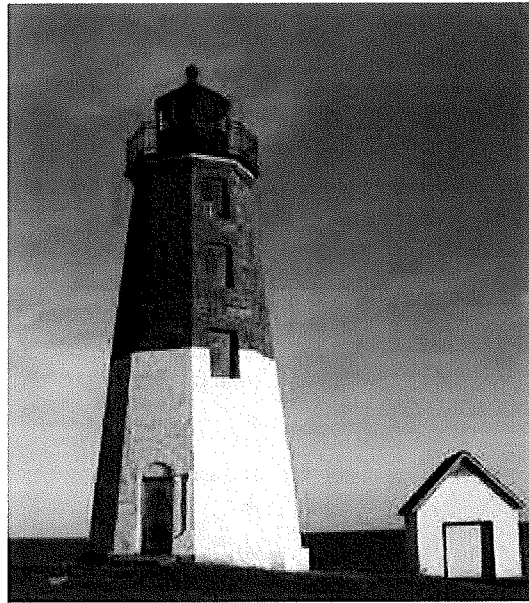


# **State of Rhode Island**

**Department of Human Services**

**Division of Elderly Affairs**



## **STATE PLAN ON AGING**

**OLDER AMERICANS ACT OF 1965, AS AMENDED**

**October 1, 2015 to September 30, 2019**



**Gina M. Raimondo, Governor**

**Charles J. Fogarty, Director**

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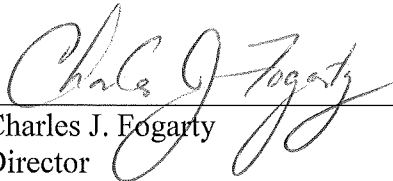
## Verification of Intent


The Rhode Island State Department of Human Services, Division of Elderly Affairs State Plan on Aging (“State Plan on Aging”) is hereby submitted for the State of Rhode Island and Providence Plantations for the period October 1, 2015 through September 30, 2019. Included are all assurances and plans to be implemented by the Rhode Island Department of Human Services, Division of Elderly Affairs under provisions of the Older Americans Act of 1965, as amended through Public Law 109-365, enacted October 17, 2006 (the “Act”).

The Single State Agency named above has the statutory authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the development of comprehensive and coordinated systems for the delivery of services to elders in Rhode Island, and to serve as the effective and visible advocate for older Rhode Islanders.

The State Plan on Aging for Federal Fiscal Years 2016 through 2019, hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

I hereby approve this Plan as Her Excellency; Governor Gina M. Raimondo’s Designee and submit it for approval to the Assistant Secretary for Aging, Administration on Aging, U.S. Department of Health and Human Services.

  
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Charles J. Fogarty  
Director  
Rhode Island Division of Elderly Affairs

  
\_\_\_\_\_  
Date

## Executive Summary

Created in 1977, the Rhode Island Division of Elderly Affairs (herein referred to as “RIDEA” or the “Division”) is the “principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop, and implement innovative programs to insure the dignity and independence of elderly persons...”<sup>1</sup> RIDEA’s mission is simple:

*To preserve the independence, dignity, and capacity for choice for seniors, adults with disabilities, families and caregivers.*

RIDEA’s new Director, Charles J. Fogarty, joined RIDEA in January, 2015. Director Fogarty is the nephew of John E. Fogarty, who represented the State of Rhode Island in the U.S. House of Representatives for more than twenty years. Congressman Fogarty was a proponent of public health; he was a sponsor of the Older Americans Act of 1965. Charles Fogarty also has led a distinguished career in public service. He served as a State Senator in the Rhode Island General Assembly for eight years. He then was elected to two consecutive four year terms as Rhode Island’s Lieutenant Governor beginning in 1998. Throughout his tenure as Lieutenant Governor, Director Fogarty chaired the Rhode Island Long Term Care Coordinating Council, a legislative commission comprised of professionals and citizens with expertise and knowledge of health care concerns of older adults and adults with disabilities, whose purpose is to develop and propose state policy regarding long-term health care for adults and adults with disabilities.<sup>2</sup> Director Fogarty is committed to RIDEA’s mission. His vision is to fulfill RIDEA’s mission by focusing our efforts on programs and services that will help older adults and adults with disabilities to live independently in the community with a high quality of life for as long as possible.

Rhode Island was hit hard by the last decade’s economic downturn. Rhode Island had one of the highest unemployment rates in the nation during the recession, with unemployment reaching a high of 11.8% in 2010. While the State’s unemployment rate is much lower today (6.1%), this downward trend is due in large part to a decline in the size of the labor force, rather than a result of significant job growth.<sup>3</sup> Rhode Island also faces a budget deficit of approximately \$190 million for the upcoming state fiscal year which starts on July 1, 2015. Although these absolute numbers pale in comparison to the deficits faced by other states, when the size of Rhode Island’s total budget and population, in addition to recent cost cutting measures taken by the State, are taken into account, the relative significance of this deficit becomes clearer.

Rhode Island is home to approximately 163,270 citizens sixty-five (65) years of age or older, and the State ranks eighth nationally in the percent of persons over age sixty-five (65).<sup>4</sup> Rhode Island has the third highest percent of population in New England over age 65, with only Maine and

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<sup>1</sup> R.I.G.L. § 42-66-4. Originally created in 1977 as a cabinet-level department, as of July 1, 2011 the Department of Elderly Affairs was merged into the Department of Human Services and became a division of the Department of Human Services {P.L. 2011, ch. 151, art. 9, § 2}. The Division of Elderly Affairs continues to serve as the State Unit on Aging.

<sup>2</sup> R.I.G.L. § 23-17.3-1.

<sup>3</sup> Lardardo, Leonard, “Rhode Island’s Current Conditions Index – March 2015” (2015). *The Rhode Island Current Conditions Index*. Paper 124. <http://digitalcommons.uri.edu/ricci/124>

<sup>4</sup> U.S. Census Bureau, *Census 2000 Summary File 1 and 2010 Census Summary File 1*.

Vermont having higher percentages.<sup>5</sup> Many of Rhode Island's older adults live alone, in poverty and/or with disabilities. For the State's 2013 fiscal year, adults over age 65 accounted for \$484 million in total Medicaid long term care spending (27% of total Medicaid spending); nursing homes accounted for \$317 million of this amount; and home and community care expenditures accounted for \$57 million of this amount. Expenditures on HCBS for elders has been increasing since 2009 at the rate of 11.6% per year, and the older adult population served by HCBS has been increasing by 8.5% per year during the same period. Nursing home expenditures for elders during this period have been increasing at the rate of 2.9% per year, while the nursing home admissions during this period have been decreasing by 2.5% per year.<sup>6</sup> Rhode Island's older population is expected to continue to increase and to become a larger percentage of the overall population, with minorities being increasingly represented among Rhode Island's older adults.

Noting that Medicaid accounts for approximately 30% of the State's budget and that Rhode Island has the 2nd highest cost per enrollee of any state in the nation (60% above the U.S. average),<sup>7</sup> newly elected Governor Gina Raimondo in early 2015 tasked a working group, with input from stakeholders, to find approximately \$90 million in state Medicaid savings for the state fiscal year that begins on July 1, 2015. As of this writing, various proposals put forth by the working group totaling more than \$91 million in state Medicaid savings are being considered by the Rhode Island General Assembly.

In light of this economic and demographic<sup>8</sup> backdrop, it is imperative that RIDEA focus its efforts on programs and services that will help older adults and adults with disabilities to live independently in the community with a high quality of life for as long as possible. By helping older Rhode Islanders to stay healthy and independent, we not only will fulfill our mission and improve the quality of life for our seniors, we also will lessen the inevitably increasing financial burden placed on both the federal and state governments by our State's growing aging population.

Rhode Island has put several programs in place that help to keep older adults and adults with disabilities in the community. Perhaps most significantly, in 2009, Rhode Island implemented the Medicaid Global Waiver. The Medicaid Waiver promotes savings in state long-term care costs by transitioning and diverting appropriately-determined patients from institutions to less expensive community settings. The Waiver gives the State much greater flexibility than it had previously in implementing Medicaid programs. Under the Waiver, the State, led by the Executive Office of Health and Human Services ("EOHHS"),<sup>9</sup> is "redesign[ing] the State's Medicaid program to provide cost-effective services that will ensure beneficiaries receive the appropriate services in the least restrictive and most appropriate setting."<sup>10</sup> In 2014, Rhode Island was approved for a five-

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<sup>5</sup> Ibid.

<sup>6</sup> Rhode Island Executive Office of Health and Human Services. *Rhode Island Annual Medicaid Expenditure Report*. July 2014.

<sup>7</sup> <http://openbudget.ri.gov/#/about>

<sup>8</sup> See Appendix A for more detailed demographic information.

<sup>9</sup> EOHHS houses the State's Medicaid Office and oversees the State's four human services agencies (Department of Health, Department of Human Services, Department of Children, Youth and Families, and Department of Behavioral Healthcare, Developmental Disabilities and Hospitals).

<sup>10</sup> Rhode Island Global Consumer Choice Compact 1115 Waiver Demonstration 11W-00242/1, Section 1115 Quarterly Progress Report, Period: October – December 2010, p. 5.

year extension of the Waiver, now known as the RI Comprehensive 1115 Waiver.

