: 703-792-6400 Fax: 703-792-4734 http://www.pwcgov.org/aoa/default.htm
9	**RAPPAHANNOCK-RAPIDAN COMMUNITY SERVICES** 15361 Bradford Road P.O. Box 1568 Culpeper, VA 22701-1568	Counties of Culpeper, Fauquier; Madison, Orange, and Rappahannock Phone: 540-825-3100 Fax: 540-825-6245 www.rrcsb.org/
10	**JEFFERSON AREA BOARD FOR AGING** 674 Hillsdale Drive, Suite 9 Charlottesville, VA 22901-1799	Counties of Albemarle, Fluvanna, Greene, Louisa, and Nelson; City of Charlottesville Phone: 434-817-5222 Fax: 434-817-5230 http://www.jabacares.org

11	**CENTRAL VIRGINIA ALLIANCE FOR COMMUNITY LIVING, INC.** 501 12th Street, Suite A Lynchburg, VA 24504	Counties of Amherst, Appomattox, Bedford, and Campbell; Cities of Bedford and Lynchburg Phone: 434-385-9070 Fax: 434-385-9209 http://www.cvaaa.com
12	**SOUTHERN AREA AGENCY ON AGING** 204 Cleveland Avenue Martinsville, VA 24112-3715	Counties of Franklin, Henry, Patrick & Pittsylvania; Cities of Danville and Martinsville Toll-free: 1-800-468-4571 Fax: 276-632-6252 http://www.southernaaa.org/
13	**LAKE COUNTRY AREA AGENCY ON AGING** 1105 West Danville Street South Hill, VA 23970-3501	Counties of Brunswick, Halifax, and Mecklenburg Toll-free: 1-800-252-4464 Fax: 434-447-4074 http://www.lcaaa.org/
14	**PIEDMONT SENIOR RESOURCES AREA AGENCY ON AGING** 1413 South Main Street Farmville, VA 23901	Counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward Toll-free: 1-800-995-6918 Fax: 434-767-2529 http://www.psraaa.org
15	**SENIOR CONNECTIONS** The Capital Area Agency on Aging 1300 Semmes Avenue Richmond, VA 23224	Counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent; and Powhatan; City of Richmond Phone: 804-343-3000 Fax: 804-649-2258 Website Address: http://www.seniorconnections-va.org
16	Rappahannock Area Agency on Aging **HEALTHY GENERATIONS AREA AGENCY ON AGING** (dba) 460 Lendall Lane Fredericksburg, VA 22405	Counties of Caroline, King George, Spotsylvania, and Stafford; and City of Fredericksburg Phone: 540-371-3375 Fax: 540-371-3384 http://www.healthygenerations.org
17 **18**	**BAY AGING** 5306 Old Virginia St PO Box 610 Urbanna, VA 23175-0610	Counties of Essex, Gloucester, King and Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond and Westmoreland Toll-free: 1-866-758-2386 Fax: 804-758-5773 http://www.bayaging.org/

19	**CRATER DISTRICT AREA AGENCY ON AGING** 23 Seyler Drive Petersburg, VA 23805-9243	Counties of Dinwiddie, Greensville, Prince George, Surry, and Sussex; Cities of Colonial Heights, Emporia, Hopewell, and Petersburg Phone: 804-732-7020 Fax: 804-732-7232 http://www.cdaaa.org
20	**SENIOR SERVICES OF SOUTHEASTERN VIRGINIA** 2551 Eltham Avenue Suite Q Norfolk, VA 23513	Counties of Isle of Wight and Southampton; Cities of Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk and Virginia Beach Phone: 757-461-9481 Fax: 757-461-1068 http://www.ssseva.org/
21	**PENINSULA AGENCY ON AGING** Main Office: 739 Thimble Shoals Blvd Building 1000, Suite 1006 Newport News, VA 23606-3585	Counties of James City and York; Cities of Hampton, Newport News, Poquoson and Williamsburg Phone: 757-873-0541 Fax: 757-873-1437 http://www.paainc.org/
22	**EASTERN SHORE AREA AGENCY ON AGING COMMUNITY ACTION AGENCY, INC.** 5432 Bayside Road Exmore, VA 23350	Counties of Accomack and Northampton Toll-Free 1-800-452-5977 Fax: 757-442-9303 https://www.esaaa-caa.net/

OAA CORE PROGRAMS AND SERVICES

This section provides an overview of the OAA standard or "core" programs and services that DARS provides through partnerships with AAAs, state agencies, Native American tribes, and SCSEP host agencies.

Title III-B – Supportive Services and Senior Centers: Supportive Services under Title III-B enable older adults to access services that address functional limitations; encourage socialization, continue health and independence; and protect elder rights. Together, these services promote the ability to maintain the highest possible independence, function, and participation in the community.

Across the Title III-B services in FFY 2022, AAAs served over 52,113 older Virginians.

ACCESS SERVICES	
Care Coordination	Assistance, either in the form of accessing needed services, benefits, and/or resources, or arranging, in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, the needed services by providers. Care Coordination is a distinct and comprehensive service. It entails investigating a person's needs and resources, linking the person to a full range of appropriate services, using all available funding sources and monitoring the care provided over an extended period of time.
Care Transitions	Designed to reduce hospital readmissions, coaches within the Care Transitions model instruct older adults and support them in learning self-management skills that ensure their needs are met during transitions of care, particularly from acute care settings back into the community.
Communication Referral Information Assistance (CRIA)	**Communication**: The process of offering general information to a client, caregiver, professional or other individual. **Referral**: The process of informing a client, caregiver, professional or other individual about appropriate choices and linking them with external entities providing opportunities, services, supports and/or resources to meet their needs. **Information & Assistance**: The process of assessing a client or caregiver and transferring them to a service provided directly by the agency (AAA) or through a subcontractor and paid by the agency, or directly assisting them with obtaining needed services, supports and/or resources and, if necessary, advocating with entities on their behalf.
Options Counseling	An interactive decision-support process whereby individuals, with support from family members, caregivers, and /or significant others, are supported in their deliberations to make informed long-term support choices in the context of the individual's preferences, strengths, needs, values, and individual circumstances.
Transportation	Provision of a means of going from one location to another.
Assisted Transportation	Provision of transportation and an escort to older persons who have difficulty using regular vehicular transportation due to physical and/or cognitive limitations. It is a "door-to-door" service, and the escort can wait with the older person at the doctor's office or other destinations.

IN-HOME SERVICES	
Adult Day Care	Provision of personal care and supportive services for dependent adults in a supervised, protective, congregate setting during some portion of a 24-hour day. Services offered in adult day care typically include social and recreational activities, counseling, meals, and services such as rehabilitation, medications assistance and home health aide services for adult day health care. The service may be provided to family caregivers for respite.
Checking	Contacting older persons at their residence to make sure that they are well and safe. This activity may also serve to provide psychological reassurance to an older person who is alone and in need of personal contact from another individual.
Chore	Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance. Also includes removal of ice and snow and minor repair work.
Homemaker	Providing assistance to persons with the inability to perform one or more of the following instrumental activities of daily living (IADLs): preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.
Personal Care	Providing personal assistance, stand-by-assistance, supervision or cues for persons with the inability to perform one or more Activities of Daily Living (ADLs).
Residential Repair & Renovation	Home repairs and/or home maintenance to persons 60 years of age and older; includes weatherization provided with OAA funds to assist them in maintaining their homes in conformity with minimum housing standards and/or to adapt their homes to meet their needs.

LEGAL SERVICES	
Legal Assistance	Legal advice and representation provided by an attorney to older individuals. Legal Assistance also may include outreach, education, group presentations and training designed to protect the legal rights of older adults using materials developed under the direct supervision of an attorney.

ADDITIONAL SERVICES	
Emergency	Providing financial aid and other resources, including referrals to other public and private agencies, to persons 60 and older who have an emergency need for help. The program provides for immediate and short-term assistance in getting resources in an emergency that endangers the health or well-being of older persons.
Employment	Assisting persons aged 60 or older to obtain part-time or full-time employment.
LTC Coordinating Activity	Provides for the active participation of the AAA staff on local LTC coordinating committee(s), i.e., in the planning and implementation of a coordinated service delivery system to ensure the development and delivery of an adequate supply of HCBS to assist older persons to avoid or delay unnecessary

	institutionalization, and to assure efficiency and cost-effectiveness in the delivery of those services.
Medication Management	**Medication management**: Information and education that helps older citizens understand how to take prescription, over the counter (OTC), and herbal medications in a safe and proper manner including following the regimen provided by their physician or pharmacist. **Medication screening**: Referral of older citizens to a physician or pharmacist for information and assistance with their medications. **Medication education**: Provision of information to older citizens about prescription, OTC, and herbal medications including common side effects, the dangers of mixing medications, and other issues related to medication management and screening.
Money Management	Assisting eligible older persons in making decisions and completing tasks necessary to manage day-to-day financial matters. The objective of money management services is to enable older persons to maintain financial stability, promote well-being, independence and self-determination, and protect their interests and rights.
Public Information & Education	Informing older persons and the general public about the programs, services, and resources available to older adults and their caregivers. Service activity involves a contact with several older adults or potential clients (group services). The service may incorporate the development of special information campaigns to inform older people and the general public about issues, problems, and benefits important to older adults.
Socialization & Recreation	Providing an opportunity for the individual to interact with others and participate in leisure time activities. They are designed to enable older individuals to attain and maintain physical and mental well-being through programs of regular physical activity, exercise, music therapy, art therapy, and dance-movement therapy.
Volunteer	Assisting older adults to obtain a suitable volunteer placement.

Title III-C Nutrition Services**:** Nutrition Services supplies both meals and socialization opportunities to older people in congregate settings and in their homes.

The Congregate Nutrition Program provides meals and related nutrition services in congregate (group) settings, which help to keep older Americans healthy and prevent the need for costlier medical interventions. In addition to serving healthy meals, the program presents opportunities for social engagement, information on healthy aging, meaningful volunteer roles, and trained staff provide opportunities for exercise and nutrition education and counseling to attendees. During SFY 2022, AAAs in Virginia provided over 444,330 congregate meals.

The Home Delivered Nutrition Program provides meals and related nutrition services for individuals who are homebound or isolated who are aged 60 and over, and in some cases, their caregivers, spouses, and/or persons with disabilities. This program provides much more than food. It provides a nutritious meal plus a safety check, connections to other possible services, and is sometimes the only opportunity for face-to-face contact an individual has for that day. During SFY 2022, AAAs in Virginia provided just under 2,688,300 home delivered meals.

Title III-D Evidence-Based Disease Prevention and Health Promotion Services: Disease prevention and health promotion programs (Title III D) promote wellness and healthy lifestyles among older adults and prevent or delay chronic conditions. Many of Virginia's AAAs offer evidence-based activities, including CDSME and falls prevention workshops. Many of these services are also supported through Administration for Community Living (ACL) Discretionary Grants.