RIDEA revised its funding mechanism for the Co-Pay Program under the Global Waiver. The Co-Pay program helps to pay a portion of the cost of home health care and/or adult day care. Now considered a program eligible for federal cost sharing (CNOM: costs not otherwise matchable), the Co-Pay Program is less reliant on scarce state general revenue funds. The program provides services to non-Medicaid eligible seniors over the age of 65 whose income does not exceed 250% of the Federal Poverty Limit. These seniors must meet the functional requirements for the program as well (i.e., unable to leave home without considerable assistance and needing assistance with ADLs).

Several other home and community based services and supports are available to Rhode Island's senior citizens and adults with disabilities. Many of these services generally are provided by, or in conjunction with, EOHHS and RIDEA's parent agency, the Rhode Island Department of Human Services ("RIDHS").

As a result of increasing fiscal constraints since our last State Plan, RIDEA has sought opportunities to leverage resources and programs in order to deliver services more efficiently and to make our programs sustainable. As will be discussed more fully below, these efforts have included the reorganization of RIDEA programs, collaboration with other agencies, and development of initiatives that seek to achieve sustainability for RIDEA programs and services. During this State Plan period, RIDEA also will explore the possibility of instituting cost sharing by consumers where permitted and appropriate.

Goals for the Rhode Island Department of Elderly Affairs' State Plan on Aging consistent with our mission and vision for a comprehensive system of home and community based services for FFY 2016 through FFY 2019 are as follows:

1. To enable elders to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
2. To empower older people to stay active and healthy.
3. To protect the rights of older people and prevent their abuse, neglect and exploitation.
4. To empower older people and their families to make informed decisions about, and be able to easily access, existing home and community-based options.

Objectives and strategies to achieve these Goals are detailed below.

This State Plan on Aging is submitted in compliance with Section 305(a) (1)(A) of the Older Americans Act of 1965, as amended through Public Law 109-365, enacted October 17, 2006. RIDEA is the designated State Agency on Aging for the State of Rhode Island and has chosen to continue to designate Rhode Island as a single planning and service area. This State Plan on Aging includes all assurances for state agencies and area plans as detailed in the Older Americans Act as amended. The mandated assurances of compliance with provisions of the Older American Act can be found attached hereto as Appendix H.

## CONTEXT

### Organizational Structure

The Rhode Island Department of Elderly Affairs (“RIDEA”) was created in 1977 by Title 42 Chapter 66 of the Rhode Island General Laws, which prescribed the organization and function of the Department. As of July 1, 2011 the Department of Elderly Affairs was merged into the Department of Human Services and became a division of the Department of Human Services. The Division of Elderly Affairs continues to serve as the State Unit on Aging and is led by a Director who is appointed by the Governor. A full time staff of approximately thirty (30) full-time equivalents (“FTE”) carries out the responsibilities of the Department with an annual budget for the 2015 fiscal year of approximately \$18 million dollars. RIDEA is charged with the role of advocate for elders and persons with disabilities. RIDEA’s organizational chart is attached hereto as Appendix C.

RIDEA administers Older Americans Act funding under Titles III and VII for Senior Nutrition; Abuse / Protective Services/Elder Rights; Senior Centers and Supportive Services; Information, Referral and Assistance; Health Promotion; and the Long Term Care Ombudsman. Staff administers approximately one hundred thirty community-based grants to such grantees as regional nutrition projects; senior centers; older volunteer programs; and regional case management agencies. RIDEA administers statewide health promotion/disease prevention activities for low-income minority elders through local senior centers and community-based agencies. In addition, staff is responsible for program monitoring, policy, planning and program development and providing technical assistance, informational resources to all community grant recipients and local municipalities in the development of local senior programming.

Title III program funds are awarded by RIDEA in compliance with Older Americans Act requirements to target low income, minority older persons. The Division is the state agency responsible for administering family support services under the National Family Caregiver Support Program (“NFCSP”) enacted in the 2000 Older Americans Act Amendments. The NFCSP further enhances Rhode Island’s ability to develop initiatives that support informal caregivers’ access to information about available services, caregiver training, caregiver support groups, respite care and other supplemental services coordinated with agencies having working relationships and reputations for providing quality supportive services.

As the State’s elder population grows older and increases in number, we anticipate a growing demand for supportive services to assist with developmental disabilities, behavioral and mental

health services. As their need for medical care increases with age, aging Rhode Islanders are placing, and will continue to place, an increasing strain on Medicare, Medicaid and other social security programs. The chronic illnesses and disabilities of these individuals become more challenging as they age and acquire additional age-related illnesses and disabilities. The cost of care increases and provides programming challenges to the traditional elder services system. RIDEA has taken the lead in building a collaborative relationship between the Aging Services Network, sister state agencies, elder advocates, and consumers to strengthen and develop programs and resources to enhance the lives of Rhode Island elders. The Division's continuing leadership, visibility and strategic management of resources will ensure that the needs and issues of Rhode Island's elders are addressed. RIDEA will continue to focus on strategies that enhance partnerships, integrate programs, and leverage funds to minimize service gaps and provide needed service enhancements that support elders, adults with disabilities and their caregivers. Maturing baby-boom cohorts, sharp declines in mortality, and dramatic increases in the minority and adults with disabilities community will exacerbate the challenges faced by a full range of social institutions and human service programs.

In addition, while a large portion of our older adults face significant financial hardship, we recognize also that many older Rhode Islanders have resources. Given longer life expectancies, RIDEA also will work to develop programs and services where the cost is shared between the government and those it serves in order to help individuals who have resources remain in the community with a high quality of life for as long as possible, and delay for as long as possible spending down to Medicaid.

#### Highlights of Recent and Current Activities

As a result of increasing fiscal constraints since our last State Plan, RIDEA has sought opportunities to leverage resources and programs in order to deliver services more efficiently and to make our programs sustainable. These efforts have included the reorganization of RIDEA programs, collaboration with other agencies, and other initiatives.

Reorganization of Programs. In 2013, RIDEA elected to integrate the delivery of SHIP, SMP, MIPPA and ADRC services for those populations served by RIDEA. Under this reorganization (the "Integrated Program"), responsibility for these programs throughout the State is divided among six lead agencies, with each lead agency having responsibility for the delivery of all of these programs in an integrated, coordinated and efficient manner within a specific geographic region of the state. The new integrated project began on January 1, 2014. Each grantee is required to collaborate and sub-contract with at least two (2) established Rhode Island local community organizations, in order to reach the targeted populations. As a result of this new structure, THE POINT network<sup>11</sup> has grown from 9 locations to 24 locations throughout the State that perform POINT services – with no increase in overall funding.

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<sup>11</sup> THE POINT is a key operating partner in Rhode Island's ADRC and serves as a portal for access to the ADRC. Initial contact with THE POINT begins the process to link consumers to a broad range of information, resources, Person-centered counseling and access to appropriate benefits and programs, often through referrals to DEA's case management agencies and beyond to supporting ADRC partners in state agencies who provide eligibility determination and service authorization with completion of the loop through service delivery, client tracking and data collection.



The main, statewide office of The POINT is located at United Way of Rhode Island (“UWRI”). As a central portal for Rhode Island’s ADRC, THE POINT at UWRI serves as the intake for DEA’s Home & Community Care (H&CC) Program and plays an integral role in a process that helps to provide sustainable funding of ADRC services. Referrals for H&CC Program services from THE POINT at UWRI are transmitted to DEA HCC staff where they are processed and assigned to the appropriate DEA case management agencies. As of July 1, 2012, the DEA case management agencies became formal operating partners in the ADRC; currently, there are six (6) case management agencies, each assigned to cover a specific geographic region of the state so that we have statewide case management coverage. The RIDEA case management agencies receive sustainable Medicaid and CNOM funding for person-centered counseling and case management services that they provide in connection with the enrollment of seniors in Medicaid and CNOM services, referred by THE POINT.

The case management agencies are funded in part with Title IIIB funds. In 2011, RIDEA evaluated the geographic distribution of older adults in the State. As a result of this evaluation, RIDEA reorganized the case management regions and re-allocated the Title IIIB case management funds, based on the population needs within the regions. In late 2011/early 2012, RIDEA issued a competitive bid for case management services. For consistency and simplified accessibility for clients, RIDEA uses the same geographic regions for both case management and the Integrated Program described above.

Improving Sustainability. RIDEA is working to improve support for family caregivers in Rhode Island. In 2009, an estimated 148,000 family caregivers in Rhode Island were providing approximately 142 million hours of uncompensated care with an annual market value of \$1,880,000<sup>12</sup>. Informal caregivers provide more than 80% of all the caregiving in the United States.<sup>13</sup> Seventeen percent (17%) of family caregivers consider their own health to be fair or poor (a higher percentage than the U.S. adult population),<sup>14</sup> and more than 40% have symptoms of depression.<sup>15</sup> It is clear that there is a significant need to support family caregivers who, at a cost to their own health and economic well-being, work to keep their family members in the community. Recognizing both this need and the likelihood of level State funding in the near future to assist caregivers, in 2014, RIDEA sought, and was awarded, a three-year Lifespan Respite Grant. Under this project, RIDEA is collaborating with Rhode Island College and the University of Rhode Island to develop a sustainable respite provider workforce in Rhode Island without reliance on additional State funding. This goal will be achieved through the implementation of an innovative sustainable workforce development initiative targeting senior level nursing students. The students will provide respite services to families in need, in fulfillment of the students’ requirement for a clinical placement for nursing school course credit.

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<sup>12</sup> AARP Public Policy Institute (2011). *Valuing the Invaluable: 2011 Update The growing Contributions and Costs of Family Caregiving*. Lynn Feinberg, Susan C. Reinhard, Ari Houser, and Rita Choula, p. 27.

<sup>13</sup> The SCAN Foundation. Fact Sheet Who Provides Long-Term Care in the U.S.? (Updated). October 2012. p.1.

<sup>14</sup> Ibid, p. 8.

<sup>15</sup> AARP Public Policy Institute (2011). *Valuing the Invaluable: 2011 Update The growing Contributions and Costs of Family Caregiving*. Lynn Feinberg, Susan C. Reinhard, Ari Houser, and Rita Choula, p. 7.

During this State Plan period, RIDEA also will explore the possibility of instituting cost sharing by consumers where permitted and appropriate to help to achieve sustainability and expansion of programs and services.

Collaboration with Other Agencies. Through partnerships with other agencies, RIDEA is able to leverage the staffing and other resources of other agencies to further RIDEA objectives. An RIDEA employee chairs the older adults falls prevention committee that is coordinated by the Rhode Island Department of Health (“RIDOH”), and RIDEA and RIDOH work together on Falls Prevention Awareness Day and other falls prevention activities. RIDOH funded the introduction of *A Matter of Balance* in the State, and RIDEA currently funds through the Title IIID Health Promotion program *A Matter of Balance* workshops taught by leaders who were trained in the RIDOH program.

RIDEA has assisted RIDOH with marketing and outreach for the Chronic Disease Self-Management Programs (“CDSMP). If RIDOH is awarded a new round of CDSMP funding for which it recently applied, RIDEA will assist with marketing and outreach through the POINT network and through RIDEA’S Title IIIB Senior Centers and Supportive Services program. Recognizing that senior centers are a valuable tool to reach community-based seniors, RIDEA includes in its Title IIIB Senior Centers and Supportive Services program scope of work a requirement that grantees assist with promotion of, and recruitment for, CDSMP.

RIDEA has met with the RIDOH Oral Health Program. RIDEA hopes to soon begin to assist the Oral Health Program in introducing an oral health screening and education program for Rhode Island’s community-dwelling older adults through senior centers. This initiative will target senior centers serving low income, minority elders.

RIDEA also collaborates with EOHHS. RIDEA plans to apply in July 2015 for the *Affordable Care Act SHIP and ADRC Person-centered counseling for Medicare- Medicaid Individuals in States with Approved Financial Alignment Models* Funding Opportunity (CMS-1N1-14-001). The SHIP/ADRC funding opportunity for FAD states will allow RIDEA to partner with EOHHS to expand the training and infrastructure in the SHIP/ADRC program specifically to assist MME individuals eligible for the Financial Alignment Demonstration.

RIDEA also seeks to leverage the resources of organizations outside of state government. United Way of Rhode Island (“UWRI”) houses the main, statewide location of THE POINT, the main portal to the State’s ADRC system. THE POINT at UWRI handles more than 43,000 contacts annually. UWRI contributes greatly to the functionality of THE POINT. It has the technology needed to collect the data required to track services, follow up with clients, and evaluate services. Its co-location with the State’s 2-1-1 program assists in the provision of POINT services on a 24 hour per day, seven day per week basis. UWRI also has the technology and equipment needed to provide services during emergencies when most other agencies are shut down. RIDEA would not have had the resources on its own to achieve all of these objectives.

Medicaid Reinvention. Noting that Medicaid accounts for approximately 30% of the State’s budget and that Rhode Island has the 2nd highest cost per enrollee of any state in the nation (60% above

the U.S. average),<sup>16</sup> newly elected Governor Gina Raimondo in early 2015 tasked a working group, with input from stakeholders, to find approximately \$90 million in state Medicaid savings for the state fiscal year that begins on July 1, 2015. As of this writing, various proposals put forth by the working group totaling more than \$91 million in state Medicaid savings are being considered by the Rhode Island General Assembly. Appendix B attached provides more information on these proposals which are contained in the Governor's proposed Medicaid Reinvention Act of 2015.

Other Initiatives. Consistent with the trend nationwide, RIDEA has been experiencing a decrease in recent years in participation in the Title IIIC Congregate nutrition program by older adults. In RIDEA's experience, today's older adults of all ages, whether they are 65 or 85, and from all backgrounds, often view mealsites as "places for old people" - and not for them. In 2014, in an effort to make this program more attractive to Rhode Island seniors today, the congregate meal sites were re-branded as "cafes." They began to offer lighter fare, such as sandwiches and salads, in addition to the traditional "hearty" meal option. The cafes meet the congregate nutrition requirements of Title IIIC of the Act.

RIDEA also has begun to reach out to the older GLBT population. In 2013 and in 2014, RIDEA, in coordination with an established RI advocacy group, Services and Advocacy for GLBT Elders ("SAGE") coordinated health fairs at the State House in Providence aimed at Rhode Island's older GLBT adults. Again in collaboration with SAGE, RIDEA established an GLBT congregate meal "café" in 2015 that is held on a monthly basis in Providence. It has been extremely popular and is expanding to a second location in Cranston, RI in June, 2015.

## FOCUS AREAS

### A. Older Americans Act Core Programs

#### 1. Title III and Title VI Program Coordination

According to the U.S. Census, Rhode Island's Native American population is quite small. Approximately 4,616 Native Americans live in Rhode Island, and fewer than 600 of Rhode Island's Native Americans are age 65 or older.<sup>17</sup> RIDEA receives no Title VI funding for Native American programs. RIDEA seeks to reach out to our State's Native American population, the Narragansett Indian Tribe, by making Title III funds available to the Tribe. Specifically, we allocate annually a portion of our Title IIIC congregate meal funding to the Narragansett Indian Tribe for its meal site, and in calendar 2014, the Narragansett Indian Tribe meal site served 4,673 meals.

In addition, RIDEA distributes by competitive bid approximately \$375,000 annually in Title IIIB funds which may be used for a variety of supportive services for older individuals and adults with disabilities in order to empower them to remain independent and self-sufficient. Pursuant to the terms of the Request for Proposals, Tribal organizations are eligible and invited to apply for these funds. RIDEA also reaches out to the Narragansett Indian Tribe to ensure that it is aware of

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<sup>16</sup> <http://openbudget.ri.gov/#/about>

<sup>17</sup> U.S. Census Bureau. American Community Survey 2009- 2013 5-Year Estimates.

funding opportunities for which it is eligible to apply, as well as of the variety of programs and services that are available to the Tribe's older individuals and adults with disabilities.

## 2. Strengthen Title III and Title VII Programs

RIDEA constantly seeks ways to improve the delivery of Older Americans Act core services.

### Nutrition

We continue to work with Meals on Wheels of RI, Inc., the home-delivered meals provider, to ensure that there will be no interruption in meal delivery during inclement weather. We have included this as a requirement in the scope of work. When feasible, Meals on Wheels delivers an extra meal the day before a storm is expected to hit, and Meals on Wheels publicizes its delivery of the extra meal, together with its closure announcement, so that seniors and their caregivers could have comfort that there will be no interruption in meal delivery. Meals on Wheels also seeks grant funding each year to cover the cost of shelf-stable meals to provide to clients in the event that an emergency prevents Meals on Wheels from delivering a meal. For the last two years, Meals on Wheels has been able to provide five (5) shelf stable meals each winter to seniors for use when service is interrupted. Having these meals available was very useful this past winter when Rhode Island endured more than six feet of snow between January and March.

The Governor has included in her proposed budget for state fiscal year 2016, which begins on July 1, 2015, an additional \$330,000 in state general revenue funding for the home-delivered meals program. If this additional funding is approved the RI General Assembly, we will work with Meals on Wheels on how best to expend these additional funds. Areas that are being explored are increasing the delivery of meals to the most vulnerable clients from five to seven days per week, hiring additional drivers and/or other staff and replacing obsolete equipment to improve service delivery, and marketing the program to attract additional participants.

In recent years, maintaining total levels of overall participation in the Congregate Meal Program has been a challenge. One reason for this challenge may be that today's eligible participants are less likely to gravitate toward a "mealsite" setting atmosphere. In RIDEA's experience, even older adults in their 80s and early 90s often view the mealsites as places for "old people" and not for them. In response, RIDEA established a Restaurant/Voucher program that is operated through a collaborative effort between the service provider agencies and restaurants such as Chelo's, IHOP, and most recently, Newport Creamery. The program uses vouchers to attract older adults who may prefer a less "traditional" mealsite program setting. Under this program, the restaurants offer special menus for seniors that meet the requirements of the Act, and the program otherwise is operated in compliance with Title III C (e.g., contributions are voluntary).