Title III-E National Family Caregiver Support Program (NFCSP): Under Title III-E, the NFCSP provides a multifaceted support system that helps families to care for an older individual or child or a relative with severe disabilities. These support services, which do not supplant the role of the family as caregiver but enhance the ability to provide informal care for as long as appropriate, are provided to family caregivers, grandparents, or other older individuals who are relative caregivers. In Virginia, many AAAs offer innovative programming and evidence-based programming (e.g., lunch and learns, Memory Cafes, and the Caring for You, Caring for Me from The Rosalynn Carter Institute for Caregiving), and support for caregivers predominantly through: CRIA, Respite Care (Adult Day Care, Homemaker, and Personal Care), Transportation and Assisted Transportation, Care Coordination, Caregiver Training, and Support Groups. Some AAAs have also added supplemental services that include assistive technology, consumable supplies, financial consultation and residential repair.

Title V Senior Community Service Employment Program (SCSEP): The Senior Community Service Employment Program (SCSEP) is a program that serves unemployed low-income persons aged 55 or older and who have poor employment prospects by training them in part-time community service assignments, and by assisting them in developing skills and experience to facilitate their transition to unsubsidized employment. The program fosters economic independence and community service. The DARS SCSEP is also focused on providing digital literacy training and access to technology for participants.

In 2021, the program served 1,161 individuals, and provided over 78,000 hours of community service to local nonprofit and government agencies.

Title VI Native American Tribes/Programs: Title VI, Grants for Services for Native Americans, funds nutrition programs and other supportive services for older Native Americans, Native Alaskans, and Native Hawaiians. As of spring 2019, Virginia has seven federally recognized tribes (Pamunkey, Chickahominy, Eastern Chickahominy, Upper Mattaponi, Rappahannock, Nansemond, and Monacan). To be eligible for OAA funding, tribes must represent at least 50 older adults in Virginia who are age 60 or older and seek OAA funding.

As of July 1, 2023, one tribe has met this threshold and received OAA funding (Chickahominy Tribe). DARS remains engaged in seeking opportunities to partner with the tribes. DARS stands ready and available to provide Title VI application assistance, if requested, and to respond to any changes in the future.

Title VII Elder Rights: Title VII, Vulnerable Elder Rights Protection Activities, funds the Office of the State Long-Term Care (LTC) Ombudsman and State LTC Ombudsman Program, which investigates and resolves complaints of residents in LTC facilities and HCBS. Title VII funding also supports public outreach and awareness campaigns to identify and prevent abuse, neglect, and exploitation.

Long-Term Care Ombudsman Program: Under Title VII, the State LTC Ombudsman Program advocates for residents of long-term care (LTC) facilities, such as nursing homes and assisted living facilities. In keeping with its federal and state mandates, the Virginia Office of the State LTC Ombudsman (OSLTCO), housed at DARS, investigates and resolves complaints on behalf of individuals receiving LTC or long-term services and supports (LTSS) and engages in systemic advocacy to protect the health, safety, welfare, and rights of these individuals. In assisting individuals with regard to LTC in both facility and community settings, State LTC Ombudsman Program representatives inform individuals about LTC options, benefits, and rights, provide person-centered advocacy, address systemic issues impacting LTC access and quality, and support individuals who want to transition into the community from a LTC facility.

Providing programmatic oversight to its local State LTC Ombudsman Program representatives to enable integrated and consistent quality services statewide, the OSLTCO:

1. Provides training, oversight, and ongoing support for the statewide network of designated Ombudsman Program representatives who operate out of 19 AAAs.
2. Investigates to help resolve complaints of LTC recipients in order to protect their health, safety, welfare, and rights.
3. Supports the development of resident and family councils and other mechanisms to ensure LTC recipients' voices and perspectives are heard.
4. Monitors and recommends changes to laws, policies, and regulations that impact the rights and welfare of LTC recipients.
5. Coordinates and collaborates with state regulatory agencies, law enforcement, APS, and a wide array of stakeholders to protect recipients and improve the quality of LTSS.

In Virginia, the State LTC Ombudsman Program covers 296 nursing facilities with a total of 33,109 beds, and 566 assisted living facilities with a total of 37,596 beds. For FFY 2022, the LTC Ombudsman Program utilized 27.43 FTE (a total of 36 positions statewide, of which 16 are full-time) along with 41 trained volunteer ombudsman representatives to investigate 3,381complaints on behalf of care recipients. Staff also provided 9,265 consultations to individuals to assist with LTC decision making and problem-solving, and 1,351 consultations to LTC facility staff.

Elder Abuse Prevention: Under Title VII, Elder Abuse Prevention supports AAA programs and services that protect older adults from abuse. In Virginia, AAAs use this funding most often to supplement LTC Ombudsman funds and to provide public education, training, and information about elder abuse prevention. In addition, DARS as well as many AAAs and organizations in the aging network are partners with the Virginia Coalition for the Prevention of Elder Abuse (VCPEA), as well as local and regional SALT (Seniors and Law Enforcement Together) and Triad programs. These efforts facilitate cooperative efforts of law enforcement agencies (police/fire/sheriffs), older adults, and senior organizations focused on reducing crimes against Virginia's older adults.

OVERVIEW OF OTHER FEDERALLY- AND STATE-SUPPORTED AGING SERVICES

This section highlights additional federal and state funding for programs, programs that are funded by non-ACL federal agencies, and programs funded by state partners that support older adults.

Adult Services, Adult Protective Services, and Auxiliary Grant Program: In addition to Title VII efforts, DARS houses an APS Division, which provides state supervision over aging programs delivered locally via local departments of social services (LDSS). These programs, which include AS, APS, AG, and Medicaid LTSS Screenings, provide protection, empowerment, and the opportunity for independence for adults.

Adult Services: AS provides assistance to adults with an impairment and to their families, when appropriate. Services are designed to help adults remain in the least restrictive environment of their choosing—preferably their own home—for as long as possible. Adequate home-based services and case management decrease or delay the need for institutional placement, reduce costs, and ensure appropriate support services.

- In SFY 2022, LDSS provided or arranged just over 27,400 services for clients, including emergency assistance, home repairs, medical services, transportation, and counseling.

Adult Protective Services: APS workers within LDSS investigate reports of abuse, neglect, and exploitation of adults 60 years of age or older and incapacitated adults aged 18 or older. If protective services are needed and accepted by the individual, local APS workers may arrange for a wide variety of health, housing, social, and legal services to stop the mistreatment or prevent further mistreatment.

- In SFY 2022, LDSS received 40,371 reports of adult abuse, neglect, or exploitation, almost a 3% increase from SFY 2021.
- In SFY 2022, 77% of APS report subjects were adults aged 60 or older.
- Overall substantiated APS reports rose 4% from SFY 2021 to 2022 and 9% from SFY 2017 to 2018.
- APS reports made by financial institutions have grown almost 252% since SFY 2014, 27% since SFY 2019, and 7% since SFY 2020; however, substantiated financial exploitation cases declined 12% from the previous SFY.
- In SFY 2022, as part of community-based screening teams, LDSS completed more than 17,000 screenings on adults in need of Medicaid-funded LTSS.
- 21% of adults exercised their statutory right to refuse APS services, a consistent figure for the past several years.

Auxiliary Grant Program: An Auxiliary Grant (AG) is a supplement for individuals with Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals residing in specific LTC settings. AG payments ensure that individuals are able to maintain a standard of living that meets their basic needs. Individuals are only eligible for an AG payment if they reside in assisted living facilities (ALF) licensed by the VDSS, an adult foster care (AFC) home approved by LDSS, or a supportive housing (SH) setting certified through DBHDS.

- Not all ALFs accept AG. As of June 30, 2022, fewer than 300 of the 567 licensed ALFs accepted individuals with AG. Some ALFs may accept one or two individuals with AG, while in other facilities nearly all the individuals residing there receive AG.
- In SFY 2022, the average monthly AG caseload statewide was just over 3,000 adults.

Alzheimer's Disease and Dementias DARS is the lead agency for Virginia's response to Alzheimer's disease and related disorders. Alzheimer's disease is the sixth leading cause of death in Virginia.

Having received and completed three ACL discretionary grants through the Alzheimer's disease program, DARS has shifted since 2018 to working collaboratively to support community-based organizations tap this funding source. DARS has played a role in Alzheimer's Disease Program Initiatives awarded to the University of Virginia's Memory Disorders Clinic, Riverside Center for Excellence in Aging and Lifelong Health (CEALH), and Virginia Commonwealth University's Richmond Brain Health Initiative.

The Dementia Care Coordination program, which is operated through a partnership between the Memory and Aging Care Clinic at the University of Virginia and the Alzheimer's Association, is a key service that was developed under a prior DARS ACL grant. Having received state funding for ongoing support starting in 2021, followed by a funding increase in 2022, the program provides supports for a limited number of families living with Alzheimer's disease or another dementia through evidence-based programming and care coordination. With an active goal of measuring outcomes, the program will likely prove to be a good source for information on ways to improve health outcomes for individuals with dementia and their caregivers and reduce health care costs.

In 2018, 2019 and 2022, DARS received grants from the Virginia Center on Aging's Geriatric Training and Education (GTE) to support and implement existing and new programs, and to promote and educate stakeholders about the Dementia State Plan. The 2019 grant was used to train fifteen additional counselors across the Commonwealth in the evidence-based New York University Caregiving Intervention that had been adapted and rebranded as FAMILIES in Virginia through an earlier ACL grant.

The 2020 GTE grant supported the training and implementation of the evidence-informed Dealing with Dementia program for caregivers of people living with dementia. DARS trained twenty facilitators to deliver the four-hour workshops and purchased enough *Dealing with Dementia Caregiver Guides* to support 784 caregivers to complete the workshops at no cost. DARS plans to offer renewed support to this program, which is of great benefit to time-poor caregivers.

The 2022 grant supports the 2023 Virginia Dementia Capable Summit, which is being convened on May 10, 2023, in order to raise awareness and understanding of the Dementia State Plan, and to obtain broad stakeholder feedback into the next iteration of the four-year Dementia State Plan to be published in late 2023.

The last several years have seen an explosion in knowledge around brain health and dementia risk reduction. DARS has been a key partner on the CDC's Building Our Largest Dementia (BOLD) Infrastructure grant awarded to the Virginia Department for Health in 2020. These grants promote the incorporation of brain health and dementia risk reduction messaging into broader public health campaigns, and support training and education of the workforce on these topics. As part of BOLD grant activities, in February 2022, DARS and the Alzheimer's Disease and Related Disorders Commission (ADRDC) launched the Virginia Dementia Capable initiative. This brings all new and existing resources for families living with dementia, health-care providers, community-based organizations, and researchers under one umbrella brand with a unified web presence. As part of this initiative, the ADRDC and DARS adapted the popular and invaluable *Virginia Dementia Road Map* and *Home Safety Toolkit for Dementia*, developed a *Primary Care Dementia Toolkit* to promote timely cognitive screening, diagnosis and

appropriate follow-up care; and examined ways to support research collaboration and participant recruitment.

DARS is co-lead in Virginia of the Dementia Friendly America dementia-friendly communities initiatives, and the Dementia Friends program. These programs seek to support people living with dementia and their families to continue to engage with and thrive in their communities. DARS has directly delivered Dementia Friends information sessions to more than 1,000 of the more than 7,200 people who attended a session in Virginia since the program's implementation in 2018 and will continue to use this program as a key means of raising awareness and reducing stigma.

DARS continues to look for opportunities to build on these grants and efforts, with both state general funds and additional federal funding. Supported by the Dementia Services Coordinator, DARS assists efforts to train AAA staff, law enforcement, first responders, and others on dementia-related topics, and engages in efforts to coordinate Virginia state agencies on dementia services.

Best Practices Awards: Developed and sponsored by the CCOA, the annual Best Practices Awards provide statewide recognition of successful, unique, local, or regional programs that serve older Virginians and their families. Since 2006, the awards, which have a special focus on aging in place, have recognized creativity and effectiveness in services that foster age-friendly, livable communities and provide HCBS.

From transportation to housing and caregiver support to multi-generational programming, the awards acknowledge and promote best practices, raise awareness about the value of HCBS, and encourage replication of stellar programs.

Information about winners can be found here: https://www.vda.virginia.gov/boardsandcouncils.htm. This program is supported by a partnership between DARS and the CCOA and is sponsored by Dominion Energy and AARP Virginia.

Care Transitions: The term "care transitions" refers to the movement of individuals between health care practitioners and settings as their conditions and care needs change during the course of a chronic or acute illness. The goals of care transition programs are to improve transitions from the inpatient hospital setting to other care settings, to improve quality of care, to reduce readmissions for high-risk individuals, and to document measurable savings to the Medicare program. Many AAAs in Virginia are involved in care transitions projects in partnership with their local hospitals or health care systems. Currently, all AAAs engaged in care transitions are using the Coleman Transitions Intervention Model that is based on the four pillars of:

1. medication self-management,
2. patient-centered record,
3. follow-up with the health care practitioner, and
4. knowledge of red flags.

In FFY 2022, AAAs provided care transitions to over 1,132 individuals.

Virginia's AAAs have also joined together to create VAAACares to further advance care transitions and other innovative practices across the Commonwealth, in partnership with health systems, Medicaid managed care organizations, and Medicare Advantage plans.

Care Coordination for Elderly Virginians (CCEVP): AAAs in Virginia use CCEVP state general funds for five service types:

1. Service Coordination Level 1,
2. Service Coordination Level 2,
3. Senior Outreach to Services (SOS),
4. Options Counseling (OC), and
5. Care Transitions.

Service Coordination Level 1 is targeted to those older persons, aged 60 years and over, who are deficient in one ADL and in need of either mobility assistance (either human or mechanical) or living with a cognitive impairment, such as ADRD. This service provides assistance, either in the form of accessing needed services, benefits, and/or resources or, arranging, in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, the needed services by providers. It entails investigating a person's needs, preferences, and resources, linking the person to a full range of appropriate services and supports, using all available funding sources, and monitoring to ensure that services specified in the support plan are being provided.

Service Coordination Level 2, which is comparable to the Care Coordination service provided under Title III-B, is targeted to older adults who are dependent in two (2) or more ADLs; and have significant unmet needs that result in substantive limitations in major life activities.

During FFY 2022, 678 unique individuals received Care Coordination as Funded under Title III-B; 161 unique individuals received Care Coordination Level 2 as funded under State funds; and 33 unique individuals received Care Coordination Level 1 as funded under State funds. Service Coordination Level 1 is targeted to older adults who are deficient in one (1) ADL and in need of mobility assistance (either human or mechanical), or they suffer from a cognitive impairment such as Alzheimer's disease or related disorder.

SOS is a model of service coordination that is designed to provide a mobile, brief intervention that links older adults to supports and services available in their community. AAAs use intensive information and assistance/outreach services to reach older adults. A face-to-face interview is conducted with an older adult to determine available services that can support him/her living in the community. The older adults are provided aid in accessing and implementing the needed supports and services. In FFY 2022, AAAs provided over 2,108 individuals with referrals and implemented services for over 1,722 individuals.

Collaborative Community-Based Initiatives: Virginia is committed to supporting older adults to live in the homes and communities of their choice.

According to AARP (2021), nationally almost 77 percent of adults aged 50 and older say they want to remain in their communities and homes as they age.[1] A 2022 needs assessment for Virginia revealed similar findings. When asked about their housing plans over the next five years, just over half of older adult (aged 60 and older) survey respondents (54%) indicated that they intended to stay in their homes and 21% would move to a new area or new home in their current area. Almost 2 in 10 (or 18%) said they

[1] Binette, Joanne. *2021 Home and Community Preference Survey: A National Survey of Adults Age 18-Plus*. Washington, DC: AARP Research, November 2021. https://doi.org/10.26419/res.00479.001

wanted to stay in their home but were concerned they would not manage to, and 8% said they wanted to move but did not have the resources. In addition, of those who reported concerns with their housing needs over the next five years, financial reasons (52%) and health reasons (44%) were identified as the top concerns, while the third top concern was that the home was not suited for aging in place (27%).[2]

The aging network has long been a provider of services that target and address social determinants of health, and they have been doing it since before the SDOH term was popularized. By providing important wraparound services through OAA and state funding, as well as developing innovative partnerships to support housing and transportation needs, AAAs in Virginia are dedicated to realizing the ideals of age-friendly communities and aging in place on a daily basis for older adults in their PSAs. With a common focus on affordable and accessible housing and transportation, these efforts may also include a focus on combating the ills of social isolation, unnecessary institutionalization, and ageism.

Across the Commonwealth, a myriad of local, regional, and grassroots initiatives are well underway. Reflective of the uniqueness of each community, these efforts frequently engage with local governments, local housing agencies, public transportation systems, economic development programs, universities, health systems, faith-based organizations, and a diverse menu of service providers, among others. Listed below in broad brush groupings are the dynamic initiatives, which are too numerous to mention here, but that have the potential to leverage additional attention, energy, and resources to support aging in place and SDOH beyond the existing and traditional OAA program offerings to the betterment of the Commonwealth of Virginia.

Age Wave Readiness	Dementia Friendly America and Dementia Friends Initiative	Age-friendly and Livable Communities	Naturally Occurring Retirement Communities (NORCs)	Villages

Demographic Services: With funding allocated by the General Assembly for the first time in 2021, DARS and the AAAs have partnered with the University of Virginia Weldon Cooper Center Demographic Research Group (UVA WCC DRG) to provide demographic services. During the first year of the project, UVA WCC DRG published a 2022 Blueprint for Demographic Services that helped map out a course toward a more robust demographic data effort. Informed by listening sessions with AAAs to gather information about their demographic service needs and a review of state plans for aging services, the Demographic 10-Year Blueprint informs aging professionals, state government officials and legislators about the demographic services needs of Virginia's AAAs and lays out an overarching plan to respond to those needs.

During the second year of the project and in an effort to begin to realize the Demographic 10-Year Blueprint, UVA WCC DRG developed visually engaging statewide and AAA/PSA-level demographic data briefs. These briefs can be found here. Work will continue with exciting opportunities to expand this work further in the future.

[2] Virginia Department for Aging and Rehabilitative Services. *Needs Assessment Report: In-Home Services and Home Modifications for Older Adults*. 2022. Retrieved via: https://rga.lis.virginia.gov/Published/2022/RD890.

GrandDriver: An initiative of DARS funded by a National Highway Traffic Safety Administration grant through the Virginia Department of Motor Vehicles (DMV), Virginia GrandDriver is an educational resource designed to provide Virginians with information and resources about staying safe and mobile on the road as they age. Grand Driver offers free to low-cost driver assessments for mature drivers at eight testing centers across Virginia. GrandDriver:

- Gives senior Virginians and their families suggestions to improve driving skills and provides resources that will help mature drivers compensate for age-related changes so they can stay on the road as safely as possible, for as long as possible;
- Encourages everyone to plan for safe mobility before his/her driving cessation; and
- Offers suggestions for alternative forms of transportation to help senior Virginians.

In SFY 2022,

- GrandDriver held 33 events with approximately 4,870 individuals in attendance,
- 61 CarFit participants were "fitted" to their cars and 39 new CarFit technicians were trained, and
- 237 driver assessments were performed by Certified Driver Rehabilitation Specialists under grant funds.

According to DMV crash data comparing 2021 to 2022, Crashes involving mature drivers decreased 3% from 19,490 to 19,485, and fatalities involving mature drivers decreased 11% from 235 to 209.

Medicaid Managed Care (MMC) Advocates: In Virginia, the Office of the State LTC Ombudsman utilizes state funding to provide beneficiary support and problem-solving assistance for LTSS recipients under the statewide MMC Program called "Cardinal Care." The Medicaid Managed Care (MMC) Advocate team provides person-centered advocacy and assistance that helps ensure beneficiaries can understand and exercise their rights and overcome obstacles to obtaining needed care and services. Specifically, MMC Advocates:

1. provide assistance in understanding beneficiary rights, responsibilities and benefits under "Cardinal Care;"
2. assist Cardinal Care "members" (beneficiaries) to understand, access, and resolve problems with their managed care services under Cardinal Care;
3. assist members to understand and exercise their rights under managed care and to navigate the exercise of those rights; and
4. identify problems with access to, and quality of, managed care services and provide recommendations for quality improvement.

In FFY 2022, MMC Advocates (consisting of 4 staff) served a total of 1,196 beneficiaries. Of those served, advocates provided 381 beneficiaries with education and navigational assistance, and assisted 815 beneficiaries to resolve problems with care and services.

No Wrong Door (NWD): Virginia NWD is a statewide network of community partners and shared resources linked through a virtual system, designed to streamline access to LTSS – connecting individuals, providers, and communities across the Commonwealth. NWD Virginia is a public-private partnership, which adheres to guidelines established under the Administration for Community Living, offering a unique electronic tool to share information between certified community partners, enabling

them to safely and securely access personal information, with consent, expediting an individual's access to LTSS.

The NWD web-based/technology system enables partners to provide person-centered decision support; send and receive real-time electronic referrals; document and securely share assessments; track enrollment; and analyze aggregated data on an individual, agency, community, and statewide levels. NWD's core elements include: professionals trained in a person-centered approach of service provision platform many whom are implementing Person Centered Thinking and Planning as well as Person Centered Options Counseling

Virginia's NWD System offers electronic tools from case management intake to complex care coordination, to hospital and care transitions. NWD partners include all 25 AAAs, 120 local departments of social services (LDSS), CILs and an array of providers ranging from home health organizations to home and community-based service providers who can access an electronic resource database of over 26,600 public and private health and human supports maintained by two statewide resource databases that include VirginiaNavigator and 211 Virginia.

No Wrong Door is locally led and managed by 25 AAAs across the Commonwealth. Each unique local community has an advisory group and network of partners who contribute their expertise, collaborate and share client-level data, with consent, through a secure system to streamline access and support.