Recognizing the need for other new and innovative ideas to sustain and increase program participation, RIDEA and the congregate meals providers have introduced two new concepts in the past year. In an effort to make this program more attractive to today's seniors, approximately one year ago the congregate meal sites were re-branded as "cafes." They began to offer lighter fare, such as sandwiches and salads, in addition to the traditional "hearty" meal option. The cafes meet the congregate nutrition requirements of Title III C of the Act.

The congregate meals program also has begun to reach out to the older GLBT population through a collaboration with a RI advocacy group, Services and Advocacy for GLBT Elders (SAGE). Starting in March of 2015, a GLBT congregate meal “café” has been held on a monthly basis at a location in Providence. It has been extremely popular and is expanding to a second location in Cranston, RI. RIDEA will continue to encourage the providers to develop new ideas to attract program participants, with a focus on older adults who have the greatest economic and social need.

### Supportive Services and Senior Centers

RIDEA’s Senior Centers and Supportive Services Program is funded with Title IIIB funds. Every three (3) years RIDEA awards funds for this program through a competitive bidding process. We continuously update the scope of work for this program, based on our review of program performance, in order to ensure the availability of critical services for Rhode Island’s seniors throughout the State.

RIDEA administers a Health Promotion and Disease Prevention Program using Title IIID funds. The goal of this program is to provide evidence-based health promotion programs. These grants are awarded by competitive bid every three years. RIDEA has succeeded in having a variety of programs offered, notwithstanding the limited funding available. Programs that currently are being offered include CDSMP (in both English and Spanish), A Matter of Balance, Arthritis Walk with Ease, and Powerful Tools for Caregivers. One of the providers is reaching out to seniors in its RSVP program, both as workshop participants for training as lay leaders.

Supplementing these services, RIDEA has joined a falls prevention committee, which is coordinated by the Rhode Island Department of Health (“RIDOH”) and which is made up of a variety of aging network organizations. In addition, RIDOH introduced A Matter of Balance to Rhode Island, and RIDEA assisted RIDOH in its efforts. Finally, RIDEA collaborates with RIDOH to observe Falls Prevention Awareness Day, which takes place on the first day of fall each year, in order to increase awareness of the importance of fall prevention among older adults.

### Case Management

Case management services are provided for RIDEA by contracted community agencies. Case management agency staff assist RIDEA in the implementation and oversight of protective services designed to keep the elder safe in the community. Regularly scheduled meetings are held between the RIDEA administrators and case management agency supervisors for the purpose of addressing: 1) specific concerns and challenges related to protective services clients; and 2) an ongoing review of changes in RIDEA policy and procedures. The case management agencies also play an integral role in the provision of home and community care services through the performance of assessments, application and enrollment assistance and the development, implementation and monitoring of care plans.<sup>18</sup>

The case management program is divided into different geographic regions, with each agency assigned to a specific portion of the State. In 2011 RIDEA evaluated the geographic distribution

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<sup>18</sup> A chart of home and community-based services is attached as Appendix E.

of older adults in the State. As a result of this evaluation, RIDEA reorganized the case management regions and re-allocated the Title IIIB case management funds, based on the population needs within the regions. In late 2011/early 2012, RIDEA issued a competitive bid for case management services, with the goals of creating a stable network of accessible community providers and improving the effectiveness of RIDEA's outreach to minority communities.

As of July 1, 2012, the RIDEA case management agencies became formal operating partners in the ADRC; currently, there are six (6) case management agencies, each assigned to cover a specific geographic region of the state so that we have statewide case management coverage. The RIDEA case management agencies receive sustainable Medicaid and CNOM funding for Person-centered counseling and case management services that they provide in connection with the enrollment of seniors in Medicaid and CNOM services.

#### Person-Centered Counseling; Information, Referral and Assistance

A key component of RIDEA's efforts to strengthen its provision of person-centered counseling and information, referral and assistance services is THE POINT, a key operating partner in Rhode Island's ADRC. Since March 2010, the main, statewide office of THE POINT has been hosted and managed by United Way of RI, located in the heart of Providence, under a contract with RIDEA. In addition to this main office, there are regional POINT offices located throughout the State. THE POINT is funded with Title IIIB and Title IIIIE funds.

Since our submission of the previous State Plan on Aging, RIDEA evaluated various core programs to determine if there were ways to improve our effectiveness and efficiency in service delivery. This evaluation resulted in RIDEA electing to integrate the delivery of SHIP, SMP, MIPPA and POINT services for those populations served by RIDEA. As a result, responsibility for these programs throughout the state now is divided among six lead agencies, with each lead agency having responsibility for the delivery of all of these programs in an integrated, coordinated and efficient manner within a specific geographic region of the state. The new integrated project began on January 1, 2014. Each grantee is required to collaborate and sub-contract with at least two (2) established Rhode Island local community organizations, in order to reach the targeted populations. As a result of this new structure, the number of agencies providing POINT services has expanded from 9 to 24 and THE POINT network is better positioned through the new formal partnerships with local organizations to reach targeted populations – with no increase in overall funding. In addition, the Ocean State Center for Independent Living is a partner in the provision of POINT services for adults with disabilities.

Our goal is to achieve a fully functional ADRC on a statewide basis via a “No Wrong Door” model. A challenge of the new structure is ensuring that services are provided in a consistent manner throughout the POINT network. We hold monthly trainings for the network agencies to ensure that I&R/A is practiced uniformly and that the quality of services provided is consistent across the ADRC system, and ensure that person-centered counseling, care transitions services, and other assistance are consistently available statewide for older adults and adults with disabilities of all income levels. During this new State Plan period, we will work on “branding” this ADRC network, so that the public will understand what the POINT network is, how it can serve them and that they are being helped by a POINT network agency. Performance measures for the ADRC can be found under Goal IV in the Goals and Objectives section below.

## Pocket Manual

For 39 years, RIDEA has published The Pocket Manual of Elder Services. The Pocket Manual serves as a reference to programs and services for seniors and adults with disabilities and is widely recognized as one of the most comprehensive service guides published by RIDEA. More than 15,000 copies are distributed to aging network agency staff, consumers, families, caregivers and other interested parties each year.

### 3. Increase the Business Acumen of Aging Network Partners

RIDEA seeks to identify ways for its aging network partners to improve their business acumen. Examples are:

- Recognizing the need for more new and innovative ideas to sustain and increase program participation, RIDEA and the congregate meals providers have introduced two new concepts in the past year:

(a) Consistent with the nationwide trend, Rhode Island has been experiencing a decrease in recent years in participation in the Title IIIC Congregate nutrition program by older adults of all ages and backgrounds who often view the mealsites as places for “old people” and not for them. In an effort to make this program more attractive to today’s seniors, approximately one year ago the congregate meal sites were re-branded as “cafes.” They began to offer lighter fare, such as sandwiches and salads, in addition to the traditional “hearty” meal option. The cafes meet the congregate nutrition requirements of Title IIIC of the Act.

(b) The congregate meals program also has begun to reach out to the older GLBT population. Starting in March of 2015, an GLBT congregate meal “café” has been held on a monthly basis at a location in Providence. It has been extremely popular and is expanding to a second location in Cranston.

RIDEA will continue to encourage the providers to develop new ideas to attract program participants.

- RIDEA works with the SHIP agencies to find new ways to reach out to target populations. Ideas discussed at recent monthly meetings are reaching retiring employees through human resources departments at local businesses and reaching out to the local office of the Social Security Administration.
- RIDEA encourages the SMP agencies at monthly meetings to focus on outreach to target populations and to “think outside the box” for new ways to reach these populations.
- As SHIP and SMP have been integrated into one program (see **CONTEXT** above), RIDEA strongly encourages its grant partners to leverage opportunities to promote SHIP and SMP simultaneously.

- RIDEA works with many of its grantee agencies to improve their data collection and grant reporting and to help these agencies to understand the importance of good data collection to their business (such as in connection with applying for grants).

RIDEA will continue to seek new opportunities to assist its aging network partner agencies in improving their business acumen.

#### 4. Work Toward Integration of Health Care and Social Services Systems

RIDEA seeks opportunities to collaborate with other agencies, both inside and outside state government, in order to integrate health and social services systems. Current and new efforts in this area include:

Department of Health. RIDEA works closely with the Rhode Island Department of Health in several areas. An RIDEA employee with a Master in Social Work chairs the older adults falls prevention committee that is coordinated by the Rhode Island Department of Health (“RIDOH”), and RIDEA and RIDOH work together on Falls Prevention Awareness Day and other falls prevention activities. As chair of the falls prevention committee, the RIDEA employee brings a social work point of view to the table and helps to ensure that initiatives of the committee seek to meet the health needs of the target population with sensitivity to their situations. RIDOH funded the introduction of *A Matter of Balance* in the State, and RIDEA currently funds through the Title IIID Health Promotion program *A Matter of Balance* workshops taught by leaders who were trained in the RIDOH program.

RIDEA has assisted RIDOH with marketing and outreach for the Chronic Disease Self-Management Programs (“CDSMP). If RIDOH is awarded a new round of CDSMP funding for which it recently applied, RIDEA will assist with marketing and outreach through the ADRC and through RIDEA’S Title IIIB Senior Centers and Supportive Services program. Recognizing that senior centers are a valuable tool to reach community-based seniors, RIDEA includes in its Title IIIB Senior Centers and Supportive Services program scope of work a requirement that grantees assist with promotion of, and recruitment for, CDSMP.