Virginia Easy Access is No Wrong Door's national award winning, easy-to-use website designed for any adult in need of local and holistic resource including: caregivers, service providers, and/or individuals themselves. By uniting a statewide network of health and human services partners, all using the same web-based/electronic referral and case management system, NWD allows individuals to self-direct to services and supports with a feature called "Direct Connect". The website also includes a live chat feature staffed by a real time specialist at Virginia 211 trained on the No Wrong Door System available 24/7. In addition, individuals who prefer to chat over the phone to access resources can use a toll-free number available in over 200+ languages.

Options Counseling: PC-OC is an interactive decision support process, whereby individuals receive support in making LTSS choices in the context of their unique preferences, strengths, needs, values, and circumstances.

The PC-OC process respects the right of individuals to control and make choices about their own lives. PC-OC is provided by individuals trained and practicing according to the Virginia Statewide Standards for PC-OC, and may include care coordinators, transition coordinators, peer counselors, and others.

During FFY 2022 and across Virginia's NWD network, 1,746 individuals received Options Counseling, and options counselors provided individuals over 10,786 hours of consultation.

Person-Centered Thinking Training: Supported by state and federal investments, a DARS NWD trainer continues to offer a series of training activities to credential up Person-Centered Thinking (PCT) trainers in Virginia which is a partnership between Virginia Commonwealth University Partnership for People with Disabilities and DARS.

The two-day PCT trainings are delivered by a current mentor certified by The Learning Community for Person-Centered Practices. Once trained, new PCT trainers develop and sustain a person-centered,

trauma-informed training for the LTSS workforce and the NWD network which are available free of charge on No Wrong Door Virginia's web-based training platform.

Through the Partnership's support, PCT trainers are able to:

1. train individuals in selected regions of Virginia;
2. add additional trainers throughout Virginia; and
3. train pre-professionals (university students) and current professionals in the philosophy, practice, and principles of person-centered, trauma-informed care.

Public Guardian and Conservator Program (VPGCP): The VPGCP provides guardian and conservator services for adults who are incapacitated and indigent and for whom no other proper or suitable person can be identified who is willing and able to serve as the individual's guardian, or conservator, or both, as applicable. Supported with state general funds and implemented and overseen by DARS, the VPGCP has the capacity to serve 1,349 individuals through contracts with 12 local providers (of which four are AAAs) across the Commonwealth that maintain 24-hour, 365-days-a-year coverage for their clients. A public guardian representative with the local providers visits with each client in-person at least once a month, and depending on the client's needs, supervises medical care, oversees residential care, monitors social service benefits, and advocates on behalf of the client. For those individuals who are indigent and in need of public guardianship, but who have financial assets that need to be disposed of or managed, a public guardian can also serve as conservator. Under the VPGCP, DARS, working collaboratively with the DBHDS, has assisted in the transition of many vulnerable adults residing in state-operated training centers and state hospitals to the community. VPGCP staff also participates in the Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS) initiative, which is housed under the Virginia Supreme Court.

Respite Care Initiative: Funded with state general funds, the Respite Care Initiative provides respite to caregivers of persons 60 years of age and older who have Alzheimer's disease or related dementias. The respite care aims to improve and enhance the quality of life for families or other caregivers by providing support and relieving stress of the caregiver(s) and to hopefully keep individuals in the community. Services, which can include adult day, companion, home health, homemaker, hospice or personal care services, are provided by eight AAAs and one adult day center and coordinated with local human services agencies. Respite care is limited to planned (not emergency), intermittent, part-time instances not to exceed 40 hours per month per client.

During FFY 2022, over 213 individuals were served and together they received 30,420 hours of respite care.

Senior Cool Care: Senior Cool Care is a public-private partnership sponsored by Dominion Energy and administered by DARS that helps low-income older citizens in Virginia keep cool during summer months. The program provides single room air conditioners or fans to older Virginians who live within Dominion Energy's service area and who meet eligibility requirements. Older adults must be aged 60 or older, be at or below 150 percent of the federal poverty level and need additional cooling at home. AAAs administer Senior Cool Care by screening applicants and distributing air conditioners or fans. With $125,000 in funding for SFY 2022, AAAs were able to purchase over 1,200 cooling units and reach 1,148 individuals.

Senior Farmers' Market Nutrition Program (SFMNP): With funding through the U.S. Department of Agriculture and in partnership with the VDACS, the SFMNP provides low-income seniors with checks (or vouchers) that can be exchanged for eligible foods at farmers' markets and roadside stands. The purpose of the SFMNP is to:

1. provide fresh, nutritious, unprepared, locally grown fruits, vegetables, and herbs from farmers' markets and roadside stands; and
2. increase the consumption of agricultural commodities by expanding, developing, or aiding in the development and expansion of domestic farmers' markets and roadside stands.

In Virginia, 11 AAAs and one city participate in the SFMNP. In 2022, there were 193 SFMNP authorized farmers and they served 10,950 older adults. The Virginia redemption rate for the checks in 2022 was 87%.

Senior Legal Helpline: Building off a previous three-year grant from ACL, effective July 1, 2022, DARS now receives state general funds to support the operations of a Senior Legal Helpline. DARS partners with the Virginia Poverty Law Center to implement and offer legal assistance advice and referrals for Virginians aged 60 and over. Low-income seniors can speak to attorneys at no-cost to receive basic legal advice and information, information on how to access publicly available programs and resources, referrals to legal aid programs and social service providers, and limited services to address the caller's legal problem (e.g., communication by letter, telephone or other means to a third party). Callers can speak to attorneys at no cost on the following topics: public benefits, such as Medicaid and Social Security Income (SSI), guardianship and guardianship alternatives, financial exploitation, limited consumer matters, LTC issues, age discrimination, and abuse and neglect.

During the previous three-year grant, the Senior Legal Helpline assisted over 1,700 callers. A large majority of the calls fell into three main categories: 1) health (nursing home transfers/releases, Medicare and Medicaid, and quality of care); 2) guardianship and alternatives to guardianship; and 3) abuse, neglect and exploitation of seniors.

With state funding to continue the program, DARS anticipates this footprint growing.

Senior Medicare Patrol (SMP): The SMP mission is to educate Medicare beneficiaries and their families and caregivers to prevent, detect and report healthcare fraud, errors and abuse through outreach, counseling, and education. For the past 20 years, and most recently with a five-year ACL grant funded through the Health Care Fraud and Abuse Control Program (June 1, 2018 to May 31, 2023), the Virginia Association of Area Agencies on Aging (V4A) has administered the SMP program with the support of 25 AAAs and in partnership with the Virginia State Corporation Commission's (SCC) Bureau of Insurance, the Virginia OAG, and DARS.

SMP staff, trained volunteers and AAA partners conduct outreach, implement public awareness campaigns, and educate Medicare beneficiaries to detect discrepancies on their quarterly Medicare Summary Notice statements, and to report suspicious activity for further investigation.

Virginia Insurance Counseling and Assistance Program (VICAP) and Medicare Improvements for Patients and Providers Act (MIPPA): With ACL SHIP grant funding (April 1, 2020 to March 31, 2025), VICAP provides a free, unbiased, confidential counseling program that offers health insurance information, education, and assistance to Medicare beneficiaries (seniors aged 65 and older and

younger adults with disabilities and their families). Counseling is offered by certified counselors on a variety of topics including original Medicare, Medicare Advantage Plans, CCC Plus, Medicare supplemental insurance, and LTC insurance. Counselors can also help with prescription drug plan analysis and enrollment, Medicare denials and appeals, and applications for low-income subsidies.

Additional MIPPA funding (September 1, 2022 to August 31, 2024) allows the VICAP program to: 1) focus specifically on the hard-to-reach rural, limited-English speaking, under 65 and low-income populations, and 2) promote the available Medicare preventive service benefits, such as the Annual Wellness Visit to beneficiaries.

During the grant period of April 1, 2021 to March 31, 2022, VICAP had 237 counselors, of which 124 were volunteers, and provided over 25,274 hours of counseling, as well as 971 hours of outreach and education to Virginians. All local VICAP programs transitioned to virtual assistance for counseling and outreach and education at the beginning of the pandemic and now have a adapted a hybrid approach.

Directed Appropriations with State General Funds:
The Governor and General Assembly have also provided for small appropriations or seed money for the following programs:

- Birmingham Green (Manassas, VA) receives funding to provide residential services to low-income, individuals with disabilities,
- Jewish Social Services Agency (Fairfax, VA) receives funding to obtain assistance for low-income seniors who have experienced trauma, and
- Pharmacy Connect of Southwest Virginia, administered by Mountain Empire Older Citizens, Inc. (Big Stone Gap, VA), receives funding to connect individuals who are uninsured with pharmaceutical assistance programs to obtain free or low-cost medications.

OVERVIEW OF DISCRETIONARY GRANTS

Chronic Disease Self-Management Education (CDSME): Older adults and people with disabilities are disproportionately affected by chronic illness. According to the U.S. Centers for Medicare and Medicaid Services, 80 percent of Medicare beneficiaries have at least one chronic condition.

CDSMP, developed by Stanford University, is a six-week, 2.5 hour workshop that offers tools and information to help people manage their chronic illnesses and participate more fully in life. There is strong evidence across many studies that CDSMP participants experience several beneficial health outcomes, including greater energy, increased participation in physical activity, improved health status, reduced pain symptoms, and improved psychological well-being.

Across the last fifteen years, over 17,697 Virginians have enrolled in the workshops with those completing the program exceeding 13,620. Virginia has continued to maintain a higher completer rate (80.5 percent) than the national average (74 percent). CDSME has been successfully offered in many communities, and workshops are coordinated statewide by the AAAs.

PENDING GRANT PROPOSAL: With a three-year grant (May 1, 2023 – April 30, 2027), DARS will collaborate with five AAAs and seven state-level and community-based partners (Department of Human Resource Management, Virginia Cooperative Extension, North Carolina State University, Virginia Center for Diabetes Prevention and Education, Community Access Network, Institute for Advanced Learning

and Research, Total Life Center of Southside Virginia) to implement the Workplace Chronic Disease Self-Management Program (wCDSMP) (remote), Diabetes Self-Management Program (DSMP), and Eat Smart, Move More, Weigh Less (ESMMWL) (remote). Target populations will include adults 60+ and adults with disabilities employed statewide by the Commonwealth of Virginia (COV) and living with a chronic condition, and residents of southside and west central Virginia who are prediabetic or living with diabetes, and their care partners. Objectives include:

1) 216 COV employees will complete a wCDSMP workshop,
2) 105 COV employees will complete ESMMWL,
3) 252 residents of southside and west central Virginia will complete a DSMP workshop,
4) conduct a program evaluation of wCDSMP and DSMP,
5) present program evaluation findings to partners, and
6) assist partners with sustainability planning.

Anticipated outcomes include:

1) an increase in how program participants score their quality of life,
2) an increase in how program participants score their self-efficacy,
3) a decrease in participant scores related to limitations caused by health on activities,
4) an increase in number of diabetic participants who regularly have their eyes and feet examined, and
5) a decrease in healthcare utilization among program participants.

Falls Prevention: With a three-year grant (May 1, 2021 – April 30, 2024) from ACL and through the Live Well, Virginia! programs, DARS is working to: 1) reach 2,000 older adults and adults with disabilities at risk for falls by enrolling them in evidence-based community programs to reduce falls and fall risks.

DARS has implemented two evidence-based falls prevention programs: A Matter of Balance (MOB) and Bingocize®. MOB is an eight-week community-based workshop designed to reduce the fear of falling and increase activity levels. Bingocize® is a ten-week workshop that strategically combines the game of bingo, exercise, and health education that focus on exercise and falls prevention.

Grant goals will be met with assistance from the Community Integrated Health Network which includes: No Wrong Door, Genworth Financial, Virginia Department of Health (VDH), AAAs, local Centers for Independent Living (CILs), and Brain Injury (BI) Clubhouses, as well as the Virginia Arthritis and Falls Prevention Coalition (VAFPC). VAFPC aims to foster collaboration to increase awareness of fall risk factors, promote access to falls prevention interventions, and empower older adults, individuals with disabilities and caregivers to engage in activities to reduce the risk and incidence of falls.

HEAR (Helping Elders Access Resources): The DARS No Wrong Door team is a collaborator on a two-year ACL grant (September 1, 2022 to August 31, 2024) received by the Virginia Center on Aging. This project aims to improve outcomes for Adult Protective Service (APS) clients through achieving two goals: 1) Mitigate challenges and barriers to reporting elder abuse. 2) Develop and disseminate a “Safety Connector” with a screening tool for use by practitioners, older adults, and caregivers who seek to link themselves or others to systems of care. The expected products include: 1) a video-based intervention and facilitation guide for practitioners, older adults, and caregivers and 2) a Safety Connector for linking

systems of care. DARS No Wrong Door is engaged in the development of the Safety Connector, which will be integrated with Virginia Easy Access.

Information about the Safety Connector will be disseminated by the DARS APS Division to local Departments of Social Services once the tool has been launched. Anticipated outcomes from this work are: 1) practitioners, older adults, and caregivers of older adults will have increased knowledge of resources available for APS clients; 2) there will be an increase in referrals to and utilization of services that improve safety and well-being; 3) increased trust in APS and increased trust between APS and other community organizations and partners; 4) increased interdisciplinary efficiency and streamlined service delivery; 5) increased institutional and structural capacity; 6) decreased ageist attitudes; 7) identification of enduring and emerging challenges facing APS clients and recommendations for solutions.

Improving Guardianship Monitoring, Policy, Practice, and Reporting: The Office of the Executive Secretary (OES) of the Supreme Court of Virginia received a three-year grant (September 1, 2022 to August 31, 2025) from ACL to improve guardianship monitoring, policy, practice, and reporting to advance the protection of vulnerable individuals subject to guardianship. Project objectives include: 1) improve data collection and implement data standards; 2) enhance monitoring practices; 3) improve access to justice; 4) support alternatives to guardianship; 5) strengthen case management processes; 6) facilitate data and information sharing; and 7) implement updates to the process and systems statewide.

Anticipated outcomes include: 1) increased access to justice through the ability to electronically file with the court; 2) improved case data and case-flow management through data collection; 3) support for less restrictive options by capturing information which will ultimately result in individuals losing fewer rights and encouraging their ability to exercise greater self-determination; 4) clear definitions and data standards that would bring consistency throughout the state; 5) enhanced monitoring; 6) electronic data/information exchange; and 7) statewide implementation and standardization that will provide a common platform of statewide data for 119 of Virginia's 120 circuit courts.

The DARS APS Division is collaborating with the OES to develop and implement information technology design changes. These changes include: 1) Establishing an automated process for local departments to receive guardianship appointment orders and other related data and documents pursuant to requirements of Va. Code§ 64.2-201 l(B). 2) Creating an electronic method for the local departments to file with the clerk of the circuit court a copy of the annual report and a list of all guardians who are more than 90 days delinquent in filing an annual report pursuant to Va. Code § 64.2-2020(A).

Senior Farmers' Market Nutrition Program (SFMNP): DARS received a two-year USDA SFMNP American Rescue Plan Act (ARPA) grant (October 1, 2022 to September 30, 2024) to modernize and expand the program throughout the Commonwealth of Virginia. Currently, only 11 out of 25 AAAs distribute SFMNP booklets to qualifying older adults due to funding limitations. A significant portion of the 14 AAAs not currently participating will be able to provide this valuable resource to food insecure older adults in their areas. DARS, the Virginia Department of Agriculture and Consumer Services (VDACS), the Virginia Farmers Market Association (VAFMA), and Virginia Fresh Match (VFM) are collaborating with the Virginia State University College of Agriculture (VSU) to strengthen and expand current infrastructure to inspect, train, and monitor farmers participating in the SFMNP.

The grant funds are allowing DARS to increase the income threshold of older adults eligible to participate. The previous criterion for enrollment was income at or below 150% of the Federal Poverty Level (FPL). With the expansion funds, older adults in Virginia are now eligible at or below 185% of FPL. Increasing the income eligibility allows for thousands more older adults who were previously ineligible for the SFMNP in Virginia to participate. Additionally, the expansion funds have allowed for the maximum benefit to be increased from $45 to $50 per person. Funds will also be used to implement an electronic payment method versus paper checks in the future. The e-solution will encourage more farmers in Virginia to participate in this incentive program due to the simplicity of an electronic banking process.

Social Determinants of Health Accelerator Plan: The DARS No Wrong Door team, in collaboration with the Prince William Area Agency on Aging and Rappahannock Rapidan Community Services, received a one-year grant (September 29, 2022 to September 28, 2023) from the CDC. DARS and local partners have convened a Leadership Team consisting of multisectoral partners and are developing an implementation ready social determinants of health accelerator plan (SDOH-AP) for the community. The plan focuses on two social determinants of health: 1) food and nutrition security, and 2) social connectedness to reduce health disparities and inequities and improve health outcomes related to both physical and mental health conditions. Outcomes will include increased collaboration and engagement across multisectoral partners, and a completed, implementation ready SDOH-AP. It is anticipated that there will be additional funding available from the CDC to begin implementation of the SDOH-AP.

Virginia Lifespan Respite Voucher Program (VLRVP): DARS is currently operating the VLRVP with a five-year ACL grant (July 1, 2021 to June 30, 2026) that will enhance access and reduce barriers to respite care, as well as enhance education and awareness about respite care. DARS will accomplish this through the following goals:

1) Expand and enhance respite care services for 1,000 Virginia family caregivers, particularly those most impacted by the COVID-19 pandemic.
2) Improve the statewide dissemination and coordination of respite care services across the Commonwealth of Virginia.
3) Improve access and quality of respite care services to Virginia family caregivers.
4) Reduce family caregiver strain for Virginia family caregivers.

Products will include partnerships with referral organizations, three new payment policies, a new program manual, adjusted eligibility requirements, expanded partnership with the Virginia Caregiver Coalition, a marketing plan, a public awareness campaign, caregiver education materials on effective respite use, “Helpful Tips” training videos, and a caregiver support group.

Numerous state agencies also provide information and services to older adults. Below is a sampling of some of the invaluable work they do to support older Virginians.

SECRETARIAT OF HEALTH AND HUMAN RESOURCES

Virginia Department for the Blind and Vision Impaired (DBVI)

With a combination of federal, state, and other non-general funds, the Department for the Blind and Vision Impaired (DBVI) administers comprehensive rehabilitation programs for eligible Virginians who are blind, vision impaired, or deafblind, including individuals aged 55 and older receiving services through the Independent Living Services for Older Individuals who are Blind (ILOB) Grant and/or VR Basic Grant as well as programming through Rehabilitation Technology, DeafBlind Services, Low Vision Services, the Library and Resource Center, the Virginia Rehabilitation Center for the Blind and Vision Impaired, and The Senior Retreat: Live Active, Live Healthy, Live Modern (LIVE).

At the local level, DBVI maintains informal partnerships with the AAAs, CILs, LDSS, providers of behavioral health services, and other stakeholders who either provide direct services to older individuals including those people who are older than 60 and are blind, vision impaired, and deafblind.

Over the last four years of the approximately 7,000 individuals aged 60 and older who received rehabilitation teaching and independent living services from DBVI, 80% were served by the ILOB. Across all agency programs, DBVI serves upwards of 4,000 individuals aged 60 and older annually, though this estimate is not an unduplicated count.

DBVI approximates that Virginia will experience a 50% increase in the number of individuals who are age 65 and older that have visual impairments from 2019 figures to 2030 projections.

Virginia Department for the Deaf and Hard of Hearing (VDDHH)

Among the services that older adults access and that are provided by VDDHH are: 1) Virginia Relay, which is a federally mandated telecommunication relay service for persons who are deaf, hard of hearing, deafblind, or who have speech difficulties; 2) Technology Assistance Program, which provides specialized telecommunication equipment to eligible applicants, including veterans; and 3) Interpreter Services Program, which connects individuals to qualified sign language interpreters and coordinates requests for interpreters and captioning services for state and local government agencies and the Virginia courts.

During Fiscal Year 2022, the Technology Assistance Program provided equipment to individuals of all ages with hearing loss and/or speech difficulties; the 75+ age group received the most equipment as they made up 44% of the consumers served, 25% of the consumers were between the ages of 65-75, and 16% of the consumers were from the age group of 50-65.

Virginia Department of Behavioral Health and Developmental Services (DBHDS)

The public services system under DBHDS includes nine state hospitals, one training center, a sexually violent predator program, and a medical center. Within the mental health hospital settings, DBHDS operates 251 dedicated state hospital beds for treatment of individuals aged 65 and older who are ordered to receive mental health treatment, either through the civil process (temporary detention orders, civil involuntary commitments), or through forensic orders. In addition, the 39 community services boards (CSBs) and one behavioral health authority served over 23,110 unduplicated adults aged 60 and older in State Fiscal Year (SFY) 2022. In FY21, the agency led a statewide workgroup related to services for older adults with neurocognitive disorder/dementia and has since partnered with three CSBs across the state to develop regional services for individuals with dementia who are experiencing behavioral and psychological symptoms of dementia. These include an older adult interdisciplinary team and memory care assisted living services with Western Tidewater CSB, a transitional/crisis care program

for individuals who require out of home crisis care with Mount Rogers CSB, and an expansion of the RAFT (Regional Older Adults Facilities Mental Health Support Team) to serve individuals with dementia and their caregivers in the community, with Arlington CSB. Beginning in FY21, DBHDS began a partnership with a CSB and a nursing facility in Southwest Virginia in order to develop specialized nursing care services for individuals with behavioral and mental health care needs who were discharging from state hospitals. This program was recently replicated with a CSB and nursing facility in the Eastern part of the state.