In addition, both the *A Matter of Balance* and CDSMP workshops take place at senior and other community centers. It is our intent that by locating these programs at these locations, participants will be more likely to avail themselves of other additional programs and social services offered at these centers.

RIDEA has met with the RIDOH Oral Health Program. RIDEA hopes to soon begin to assist the Oral Health Program in introducing an oral health screening and education program for Rhode Island’s community-dwelling older adults through senior centers. This initiative will target senior centers serving low income, minority elders. An initial meeting with directors of senior centers from several areas populated by low income, minority elders is in the process of being scheduled. It is hoped that the screening and education program will begin this summer.



Hospitals. During RIDEA's ADRC grant period (which expired September 29, 2014), RIDEA, on behalf of the ADRC, entered into a Memorandum of Understanding with the State's largest acute care hospital located in Providence. Trainings have been held for hospital discharge planners regarding the assistance that THE POINT can provide in transitioning discharging patients back into the community. Between 2010 and 2014, outreach conducted for THE POINT reached target audience levels of 1,116 for hospitals and 1,447 for nursing homes. Over the course of the ADRC grant period, The POINT experienced a 272% increase in contacts from hospitals and a 287% increase in contacts from nursing homes. RIDEA has trained POINT staff in care transitions support, and will provide additional trainings in the future.

Financial Alignment Demonstration. RIDEA plans to apply in July 2015 for the *Affordable Care Act SHIP and ADRC Person-centered counseling for Medicare- Medicaid Individuals in States with Approved Financial Alignment Models Funding Opportunity* (CMS-1N1-14-001). In 2013 EOHHS issued procurements for two delivery system models under the Financial Alignment Demonstration (FAD) to better serve Medicare and Medicaid Eligible (MME) individuals as well as Medicaid members who receive Long Term Services and Supports (LTSS). Rhode Island's FAD program is being implemented in two phases. In the first phase, EOHHS contracts for both a fully capitated Medicaid health plan (Rhody Health Options) and enhancements to the State's current Primary Care Case Management Program (Connect Care Choice Community Partners). In the Rhody Health Options program, EOHHS contracts with Neighborhood Health Plan of Rhode Island (NHPRI) to deliver all Medicaid-covered services, including LTSS.

In May of 2014 EOHHS issued a competitive bid for additional Medicare-Medicaid Plan (MMP) vendors to administer Phase II of the Demonstration. Enrollment currently is scheduled to begin on December 1, 2015. The MME population presents many challenges. Individuals in this group often have complex co-morbid behavioral and medical conditions, as well as functional impairments and social support needs. In general, this population is socially isolated and has less education than individuals who have Medicare-only. The SHIP/ADRC funding opportunity for FAD states will allow RIDEA to partner with EOHHS to expand the training and infrastructure in the SHIP/ADRC program specifically to assist MME individuals eligible for the Financial Alignment Demonstration.

#### 5. Integrate Core Programs with ACL Discretionary Programs

ADRC/SHIP/SMP/MIPPA. As discussed in more detail in Focus Area A.2 above, since our submission of the previous State Plan on Aging, RIDEA evaluated various core programs to determine if there were ways to improve our effectiveness and efficiency in service delivery. This evaluation resulted in RIDEA electing to integrate the delivery of SHIP, SMP, MIPPA and POINT (ADRC) services for those populations served by RIDEA. As a result, responsibility for these programs throughout the state now is divided among six lead agencies, with each lead agency having responsibility for the delivery of all of these programs in an integrated, coordinated and efficient manner within a specific geographic region of the state. Each grantee is required to collaborate and sub-contract with at least two (2) local community organizations. As a result of this new structure, the number agencies providing POINT services have expanded from 9 to 24 – with no increase in overall funding.

SMP/Title IIIC Congregate Nutrition. RIDEA recently was awarded a new three-year SMP grant. In order to help expand the program's reach to targeted populations, the SMP program will be collaborating with the Title IIIC congregate nutrition providers to coordinate SMP outreach in conjunction with congregate meals.

Respite. The Office of Catholic Charities of the Diocese of Providence (OCS) administers a respite program called CareBreaks that is funded by RIDEA through a combination of Older Americans Act National Family Caregiver Program funds and state general revenue funds from the Rhode Island General Assembly. The program provides relief to primary caregivers who live with someone sixty (60) years of age or older and who is in need of personal care assistance. In-home respite, adult day services and overnight stays in assisted living or nursing care facilities are provided on a cost-sharing basis.

Since 2009 RIDEA has received Lifespan Respite funding from ACL. Most recently, in August 2014, RIDEA received a three year Lifespan Respite grant from ACL. The goal of the current project is to further integrate, bring to scale and achieve long-term sustainability of Lifespan respite services in the State. This goal will be achieved through the following objectives: (1) implement a new sustainable workforce development initiative targeting nursing students, which will offer respite services as a clinical placement option for course credit; (2) improve awareness about respite service and access to respite services through (a) the Rhode Island Aging and Disability Resource Center (ADRC), (b) the creation of one or more strategically located webpages and links, (c) the formalization and strengthening of the State's caregiver coalition as an advocate for caregivers and (d) provision of respite services for caregivers of individuals of all ages. Given its expertise in managing respite services, OCS administers these services as part of the CareBreaks respite program.

CDSMP. RIDEA has assisted the Rhode Island Department of Health in the Stanford University Chronic Disease Self-Management Program ("CDSMP"), *Living Well Rhode Island* that began in 2006. This program supplements RIDEA's Title IIID health promotion activities and supports our efforts to focus on programs and services that will help older adults and adults with disabilities to live independently in the community with a high quality of life for as long as possible. Individuals with developmental disabilities; persons who suffer severe, debilitating trauma; those who suffer from serious and persistent mental and physical illnesses; and people who struggle with addiction to alcohol and other substances are living longer today because of better medical treatment and more humane social policies. They are now aging into the traditional long term care system. Economic resources will not be available to address the chronic health care needs of the expanding aging population if these needs continue to be as extensive and debilitating as they are for the present aging population. Self-management and prevention of further disability and disease are keys to preventing unnecessary institutionalization.

If RIDOH is awarded a new round of CDSMP funding for which it recently applied, RIDEA will assist with marketing and outreach through the ADRC and through RIDEA'S Title IIIB Senior Centers and Supportive Services program. Recognizing that senior centers are a valuable tool to reach community-based seniors, RIDEA includes in its Title IIIB Senior Centers and Supportive Services program scope of work a requirement that grantees assist with promotion of, and recruitment for, CDSMP.

**Performance Measures:** Performance measures for Focus Area A can be found under Goals I, II and IV in the Goals and Objectives section below.

## **B. AoA Discretionary Grants**

### Lifespan Respite Grant

RIDEA is in the first year of a three year, Lifespan Respite grant from AoA. Under this grant RIDEA is working with the Rhode Island College School of Nursing, the University of Rhode Island College of Nursing, Heathcentric Advisors (the State's CMS-designated quality improvement organization, the Diocese of Providence, and THE POINT to further integrate, bring to scale and achieve long-term sustainability of Lifespan respite services in the State. This goal will be achieved through the following objectives: (1) implement a new sustainable workforce development initiative targeting nursing students, which will offer respite services as a clinical placement option for course credit; (2) improve awareness about respite service and access to respite services through (a) the Rhode Island Aging and Disability Resource Center (ADRC), (b) the creation of one or more strategically located webpages and links, (c) the formalization and strengthening of the State's caregiver coalition as an advocate for caregivers and (d) provision of respite services for caregivers of individuals of all ages. Given its expertise in managing respite services, OCS administers these services as part of the CareBreaks respite program.

SMP. RIDEA has operated Rhode Island's Senior Medicare Patrol (SMP) program since 2006. RIDEA constantly works to improve and expand the program. The RI SMP achieved a 33% increase in active volunteers during the 9/30/14 – 3/31/15 reporting period over the September 30, 2013 through March 30, 2014 reporting period, despite an extremely difficult winter here in Rhode Island.

RIDEA recently was awarded a new three-year SMP grant. The goal of the current project is to improve the capacity of a statewide SMP volunteer workforce to educate and assist Medicare and Medicaid beneficiaries and their caregivers to become empowered and equipped to prevent, detect and report suspected Medicare and Medicaid errors, fraud, waste, and abuse, with targeted efforts to reach isolated and vulnerable populations. The new project's objectives are: (1) foster statewide program coverage; (2) improve beneficiary education and inquiry resolution; (3) improve efficiency while improving operational and quality measures; and (4) target training and education to better serve priority populations. Anticipated outcomes include: (i) an increase in the number of beneficiaries from targeted populations who receive SMP education and assistance throughout the state; (ii) increased recruitment, training, and retention of a diverse workforce of RI SMP volunteers; and (iii) improvement in accuracy and timeliness of data entry.

SMP is part of RIDEA's new Integrated Program, discussed in **CONTEXT** above.