Virginia Department of Health (VDH)

The Virginia Department of Health (VDH) is committed to preserving and advancing Virginians' health. VDH is made up of 35 local health districts and a statewide Central Office in Richmond. These organizations collaborate to promote healthy lifestyle choices that help prevent chronic diseases, inform the public about health hazards and emergency preparedness, and monitor disease outbreaks in Virginia.

A federal Building Our Largest Dementia (BOLD) Infrastructure Grant from the Centers for Disease Control and Prevention (CDC) is now being implemented by VDH in collaboration with DARS. Along with DARS, VDH offers the following services to older adults:

- Chronic disease management and falls prevention programming,
- Community-based screenings for Medicaid long-term services and supports (LTSS),
- Emergency medical services and emergency preparedness and response for health care and special populations, including efforts to lead Virginia's COVID-19 response,
- Limited dental services to older adults and residents in nursing facilities, and
- Oversight and licensure of health care facilities and providers, such as nursing facilities, hospitals, home health organizations and hospice providers.

Virginia Department of Health Professions (DHP)

The Department of Health Professions (DHP) aims to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public. With 13 regulatory boards, DHP oversees a variety of health care professionals who serve older adults. These include audiologists, certified nurse aides, funeral service operators, psychologists, social workers, long-term care administrators, nurses, occupational therapists, physical therapists, optometrists, pharmacists, physicians, and more.

Many of these health professionals are also older adults themselves. The table below displays findings from a 2022 survey. The table identifies the professions with at least 30% of their licensees aged 55 years or older or aged 60 years or older.

Profession Type	Percent 55 years +	Percent 60 years +
Assisted Living Facility Administrators	39%	26%
Licensed Clinical Psychologists	37%	30%
Licensed Professional Counselors	30%	21%
Licensed Clinical Social Workers	34%	25%
Nursing Home Administrators	36%	24%
Physicians	40%	30%
Funeral Service Providers	49%	36%

Virginia Department of Medical Assistance Services (DMAS)

Over 202,000 older Virginians (aged 60 and older) who qualify and who cannot afford the cost of care, receive Medicaid-covered medical services (acute and primary care) and LTSS. This figure represents an 85% increase (from 109,000) in older adult enrollment since FY 2010.

Beyond the standard covered services (such as emergency care, dental care, inpatient care, outpatient care, rehabilitation services, pharmacy coverage, and medical transportation), Virginia's Medicaid program specifically serves older adults through a number of programs under the umbrella term of LTSS.

LTSS include a wide range of services to help individuals to remain as independent as possible in their communities. Efforts are made to coordinate with partner agencies like the Department of Aging and Rehabilitative Services (DARS), the Virginia Department of Health (VDH), and local department of social services (LDSS) whenever possible. These agencies are already a critical part of the LTSS screening process which identifies those individuals in the Commonwealth who may benefit from Medicaid LTSS.

- **Commonwealth Coordinated Care Plus Waiver** (CCC Plus Waiver): The CCC Plus Waiver provides home and community-based services (HCBS) for individuals who would otherwise need care in a nursing facility or other specialized care medical facility. The waiver serves all ages and does not have a waiting list. The CCC Plus Waiver provides supports and service options that include personal care, respite, private duty nursing, adult day health care, assistive technology, and environmental modifications.
- **Developmental Disabilities Waivers (DD) Waivers**: The DD Waivers provide HCBS for individuals with DD who would otherwise need care in an Intermediate Care Facility. They are comprised of three separate waivers targeted to the needs of individuals: Community Living, Family and Individual Supports, and Building Independence. The DD Waivers provide an array of services including residential, community engagement, technological, medical, and behavioral services.
- **Program of All-inclusive Care for the Elderly (PACE)**: PACE is a program which helps adults ages 55+ who are living with chronic health care needs and/or disabilities to receive community-based health care services and supports. By providing flexibility in how participants' health care needs are met, PACE helps those who meet DMAS nursing facility level of care criteria to remain in their own homes and communities longer than what otherwise might be possible. PACE providers operate in 13 PACE communities with plans to increase programs throughout the entire Commonwealth.
- **Nursing Facility Services**: Provides reimbursement for services to individuals who meet Medicaid LTSS criteria and who need 24-hour care in a nursing facility.
- **Home Health**: Provides reimbursement to home health care agencies licensed and/or certified by VDH to provide intermittent nursing or rehabilitation services to individuals in their own homes under a plan of treatment written by the patient's attending physician.
- **Hospice**: Provides reimbursement for medically directed services through an interdisciplinary care team of palliative care for terminally ill individuals and their families in their own homes or (for limited periods of time) in institutional settings. Hospice programs provide nursing, physician, social services, counseling, home health aide, and homemaker services.
- **Durable Medical Equipment (DME)**: DME provides reimbursement for equipment and supplies, such as incontinence products, to those individuals who may need to help to remain in their own homes and avoid institutional settings. Equipment and supplies can generally improve safety while also decreasing the need for caregiver assistance. Overall quality of life is often increased as a result of increasing a person's independence.

According to a 2021 Virginia Joint Commission on Health Care report, "Virginia spent $752 million on community-based LTSS, with $666 million coming from Medicaid. Medicaid provides a spectrum of

home and community-based services (HCBS) to individuals with low income, assets, and significant functional needs" (JCHC, 2021, page 4).

Of note, most of Virginia's older adults who receive Medicaid coverage are served through managed care. Specifically, Cardinal Care[1] is a Medicaid managed LTSS program that serves over 260,000 individuals throughout Virginia. Cardinal Care:

- Uses an integrated delivery model, across a comprehensive range of health services, to assist members with complex care needs.
- Strives to improve health care quality, access, and efficiency for its members through contracted managed care organizations, also known as health plans.
- Connects members to the care that they need when they need it and reduces transitions between programs as their health care needs evolve.
- Continues to offer members the same programs and services and does not reduce or change any existing coverage.

The Medicaid fee-for-service (FFS) program continues to serve newly enrolled Medicaid members for a short time as well as those with limited health coverage.

Lastly, DMAS oversees the distribution of civil monetary penalties (CMPs) that are assessed to and paid by Medicare and Medicaid nursing facilities in Virginia because of noncompliance with federal regulations and requirements. These grant funds are used, in compliance with federal standards, to improve the quality of care in nursing facilities.

Virginia Department of Social Services (VDSS)

The Virginia Department of Social Services (VDSS) is one of the largest Commonwealth agencies, partnering with 120 local departments of social services, along with faith-based and non-profit organizations, to promote the well-being of children and families statewide. VDSS proudly serves alongside nearly 13,000 state and local human services professionals throughout the social services system to ensure that thousands of Virginia's most vulnerable citizens have access to the best services and benefits available to them.

VDSS develops and administers programs that provide timely and accurate income support benefits and employment services to families and individuals in the Commonwealth. Specifically, VDSS supports eligibility determinations and provides services for Virginia's Medicaid program, Energy & Water Assistance Programs, and Newcomer Services' SOAR (Services to Older Adult Refugees) Program, all of which specifically target older adults. VDSS further supports eligibility determinations and provides services for the Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) Program, which make special allowances for older adults and individuals with disabilities. VDSS provides wraparound services and service coordination for kinship caregivers, which can include grandparents raising grandchildren, and has also been active in promoting enrollment in the new federal Affordable Connectivity Program. All of these programs are vital to supporting older adults in their homes and communities.

Within VDSS, the Division of Licensing Programs (DOLP) licenses over 560 assisted living facilities (ALFs) and 70 adult day care centers (ADCCs). DOLP inspects ALFs and ADCCs as well as investigates and follows up with any providers that commit violations of abuse or neglect or incidents of non-compliance with state regulations.

[1] Formerly called Commonwealth Coordinated Care Plus (CCC Plus).

Most recently and in support of the COVID-19 response, DOLP has been instrumental in supporting these providers in understanding and applying the best infection prevention and control practices. In 2021 and October 2022, DOLP received two grants for infection prevention and control in partnership with the Virginia Department of Health (VDH) to provide multi-faceted support that bolsters providers' expertise through review of infection control plans, onsite facility assessments and re-assessments, improved education and training, the development of a new data system to ensure tracking and communication of infectious disease threats, and the development and dissemination of educational training materials regarding infection control practices.

Within the last year, DOLP developed and implemented Phase I of an online provider portal to increase efficiency of the process to open new ALF and ADCC programs and to provide a secure, electronic method for providers to pay licensing fees. The second phase of this process is currently in development and will introduce a cloud-based licensing system for DOLP staff in addition to the ability to automate the renewal process for existing licensees through the online provider portal. The new licensing system will increase regulatory oversight efficiency in a provider/applicant-friendly online platform.

Through a partnership with DARS, VDSS also operates a 24-hour toll-free telephone hotline to receive complaints of adult abuse, neglect and exploitation and transmits them electronically to LDSS adult protective services staff for evaluation.

SECRETARIAT OF AGRICULTURE AND FORESTRY

Virginia Department of Agriculture and Consumer Services (VDACS)

The Virginia Department of Agriculture and Consumer Services (VDACS) implements the Commodity Supplemental Food Program, Child and Adult Care Food Program, and the Emergency Food Assistance Program, which funded through the U.S. Department of Agriculture and available to organizations to provide nutritious foods to low-income older adults throughout the Commonwealth. DARS also partners with VDACS on the Senior Farmers' Market Nutrition Program (SFMNP), known in Virginia as Virginia Fresh Match.

SECRETARIAT OF COMMERCE AND TRADE

Virginia Department of Housing and Community Development (DHCD)

While the Department of Housing and Community Development (DHCD) does not have programs exclusively targeted to serving older Virginians or their caregivers, projects supported by DHCD and DHCD's stakeholders often directly benefit older Virginians. Housing programs that DHCD administers which impact older Virginians are as follows (generally, funding passes through DHCD to subgrantees who administer the program/project locally):

- **Affordable and Special Needs Housing** (ASNH) program combines the state **Virginia Housing Trust Fund** (VHTF) and federal funding sources to assist in rehabilitating and constructing affordable rental housing. Since 2015, the VHTF has created or rehabilitated 2,071 affordable housing units for seniors.
- **Weatherization Assistance Program** (WAP) provides assistance to assist low-income homeowners through the installation of cost-effective energy savings measures which also improves resident health and safety.
- **Emergency Home Assistance Repair Program** (EHARP) provides funds to eligible low-income homeowners to remove urgent, emergency health and safety hazards. It also addresses physical accessibility barriers.
- **Livable Homes Tax Credit** (LHTC) provides a state tax credit for developers and homeowners who make modifications or construct new homes that meet certain accessibility criteria.

- **Indoor Plumbing Rehabilitation** (IPR) program provides forgivable loans to low- and moderate-income owner occupants of substandard housing, which has no potable water indoors, no indoor plumbing, or a failed septic system.
- In each update cycle of the **Uniform Statewide Building Code** (USBC), accessibility issues are discussed and considered.

In addition, every five years DHCD, as a requirement of receiving certain funds from the US Department of Housing and Urban Development, completes a Consolidated Plan to guide programming. The most recently adopted plan indicates that the priority needs of affordable housing and housing for special populations both include older adult residents as groups particularly affected by this need.

Virginia Housing

While Virginia Housing does not have programs exclusively targeted to serving older Virginians or their caregivers, projects supported by Virginia Housing and its partners often directly benefit older Virginians. Some of these programs and services include:

- **Mortgage loans for the development of senior rental housing**: Virginia Housing provides long-term mortgage financing for the construction, acquisition, and rehabilitation of affordable rental housing specifically designed for and restricted to occupancy by low- and moderate-income seniors. In FYs 19-22, Virginia Housing provided mortgage financing to develop or preserve 63 senior housing developments containing 5,402 affordable rental units.
- **Allocation of federal Low Income Housing Tax Credits** (LIHTCs): Virginia Housing administers the allocation of Virginia's annual allotment of federal Low-Income Housing Tax Credits (LIHTCs) to support the development and preservation of affordable rental housing. LIHTC is the largest federal subsidy program supporting the development of affordable housing. In FY 2022, 31.1% of residents in Virginia Housing's portfolio of senior rental housing properties received federal rent subsidy assistance.
- **Administration of federal Housing Choice Vouchers** (HCVs): Virginia Housing serves as the contract administrator for the federal Housing Choice Voucher (HCV) rent subsidy program in 75 mainly rural and suburban localities that lack the ability and/or willingness to independently administer the program with HUD. As of the end of FY 22, 1,097 (12%) of Virginia Housing's HCV recipients were seniors.
- **Mortgage loans for home purchase**: Virginia Housing provides mortgage loans for home purchase by low- and moderate-income borrowers. Such loans are mainly used by first-time home buyers. In FYs 19-22, Virginia Housing made mortgage loans to support home purchase by 1,276 senior households.
- **Grants for housing accessibility improvements**: Virginia Housing has two programs that provide grant assistance for physical accessibility improvements to existing housing units. Both use REACH program subsidies funded with net assets of Virginia Housing. The **Rental Unit Accessibility Modification (RUAM) Program** assists renters in paying the cost of needed accessibility improvements made to their units as part of a reasonable accommodation by their landlord. Grants are provided for up to $8,000 to tenants with disabilities who earn 80% or less of the area median income (AMI). The **Granting Freedom Program** is administered in partnership with the Virginia Department of Veterans Services and assists veterans in making accessibility improvements to their owned or rented homes. A grant of up to $8,000 is available to Virginia veterans and service members who sustained a line-of-duty injury resulting in a service-connected disability.
- **Mortgage Relief Program**: The American Rescue Plan allocated the Commonwealth of Virginia approximately $258M to create and implement a Homeowner's Assistance Fund, which Virginia Housing has administered as the Virginia Mortgage Relief Program (VMRP). The VMRP helps

homeowners who are experiencing delinquency due to a COVID-19-related financial hardship avoid default, foreclosure, or displacement. Mortgage relief distributed in FY 2022 totaled $21 million, of which 16% was directed to Virginians over the age of 60.

With more adults entering older adulthood, Virginia Housing recognizes there will be an increased demand for housing that supports the particular needs of Virginia's elders. Virginia Housing will continue to work in partnership with DARS and other state agencies to better understand what the needs are and will support projects that allow more older adults access to the type of housing they desire, whether that be to age in place or to create more affordable long-term care options.

SECRETARIAT OF EDUCATION

Virginia Center on Aging (VCoA)

Established pursuant to § 23.1-2311 of the Code of Virginia, the Virginia Center on Aging (VCoA) looks to benefit older Virginians and expand knowledge relating to older adults and the aging process. Housed within Virginia Commonwealth University (VCU), the only age-friendly university designated in Virginia and the home to the only Accreditation for Gerontology Education Council (AGEC) accredited higher education degree program in the Commonwealth, the VCoA advances health, well-being and equity for the elders of today and tomorrow. VCoA's innovative research, critical education and impactful service strive to make Virginia a place where its people can thrive at every age. VCoA's vision includes:

- Fostering Innovation – Taking a Lifespan Approach to Aging and Challenging Ageism to Embrace Aging
- Research and Dissemination Hub - Sharing Successful Approaches and Obtaining Funding from External Agencies to Elevate Responsive Research
- Statewide Data Resource - Helping Inform Legislative Decisions

The VCoA manages a number of innovative and evidence-based programs, including the Alzheimer's and Related Disease Award Fund (ARDRAF), the Geriatric Training and Education (GTE) Program, the Virginia Geriatric Education Center (VGEC), the Lifelong Learning Institute of Chesterfield, the Abuse in Later Life Project, and Project ECHO programming, among other efforts.

SECRETARIAT OF LABOR

Virginia Department of Professional and Occupational Regulation (DPOR)

The Department of Professional and Occupational Regulation (DPOR) provides senior-oriented consumer guides. DPOR partners with law enforcement, state agencies, and advocates to promote consumer protection initiatives and adult abuse prevention, primarily in the area of home repair/contractor scams.

DPOR administers and enforces the Virginia Fair Housing Law, which prohibits housing discrimination on the basis of "elderliness," defined as age 55 and older, as well as for the protected class covering disability for reasonable accommodations and modifications.

SECRETARIAT OF TRANSPORTATION

Virginia Department of Rail and Public Transportation (DRPT)

In Virginia, the Department of Rail and Public Transportation (DRPT) administers the Federal Transit Administration's Section 5310 Program for the Enhanced Mobility of Seniors and Individuals with Disabilities for Virginia's rural areas (less than 50,000 people), Small Urbanized Areas (at least 50,000 people but less than 200,000 people), and for the Large Urbanized Areas of Richmond, Roanoke, and Hampton Roads. The FTA Section 5310 Program supports capital, operating, and mobility management

costs of transportation services and transportation alternatives beyond those required by the Americans with Disabilities Act of 1990. AAAs and organizations in the aging network often receive funding through these programs. In FY23, DRPT received $7,373,623 in FTA Section 5310 funds. All vehicles purchased through the FTA Section 5310 program are accessible ADA vehicles. DRPT purchases about 75 accessible vehicles each year.

The FTA also requires DRPT to update its Coordinated Human Service Mobility (CHSM) Plan every five years. The CHSM Plan will have an updated plan in 2024. In developing the next CHSM Plan, stakeholders and the public will provide insight into which resources, needs, strategies, and priority projects remain relevant, which need to be updated, and how those updates can more effectively solve mobility challenges in the Virginia. These updates will include:

- A comprehensive list of available transportation services and resources
- A list of unmet transportation needs and gaps, identifying in particular:
    - Statewide commonalities
    - Variations between regions and user groups
- Revised strategies that are specific enough to move the plan to action, including:
    - A series of statewide strategies
    - Revised strategies for each region.

Lastly, DRPT is developing and implementing a stage two one-click system for public, human service, and specialized transportation; mobility management; travel training; and transportation-supportive programs and services. This project will cover the entire state's geography and all population demographics including individuals with disabilities, seniors, veterans, and individuals with opioid use disorder. The implementation will upgrade the award-winning Virginia Transportation Finder tool by incorporating a map-based search service, smartphone app integration, and customized user accounts. The new platform will also align transit resources more closely with other modes including biking, ride-sharing, and carpooling. The existing Virginia Transportation Navigator database will remain an authoritative clearinghouse for all transportation resources in the Commonwealth and be upgraded with easier search functionalities, new keywords, and an improved interface.

Virginia Department of Transportation (VDOT)

The Virginia Department of Transportation (VDOT)'s mission is "to plan, deliver, operate and maintain a transportation system that is safe, enables easy movement of people and goods, enhances the economy and improves our quality of life." VDOT is committed to acting on this mission for the benefit of everyone using Virginia's highway networking, including current and future older drivers.

VDOT has numerous initiatives underway that benefit current and future older adults, including:

- 2022-2026 Virginia Strategic Highway Safety Plan, implemented in partnership with the Virginia Department of Motor Vehicles and the Virginia State Police. VDOT is engaged in a number of activities to enhance the safety and mobility of Virginia's older adult road users, including: Traffic Sign Legibility, Traffic Signal Visibility & Conspicuity, Flashing Yellow Arrow Traffic Signals, Pedestrian Signal Timing, Pavement Marking Visibility and Durability, Roundabouts, Bicyclist and Pedestrians Crossings, and Highway and Intersection Lighting, among others.
- In 2019, VDOT completed its Americans with Disabilities Act (ADA) Transition Plan as mandated by the ADA Act. VDOT performed a self-assessment and identified an inventory of barriers, assessing curb ramps, traffic signals, and sidewalks) on the state-maintained right of way (ROW) that could impede the mobility of individuals with disabilities. The Plan outlines VDOT's current and proposed actions to make progress towards a system free of barriers. VDOT continues to communicate and coordinate accessibility within the public ROW to identify partnering

opportunities and works with other public agencies, such as metropolitan planning organizations, to improve and maintain safe and accessible facilities along VDOT roadways. ADA improvements benefit everyone regardless of whether individuals have disabilities, and many are particularly beneficial for older Virginians.

SECRETARIAT OF VETERANS AND DEFENSE AFFAIRS

Virginia Department of Veterans Services (DVS)

The Virginia Department of Veterans Services (DVS) connects Virginia's veterans and their families to federal and state benefits, support, quality care, and recognition they have earned. DVS is organized into seven business units, five of which serve a significant number of older veterans and family members. These include:

- **Benefits Services**: This unit consists of 34 State Veteran Offices throughout the Commonwealth. Benefits team members (Veteran Service Representatives and Administrators) prepare and submit claims for service-connected disability and pension benefits to the U.S. Department of Veterans Affairs (VA). They also assist veterans and family members in obtaining access to VA medical care and survivor benefits, such as Dependency and Indemnity Compensation Claims and Aid & Attendance, which is a benefit available for veterans and spouses over 65 who served in a wartime period, and which provides financial assistance to help cover LTSS. Benefits team members also provide referrals for other services as needed. In FY21, 117,622 Virginia Veterans who are aged 55 or over received Compensation and Pension Benefits from VA. Two new State Veteran Offices will open in 2023 (Arlington and Fort Eustis). In addition, a new State Veteran Office will open in the Fredericksburg/Spotsylvania area in late 2023 or early 2024.
- **Virginia Veteran and Family Support** (VVFS) Program: VVFS direct services team members are co-located in most of the State Veterans Offices with Benefits and other DVS colleagues and operate six separate locations with community partners for in person services. VVFS provides peer and family support and care coordination services and community resource linkages to all Service Members, Veterans, and their Families (SMVF) including aging veterans and caregivers. VVFS also provides specialized outreach and support for individuals coping with higher needs including (but not limited to) behavioral health needs, suicide risk, housing instability, homelessness and/or criminal justice involvement. Through the VVFS program, 35% of DVS clients were aged 60 and older in calendar year 2022.
    - VVFS is the state lead for the new Suicide Prevention and Opioid Addiction Services (SOS) program, which will partner with community service providers to identify SMVF and screen for suicide risk and substance misuse/substance use disorders (including opioid addiction), promote connectedness and improve care transitions, and increase lethal means safety and safety planning. Aging Veterans are at higher risk of suicide compared to Veterans between the ages of 35-54 (18-34 age group is also at higher risk of suicide compared to other age groups). Among Virginia Veterans from 55-74 years of age, the suicide rate is 25.8/100,000 (compared to 15.8/100,000 for overall suicide rate in Virginia), and among Veterans over the age of 75, the rate is 30.9/100,000 (21.1/100,000 for overall suicide rate in Virginia).
- **Veterans Care Centers**: DVS operates two veterans care centers with 396 licensed long-term care beds (200 Richmond, 196 Roanoke) providing residential (in patient) long-term skilled-nursing care, memory care, and short-term rehabilitative care. In addition, DVS operates 28 licensed beds in Roanoke for assisted living care. Services are available for Virginia veterans of any age but are primarily delivered to veterans aged 60 years and older. Two new veterans care centers, each with 128 licensed long-term care beds, are under construction in Virginia Beach and Fauquier County and will open in 2023.