SHIP. RIDEA manages the Rhode Island State Health Insurance Assistance Program (SHIP), which provides one-on-one, personalized counseling about Medicare benefits and services. Trained SHIP volunteers are available to answer questions and to assist with health insurance-related questions and problems. SHIP services include community outreach, information, and

education. Medicare beneficiaries are referred by SHIP counselors and volunteers to other programs and services, as necessary.

RIDEA SHIP is proud to be among the top two performing SHIP programs out of 54 states and territories. . The RI SHIP network increased from 15,512 total client contacts in FY2013 to 18,030 client contacts in FY2014. SHIP, like SMP, is part of RIDEA's new Integrated Program, discussed in **CONTEXT** above.

Due to annual changes in the Medicare Part D program, RIDEA works with THE POINT agencies, senior centers and community centers each year to host statewide enrollment events for Medicare beneficiaries before, during, and after the official Medicare Part D open enrollment timeframe. RIDEA also trains SHIP counselors and volunteers so that they can provide clear, concise, and accurate information to Medicare beneficiaries about their Medicare prescription drug plan (also referred to as a "Medicare Part D plan") and health insurance coverage plan options.

**Performance Measures:** Performance measures for Focus Area B can be found under Goal I in the Goals and Objectives section below.

### **C. Participant-Directed/Person-Centered Planning**

RIDEA seeks to accomplish its mission by ensuring that programs and services are user-friendly, consumer-directed and delivered in the least restrictive environment. A major goal for RIDEA and its sister agency EOHHS is to re-balance long term care services in Rhode Island so that more dollars are spent on home and community care services for more people (which are less costly on a per-person basis than institutional care) and so that the proportion of State dollars spent on, and the number of persons served in, institutional care, decreases.

A key element of this re-balancing effort is consumer direction and choice. In December 2011, EOHHS received supplemental funding under its Money Follows the Person (MFP) program. This funding was used to improve and expand the Person-centered counseling and care transitions capabilities of the ADRC on a statewide basis. As a result of this project, THE POINT agencies have been trained in person-centered counseling. THE POINT provides streamlined access to information and services, in addition to person-centered counseling, for older adults and adults with disabilities, including individuals transitioning back to the community.

In addition, the RIDEA case management agencies provide participant-directed planning. Among other duties, the case management agencies assess clients in the community and work with the clients to develop care plans for them. Clients have the opportunity to be actively involved in the development of these care plans.

If RIDEA is able to obtain the SHIP-ADRC grant referred to in Focus Area A.4 above, RIDEA's SHIP-ADRC program will develop the expertise to provide person-centered counseling for Medicare-Medicaid eligible individuals with respect to their health coverage options.

**Performance Measures:** Performance measures for Focus Area C can be found under Goal I in the Goals and Objectives section below.

## **D. Elder Justice**

Protective Services. The RIDEA Protective Services Unit is responsible for investigating self-neglect among Rhode Islanders 60 and older, as well as complaints of abuse of Rhode Islanders 60 and older by a family member, caregiver, or person with a duty to care for the elder. Abuse may include physical, emotional, sexual, financial exploitation or abandonment. The Protective Services Unit collaborates with state and local police departments and the Rhode Island Attorney General, as appropriate.

Each fall, an all-day training is held for first responders and aging network professionals on issues relating to safety and rights of older adults. The 2014 conference topic was financial exploitation. During the 2014 state fiscal year RIDEA investigated 1,140 reports of self-neglect and 1,113 reports of abuse.

The RIDEA Protective Services Unit also operates the Early Intervention Program, a timely response that includes the assessment of risk and the provision of interventions to reduce/eliminate harm in cases where there is a reported element of risk to an older adult. This process begins when the report does not meet the criteria for abuse or self-neglect as defined by RIDEA but there is a concern for the safety of the older adult.

Elder Rights. Rhode Island Legal Services (“RILS”) receives Title IIIB funding from RIDEA for the provision of legal services to low-income older Rhode Islanders. Through its Elder Law Project (“ELP”), RILS provides legal representation with respect to a variety of legal issues, such as landlord-tenant, foreclosures, and tax/public benefit issues.

The Rhode Island Bar Association (“RIBA”) also receives Title IIIB funding. RIBA runs a lawyer referral network for the elderly, which links older Rhode Islanders with attorneys who can assist with any legal matters. Under the grant from RIDEA, older adults receive a free half hour consultation with an attorney.

LTC Ombudsman. RIDEA has strengthened its Title VII Ombudsman program through the adoption of regulations that address conflicts of interest and other areas of concern. RIDEA conducted public meetings and hearings to obtain input on the proposed regulations from stakeholders, and the regulations became effective in July, 2014. RIDEA will review the State regulations against the recently adopted federal Ombudsman regulations to make sure they are consistent and will make any necessary changes to the State regulations. RIDEA also plans to hold trainings for RIDEA Ombudsman office staff on the federal and state regulations.

**Performance Measures:** Performance measures for Focus Area D can be found under Goal III in the Goals and Objectives section below.

## **QUALITY MANAGEMENT**

RIDEA seeks to improve the quality of its programs in various ways:

Volunteer Management. The recruitment of volunteers to help staff programs is an important element of the Older Americans Act and various Administration for Community Living programs. One such program that depends in large part on volunteers is the Senior Medical Patrol (SMP). RIDEA uses a portion of its SMP funds for a RI SMP volunteer coordinator who devotes her time to the RI SMP to assist the RI SMP project director and regional partner agencies in the expansion and maintenance of a volunteer program that meets the current and future needs and requirements of the Senior Medicare Patrol program. ACL SMP “Volunteer Risk and Program Management” policies and procedures have been implemented to provide the entire RI SMP volunteer workforce with a consistent, safe, and efficient work environment. The SMP volunteer coordinator and RI SMP project director collaborate with the RI SMP regional partner agencies to continue to implement the new systems, processes, and infrastructures for the SMP program that are required by ACL in order to address risk management, and to continue to strengthen the SMP program volunteer management system. RIDEA plans to use lessons learned from the implementation of the ACL SMP volunteer risk and program management policies to implement risk management and improved program management policies for volunteers under the SHIP and other RIDEA programs.

Technology. For many years, the POINT partner agencies used a software program developed by RIDEA that was extremely limited in its utility and did not allow RIDEA to meet ACL’s ADRC criteria (e.g., coordinate services among agencies, track clients for follow-up, etc.) or to effectively evaluate the performance of the partner agencies. RIDEA determined that it was essential to replace this system. RIDEA located funds to allow it to procure a vendor-hosted, web-based software database system to replace the previous outdated system. The new system allows the POINT partner agencies, located across the state, to meet federal requirements and guidelines to track and coordinate their clients and services, provide Information and Referral services, to follow up with clients and to gather data for reporting to federal & state agencies. RIDEA also is able to use the system evaluate the performance of the POINT agencies in providing ADRC services. Training on the new system took place in January 2015 and the system became fully operational on February 1, 2015.

Data Collection; Program Quality. RIDEA staff work with grantee agencies to improve their data collection and program performance. RIDEA holds monthly trainings with grantees of the Integrated SHIP/POINT/SMP program. The SHIP/POINT/SMP program managers regularly review the data entered by the grantee agencies, and portions of these meetings often are devoted to trainings and refreshers in data collection. Likewise, the Home and Community-Based Services program supervisor holds monthly meetings/trainings with the case management agency supervisors and addresses data entry issues when necessary, as well as other program issues. The Title IIIB program managers also work with the Title IIIB agencies as needed to improve data collection. For Federal programs for which data is not entered electronically by grantees, RIDEA requires the submission of quarterly program reports, which are reviewed by the program managers; when questions or issues arise, RIDEA works with the grantee agencies to resolve them.

HCBS. In addition to the monthly meetings with the case management supervisors, the RIDEA HCBS staff audit the case management agency records on a quarterly basis to ensure that all

documentation is in place and that services are being provided in a prompt, efficient and proper manner.

Consumer Input. In 2015, RIDEA entered into a Memorandum of Understanding with the Rhode Island College Healthcare Administration Program to support their convening of focus groups around the State to more deeply probe issues of concern to elder community residents. RIDEA obtained a summary of the findings from five of the focus groups to inform the drafting of the 2015 State Plan. At the conclusion of the Focus Group Project (scheduled for the end of September, 2015), RIC will submit a formal report to RIDEA analyzing their findings, which RIDEA will use to inform budget priorities and to develop future programs and policies. RIDEA hopes to be able to conduct these focus groups on an annual or biennial basis going forward to obtain consumer feedback about the quality of RIDEA programs and services and about gaps in services.

The main office of The POINT conducts consumer satisfaction surveys. RIDEA will explore the possibility of adopting a tool similar to that used by the University of Southern Maine HCBS Quality Indicator Database for the HCBS program.

## **OTHER PROGRAMS**

For a description of other RIDEA programs, please see Appendix D. All of these programs create a system of supports and services critical to elders, adults with disabilities, as well as their families and caregivers in maintaining and supporting their independence with dignity.