- **Veterans Cemeteries**: DVS operates three state veterans' cemeteries (Amelia, Dublin, and Suffolk) to serve the memorial/perpetual care needs of veterans and eligible family members. Most of those interred at the cemeteries were 60 years of age or older at time of interment, but the cemeteries are open to veterans of all ages. DVS projects that the number of annual burials could rise from 2,400 in FY22 to between 2,800 and 3,000 in FY27.
- **Virginia War Memorial**: The mission of the Virginia War Memorial is to Honor Veterans, Preserve History, Educate Youth, and Inspire Patriotism in All. Dedicated in 1956, the Memorial includes the names of the nearly 12,000 Virginia heroes who made the ultimate sacrifice during World War II, Korea, Vietnam, the Persian Gulf, and the Global War on Terrorism. The Virginia War Memorial welcomes visitors of all ages, hosts annual patriotic ceremonies (Memorial Day, Patriot Day, Veterans Day, etc.) and offers both in-person and on-line educational programs, speaker series, etc.

In developing this appendix and in support of § 51.5-136 B 6 of the Code of Virginia, DARS collected reports from state agencies on "how the aging of the population impacts the agency and its services and how the agency is responding to this impact." These state agency reports can be found here.

DARS also benefits from partnerships with many other state agencies, universities, and statewide aging services and advocacy organizations. Too numerous to list, these partnerships are critical in optimizing opportunities and addressing issues, including the growing needs around housing, transportation services, social isolation and community engagement, and access to quality LTSS.

TABLE 1: FEDERAL FISCAL YEAR (FFY) 2022
ONGOING DIRECT FEDERAL FUNDING TO DARS FOR AGING SERVICES[1]

Agency or Source	Amount
U.S. Administration for Community Living / U.S. Administration on Aging	$34,704,301
U.S. Department of Labor (for SCSEP)	$1,731,052
Discretionary / Competitive Federal Grants	$2,524,039 $2,227,610
TOTAL	**$38,662,963**

[1] Includes limited DARS administration allocations.

TABLE 2: TOTAL ONE-TIME, TIME-LIMITED COVID-19 RESCUE
FEDERAL FUNDING TO DARS FOR AGING SERVICES[2,3]

Agency or Source		Amount
U.S. Administration for Community Living / U.S. Administration on Aging	Division for Community Living, Office for Aging Services	$66,518,463
U.S. Administration for Community Living / U.S. Administration on Aging	Adult Protective Services Division	$8,078,278
U.S. Administration for Community Living / U.S. Administration on Aging	Office of the State Long-Term Care Ombudsman	$823, 384
	TOTAL	**$75,420,125**

[2] Depending on the funding type (e.g., Coronavirus Aid, Relief, and Economic Security Act, Families First Coronavirus Response Act, or American Rescue Plan Act of 2021) these funds must be spent by either FFY2023 or FFY2024.

[3] Includes limited DARS administration allocations.

TABLE 3: STATE FISCAL YEAR (SFY) 2022
DIRECT STATE FUNDING TO DARS FOR AGING SERVICES[4,5]

Program	Amount
OAA General	$2,770,700
Community Based Services	$3,952,070
Transportation	$1,431,606
Home Delivered Meals	$5,047,513
Supplemental Nutrition	$1,231,138
Care Coordination for Elderly Virginians	$2,007,625
Respite Care Initiative	$456,209
Long-Term Care Ombudsman (General)	$769,943
Long-Term Care Ombudsman (Medicaid Managed Care Advocates-specific)	$474,721
Public Guardianship Program	$4,747,348
No Wrong Door	$378,154
Resource Information	$201,875
Demographic Services	$50,000
Dementia Case Management	$150,000
Directed Appropriations	$650,000
TOTAL	**$24,318,902**

[4] These figures do not include DARS administration allocations.
[5] This table does not include funding for AS, APS or AG, which are accounted for in Table 4.

TABLE 4: STATE FISCAL YEAR (SFY) 2022
DIRECT FUNDING TO VDSS FOR ADULT SERVICES, APS AND AUXILIARY GRANT[6,7]

Program	Amount
Adult Protective Services	$2,637,806
Adult Services – In-Home Services	$4,185,189
Auxiliary Grant Program[8]	$26,398,009
TOTAL	**$33,221,004**

[6] These funds are accounted for in the VDSS budget.
[7] These figures do not include funding for LDSS or DARS administration allocations.
[8] This figure includes state funds only; it does not include the 20% required local match.

BACKGROUND

Area Agency on Aging (AAA) funding is estimated based on the previous year's funding, with adjustments made as the year progresses based on the final federal allocation Virginia receives.

DARS receives federal funding allocations broken down by "Title VII – Chapter 2 (Ombudsman)."

The following terms are used in the Long-Term Care Ombudsman Allocation Process:

- "Jurisdiction" means a city or county in Virginia.
- "Planning and service area" or "PSA" means the city or cities and/or county or counties that are served by an Area Agency on Aging.
- "Area Agency on Aging" or "AAA" means the entity that serves a designated PSA. Virginia has 25 AAAs.

APPLYING THE LONG-TERM CARE OMBUDSMAN ALLOCATION PROCESS

1. State Plan Administration

No administrative expenses are removed from Title VII – Chapter 2 (Ombudsman).

2. Initial Reserves

DARS sets aside approximately 5% of the funds within Title VII – Chapter 2 (Ombudsman) as a reserve. This is later allocated as indicated in Item 5.

3. Funding Formula Part 1 – Base

DARS allocates a base comprised of federal and state funds of $15,000 for a single ombudsman program and a base of $25,000 for a joint program.[1] In FFY 2023, PSAs received the following:

AAA/PSAs with Single Programs Receiving $15,000	AAA/PSAs with Joint Programs Receiving $25,000
1	8C (inclusive of 8A, 8B, and 8D)
2	17/18 (inclusive of 21)
3	
4	
5	
6	
7	
8E	
9	
10	
11	
12	
13	
14	
15	

[1] In FFY2023, PSA 13 did not operate an ombudsman program. The base funding for this PSA's ombudsman program was provided directly to the Office of the State Long-Term Care Ombudsman instead.

16	
19	
20[2]	
22	

4. Funding Formula Part 2 – Factors

The remaining current fiscal year's federal allocation for Title VII – Chapter 2 (Ombudsman) is allocated to the AAAs as follows:

For each jurisdiction, DARS obtains updated figures of long-term care beds from:

State Agency	Bed Type
Virginia Department of Health (VDH)	Nursing Facility Beds
Virginia Department of Social Services (VDSS)	Assisted Living Facility Beds
Virginia Department of Behavioral Health and Developmental Services (DBHDS)	State Geriatric Mental Health Beds

The total number of long-term care beds in each jurisdiction is totaled and calculated for an overall total for each PSA. This determines each PSA's proportion of the overall federal funding allocation. DARS then allocates funds to each AAA based on the proportion of Virginia's overall total of long-term care beds that are found within the AAA's PSA. In FFY 2023, AAAs had the following:

PSA/AAA	Number of Beds	Proportion of Beds	PSA/AAA	Number of Beds	Proportion of Beds
1	923	1.28620	11	3,342	4.65706
2	910	1.26808	12	2,709	3.77498
3	2,774	3.86556	13	1,098	1.53006
4	1,337	1.86310	14	1,044	1.45481
5	4,844	6.75009	15	10,558	14.71252
6	3,374	4.70165	16	2,009	2.79953
7	2,455	3.42103	17/18 & 21	5,539	7.71857
8C (8A-8D)	12,320	17.16786	19	1,774	2.47206
8E	2,291	3.19250	20	7,961	11.09362
9	1,492	2.07909	22	358	0.49887
10	2,650	3.69276			

5. Reserve Allocation

Toward the end of the FFY, the funds held in reserves are calculated and allocated using the same process identified in Item 4.

[2] PSA 20 receives funding for a single program, but the funding is provided to PSA 17/18, which is currently operating the ombudsman program on PSA 20's behalf.

6. Reallotted Funds

In instances when Virginia receives an additional allotment of federal funds beyond what was estimated or when federal funds are allocated to DARS late in the FFY, DARS adds the reallotted funds to the reserve funds and follows the same process identified in Item 4.

7. Funding Allocation Examples

The table below details the AAA allocations for the FFY 2023 federal funding award Virginia for Title VII – Chapter 2 (Ombudsman):

PSA	AAA Name	Total ($)
1	Mountain Empire Older Citizens, Inc.	12,861
2	Appalachian Agency for Senior Citizens, Inc.	12,803
3	District Three Governmental Cooperative	21,199
4	New River Valley Agency on Aging	14,726
5	LOA – Local Office on Aging	30,523
6	Valley Program for Aging Services, Inc.	23,902
7	Shenandoah Area Agency on Aging, Inc.	19,762
8A	Alexandria Division of Aging and Adult Services	0
8B	Arlington Agency on Aging	0
8C	Fairfax Area Agency on Aging	70,001
8D	Loudoun County Area Agency on Aging	0
8E	Prince William Area Agency on Aging	19,023
9	Rappahannock-Rapidan Community Services	15,424
10	Jefferson Area Board for Aging	20,640
11	Central Virginia Alliance for Community Living, Inc.	23,758
12	Southern Area Agency on Aging	20,906
13	Lake Country Area Agency on Aging	13,649
14	Piedmont Senior Resources Area Agency	13,406
15	Senior Connections	56,262
16	Health Generations Area Agency on Aging	17,753
17/18	Bay Aging	84,020
19	Crater District Area Agency on Aging	16,694
20	Senior Services of Southeastern Virginia	44,564
21	Peninsula Agency on Aging	0
22	Eastern Shore Area Agency on Aging /Community Action Agency, Inc.	10,316