## GOALS AND OBJECTIVES

### GOAL I

**ENABLE SENIORS TO REMAIN IN THEIR OWN HOMES WITH A HIGH QUALITY OF LIFE FOR AS LONG AS POSSIBLE THROUGH THE PROVISION OF APPROPRIATE HOME AND COMMUNITY-BASED SERVICES, INCLUDING SUPPORTS FOR FAMILY CAREGIVERS**

#### Objective 1.1

**Provide affordable home and community-based care services and living options to prevent or delay institutionalization.**

##### Strategies:

- Continue to implement and expand existing options through federally supported programs within the RI Comprehensive 1115 Waiver (renewed in 2014 for five (5) years) for **non-Medicaid** eligible individuals, to allow such individuals to remain in the community with necessary health care services and supports. This will delay long-term care facility admission, as well as Medicaid enrollment, for this population.
- Continue to implement and expand existing options through federally supported programs within the RI Comprehensive 1115 Waiver for **Medicaid**-eligible individuals, to allow such individuals to remain in the community with necessary health care services and supports. This will delay long-term care facility admission, as well as reduce Medicaid costs, for this population.
- Financial Alignment Demonstration (FAD)/SHIP-ADRC Grant: In 2015, Rhode Island anticipates entering into a three way Memorandum of Understanding with CMS and Neighborhood Health Plan of RI to enroll dually-eligible (Medicare and Medicaid) individuals into a Managed Care Plan that will coordinate their Medicaid and Medicare benefits for improved care coordination and better health outcomes. RIDEA will play a critical role in the roll-out of this initiative through a SHIP/ADRC grant awarded to states that enter into FADs. The success of the implementation will depend, in large part, on appropriate communication with and counseling for those beneficiaries who will be affected. RIDEA plans to expand its SHIP capacity with funds from this three-year grant and collaborate with the marketing efforts of EOHHS to ensure that beneficiaries understand their options and are able to take full advantage of their coordinated benefits.
- Through the regional ADRC offices: (a) expand provision of person-centered counseling, SHIP and SMP counseling, and other services to older adults of all income levels throughout the State; (b) increase awareness of energy assistance, property tax reduction, reverse mortgages, and other programs that make it easier



for elders to remain in their own homes; and (c) assist older adults in transitioning to the community from hospitals and nursing homes to help achieve successful transitions and reduce hospital readmissions.

- Seek restoration of previous State funding cuts to community senior centers to allow them to restore programs and services that had been reduced or eliminated and to collaborate, with RIDEA, on a new focus toward serving younger, active and independent seniors through expanded preventive health care programs, volunteer opportunities and pre-retirement counseling.
- Support the development of alternative communities, such as the Providence Village model (based on Beacon Hill), to provide options for older adults with changing needs to remain independent and engaged in the community.

## **Objective 1.2**

### **Provide opportunities for community involvement.**

#### Strategies:

- Increase public awareness of programs available by means of the redesign and ongoing management of the RIDEA website, including the introduction of social media outlets, as well as traditional outreach through the local senior center network, public libraries, the aging services provider community and the ADRC network.
- Collaborate with other agencies within EOHHS in seeking ways to maintain and expand affordable transportation opportunities for seniors, including without limitation support for privately funded sustainable models that offer flexible transportation for both social and medical needs.
- Expand volunteer opportunities for younger seniors through a partnership with Serve Rhode Island, established in 1994 as Rhode Island's Commission for National and Community Service, and the leading RI resource for service and volunteerism.
- Explore funding opportunities to implement workshops to assist unemployed and underemployed older adults to start their own businesses.
- Work with partners at the RI Department of Labor and Training to restore to RIDEA the Senior Community Service Employment Program (SCSEP) by 2017.

### **Objective 1.3**

**Provide family caregivers with the information they need to make informed decisions and to access services.**

#### Strategies:

- Promote sustainable expansion of respite care for family caregivers through a Lifespan Respite grant initiative that will provide for the provision of free respite care by collegiate level nursing students in exchange for course credit. If this initiative succeeds, expand the concept to other college programs, such as social work and physical therapy.
- Increase awareness of, and improve advocacy for, respite care services through formalization and organization of the existing statewide caregiver coalition and development of online resources.
- Increase public awareness of the services adult day care programs provide to elders and their caregivers.
- Continue to implement and expand caregiver support programs to reduce stress, such as *Powerful Tools for Caregivers*, thereby improving the quality of life and extending the life expectancy of caregivers.

#### **Goal I Performance Measures:**

1. Increase by 5% per year the number of people receiving person-centered counseling at the ADRC.
2. Provide person-centered counseling for Medicare-Medicaid individuals with respect to their health coverage options.
3. Increase by 5% per year the number of people who participate in home and community care programs through the RIDEA case management agencies.
4. Develop new transportation opportunities for seniors and adults with disabilities.
5. Grow volunteer participation in SHIP and SMP by 10% per year.
6. Reach out to 5 Rhode Island employers per year regarding availability of SHIP counseling.
7. For each semester during years 2 and 3 of the Lifespan Respite grant, identify 10 Rhode Island College (“RIC”) nursing students (it is anticipated that some RIC students may participate for more than one semester) and 8 University of Rhode Island (“URI”) nursing students who will provide respite services under this program.
8. By the end of the third year of the Lifespan Respite grant, serve 35 to 40 families through the RIC and URI nursing student workforce initiatives.

## **GOAL II**

### **EMPOWER OLDER PEOPLE TO STAY ACTIVE AND HEALTHY**

#### **Objective 2.1**

##### **Encourage self-management of chronic disease.**

###### Strategies:

- Continue to collaborate with the RI Department of Health (“RIDOH”) on evidence-based chronic disease self-management programs. Explore potential areas for additional collaboration with RIDOH and leveraging of resources to expand services and programs that help older adults manage chronic conditions.
- Continue to promote, through local partner agencies, evidence-based health promotion activities.
- Work with Rhode Island’s medically needy older adults to enroll them in the most appropriate Medicare Part D prescription drug plan for their needs.
- Continue to implement an interim supplemental state pharmaceutical assistance plan for the elderly (RIPAE) to assist Rhode Island’s medically needy older adults while in the Medicare Part D “donut hole,” as they manage the transition to full implementation of Part D benefits in 2020.

#### **Objective 2.2**

##### **Promote a healthy lifestyle among older adults.**

###### Strategies:

- Educate older adults about the importance of a healthy diet and encourage participation in congregate meal sites and home-delivered meal programs, as well as other publicly funded programs that lead to better nutrition.
- Collaborate with the Rhode Island Community Food Bank to implement in Rhode Island the United States Department of Agriculture Commodity Supplemental Food Program (“CSFP”) for older adults.
- Continue to encourage the congregate meals providers to develop new ideas to attract program participants, including younger seniors, by rebranding the meal sites as “cafes,” and offering alternative menu choices, such as the “pub” option” and the “spa” option, in addition to the traditional “hearty” meals.

- Expand the cafes to reach underserved populations such as the GLBT community through a partnership with Rhode Island's advocacy group, Services and Advocacy for the GLBT Elderly (SAGE) which has resulted in the opening of two (2) GLBT Cafes in Rhode Island in 2015.
- Educate older adults about the importance of exercise and provide opportunities at senior centers and other sites, such as libraries, to participate in exercise and dance classes and other physical activities.
- Encourage use of Title III funds by senior center grantees for exercise and other programs that will help older adults to lead a healthier lifestyle.
- In collaboration with RIDOH and selected senior centers in the State, implement an oral health screening and education program for low income, minority elders.
- Explore the possibility of instituting cost sharing by consumers where permitted and appropriate to help to achieve sustainability and expansion of programs and services.

### **Objective 2.3**

#### **Engage in falls prevention activities.**

- Strengthen collaboration with the RIDOH on falls prevention activities, such as in the continued implementation of the evidence-based program entitled *A Matter of Balance*.
- Participate in the Falls Prevention Subcommittee coordinated by the RIDOH Violence and Injury Prevention Program.
- Seek sustainability/expansion of *A Matter of Balance* through funding from Medicaid and/or health plans.
- Increase awareness among seniors of the issue through the observance of Falls Prevention Awareness Day.

### **Goal II Performance Measures:**

1. Decrease falls among older Rhode Islanders, as evidenced by hospitalization reports obtained from the Rhode Island Department of Health.
2. Increase meal site participation by 2% per year.
3. Recruit 120 older adults per year to participate in CDSMP and/or other evidence-based health promotion programs.
4. Increase participation by older adults in exercise and other activities conducted by senior centers by 5% per year.
5. Implement interim prescription assistance program.

6. Enroll 500 elders per year to participate in *A Matter of Balance* and/or other falls prevention activities.
7. Each year, hold at least 3 oral health screenings and/or education sessions aimed at low income, minority older adults in the State.

### **GOAL III**

#### **ENSURE THE RIGHTS OF OLDER PEOPLE AND PREVENT THEIR ABUSE, NEGLECT AND EXPLOITATION**

##### **Objective 3.1**

**Strengthen protection and rights of residents in long term care facilities.**

Strategy:

- Implement state and federal regulations applicable to the Rhode Island Long Term Care Ombudsman.
- Hold trainings for Ombudsman office and long term care facilities staff on the state and federal Long Term Care Ombudsman regulations and requirements.

##### **Objective 3.2**

**Expand access to legal assistance for older people in the community.**

Strategies:

- Continue to collaborate with Rhode Island Legal Services and the Rhode Island Bar Association to expand or improve the delivery of legal assistance to older persons, especially those with social and/or economic needs.
- Collaborate with Rhode Island Legal Services and/or other local community organizations to conduct outreach and education events for the public regarding elder rights.

##### **Objective 3.3**

**Strengthen protections of older people in the community.**

Strategies:

- Promote educational and public awareness efforts (through outreach/media campaigns and/or other methods) to empower the general public to report suspected victimization of elders.

- Continue regular meetings with the regional case management agency supervisors to address emerging issues and ensure that seamless protective and social services are delivered to victims of abuse, neglect and exploitation.
- Maintain and strengthen relationship with the Rhode Island Attorney General's Office, with the goal of increasing the percentage of abusers of elders who are tried for their offenses.
- Continue to collaborate with a contracted agency to operate a response program for elders in crisis outside of departmental hours of operation, to complement existing DEA Protective Service programs and enhance and strengthen the ongoing partnership between DEA, public safety personnel, and other providers of crisis intervention services for vulnerable elders in the community.
- Continue to collaborate with a contracted agency to operate a volunteer guardian program for elders who need a guardian of the person.

**Goal III Performance Measures:**

1. During FFY 2016, hold one training for RIDEA Protective Services staff and one training for LTC Ombudsman staff on Long Term Care Ombudsman Program regulations. Conduct refresher trainings annually thereafter.
2. Increase the number of older Rhode Islanders who receive legal assistance through the RILS and RIBA programs by 2% per year.
3. Identify funding each year to allow the after-hours response program for elders in crisis to continue and to provide the same level of service that currently is provided.
4. Conduct at least 10 outreach/public awareness activities each year.
5. Identify funding each year to allow the Volunteer Guardian Program to continue at the current level.

**GOAL IV**

**EMPOWER OLDER PEOPLE AND THEIR FAMILIES TO MAKE INFORMED DECISIONS ABOUT, AND BE ABLE TO EASILY ACCESS, EXISTING HOME AND COMMUNITY-BASED OPTIONS**

**Objective 4.1**

**Help Rhode Island's older adults and their families and caregivers to be well-informed about available options and services.**

Strategies:

- Continue to operate the ADRC despite the expiration of federal ADRC grant funding by seeking state funding and other sustainable funding sources for the ADRC program.
- Increase public awareness of the ADRC, the services it provides, locations and hours of operation; improve and keep current the ADRC page on the Division of Elderly Affairs website.
- Continue to hold monthly trainings for ADRC staff and to implement operating standards and protocols for the services provided by the various ADRC locations in order to ensure consistency in services, including without limitation person-centered counseling and care transition services, as well as awareness and understanding on the part of ADRC staff of available services and programs.
- Strengthen and expand RIDEA's relationships with community organizations, such as senior centers, libraries and pharmacies, in order to reach a wide range of older people and their families.

**Objective 4.2**

**Continue to work toward a “fully functional” ADRC in Rhode Island.**

Strategies:

- Expand the provision of person-centered counseling and assistance in obtaining other services to older adults and adults with disabilities of all income levels throughout the State through regional ADRC offices and/or other means.
- Continue to implement a no-wrong door ADRC model through the use of an online database that is accessible to the RIDEA ADRC partner agencies.
- Improve quality of service provided by the RIDEA ADRC partner agencies via an online database that will allow agencies to track clients and services provided for particular clients and to flag clients for follow-up; clients will not have to repeatedly provide the same information each time they contact the ADRC for assistance; and RIDEA will be able to better evaluate its ADRC partners' activities.
- Continue to provide state-wide access to the ADRC both in-person and by telephone.
- Collaborate with the State's Executive Office of Health and Human Services and other State human services agencies to expand the No Wrong Door /ADRC model to other state agencies in order to serve all populations.

**Goal IV Performance Measures:**

1. Increase calls and walk-ins to the ADRC, as well as person-centered counseling sessions, by 5% per year.
2. Update the ADRC page on the RIDEA website.
3. Maintain at least a 90% consumer satisfaction rate with services provided by THE POINT.
4. RIDEA partner agencies will use the online database to track clients and services provided for particular clients and to flag clients for follow-up; clients will not have to provide the same information over and over; and RIDEA will be able to better evaluate its ADRC partners' activities.
5. Continue to implement written operating standards and protocols for the services provided by the various ADRC locations; continue trainings of ADRC staff.
6. Expand No Wrong Door/ADRC model to other state human services agencies.

### **SUMMARY OF PUBLIC HEARING AND COMMENT PROCESS**

In preparing the 2015 State Plan on Aging, RIDEA held one public hearing, advertised on the Secretary of State's website, and three (3) community meetings in different regions of the State of Rhode Island, advertised through the aging network of providers, advocates, and consumers.

Public Hearing, May 14, 2015

Leon Mathieu Senior Center  
Main Street  
Pawtucket, RI 02860

Community Meeting, May 11, 2015

Pilgrim Senior Center  
27 Pilgrim Parkway  
Warwick, RI 02888

Community Meeting, May 12, 2015

East Providence Senior Center  
610 Waterman Ave  
East Providence, RI 02914

Community Meeting, June 11, 2015

Center for Southeast Asians  
270 Elmwood Ave.  
Providence, RI 02907

A total of forty-five (45) people attended the hearings, up from 19 people in 2011. In 2015, the audiences consisted of many more consumers than advocates/providers (this was not the case in 2011).

In conjunction with the hearing and community meetings, and in order to gather more in-depth qualitative feedback from seniors in the community, RIDEA entered into a Memorandum of Understanding with the Rhode Island College Healthcare Administration Program to support their convening of focus groups around the State to more deeply probe issues of concern to elder community residents. RIDEA obtained a summary of the findings from five of the focus groups to inform the drafting of the 2015 State Plan. At the conclusion of the Focus Group Project, RIC will submit a formal report to RIDEA analyzing their findings, which RIDEA will use to inform budget priorities and to develop future programs and policies.

Common themes emerged through this diverse stakeholder process. The public comments primarily centered on the following topics:



- **The need for a more responsive system of Transportation for elders was a common theme in every group.** Participants expressed concern that the current transportation options for senior and adults with disabilities are limited, unreliable and can be inconvenient. It was suggested that efforts to improve transportation include research into privately funded sustainable models that offer flexible transportation for both social and medical needs. In response to these concerns, RIDEA has expanded its transportation-related strategy in Objective 1.3 above to include support for these types of transportation services.
- **Finances:** Participants expressed feelings of insecurity about being able to survive financially as they age. Primary topics of concerns were the cost of healthcare premiums, co-pays, prescription expenses, and dental care. A common theme in all groups was worry about the ability to pay property, vehicle and social security taxes. They expressed a need for home care services but did not know how they could afford them. RIDEA has responded to this concern by re-committing to Objective 4.1 above which provides that the Division will assist older adults in locating programs and services that help to enhance economic security and provide subsidies for needed medical and home care services.
- **Loneliness:** Many seniors expressed feelings of loneliness and although they wished to remain in their homes, they were concerned about aging alone, requiring more assistance and becoming homebound. Objective 1.2 which seeks to help older adults find opportunities for community involvement, Objectives 2.1 through 2.3 which promote a healthy lifestyle (so that older adults will be able to remain independent and active in the community for as long as possible), and Objective 4.1 which helps older adults locate programs and home care services, address these concerns.
- **Senior Centers:** Attendees universally praised the role that Senior Centers play in their lives, providing them with socialization, instructions for healthy living, nutrition programs and comprehensive information services. RIDEA has responded to this request through a re-commitment to Objective 4.1 above which provides for efforts to strengthen the Department's relationships with its existing community partners, including senior centers, in order to reach a wider range of seniors throughout the State.
- **Livable, supportive communities:** A common theme was the need to re-establish community ties through volunteerism, shared living arrangements, linkages to universities, relationships with high schools as a source of students willing to provide chore services. There was discussion of the Beacon Hill Model at one of the hearings. In response to this issue, RIDEA will expand its efforts to engage younger seniors, through such avenues as employment opportunities, and involvement with the developing Providence Village model (based on Beacon Hill). Objectives 1.1 and 1.2 address these areas.
- **Information and Referral Services:** Many attendees expressed the need for increased outreach to seniors about accessible sources of information and referral services that will provide guidance and resources for assistance when they need it. Many seniors who reside in the community seek information in locally accessible locations that they frequent, such as libraries, pharmacies, physician offices, etc. RIDEA will re-commit to its efforts to a

variety of community locations, both traditional and non-traditional. In response to these comments RIDEA revised one of the Objective 4.1 strategies.

## **RESOURCE ALLOCATION PLAN**

The Resource Allocation Plan reflects estimated receipts and expenditures for FY 2016. The federal estimates were determined using FFY 2015 funding levels; state estimates were based on proposed state funding levels for the state fiscal year 2016, which begins on July 1, 2015 (the state budget for SFY 2016 has not yet been finalized).

Since our last State Plan, the state and federal Medicaid funds for direct services have been removed from the RIDEA budget and have been transferred to EOHHS, which houses the Medicaid office. In addition, the budget for the RI Pharmaceutical Assistance Program for the Elderly has decreased significantly, as a result of the Affordable Care Act. These changes, coupled with the 2013 sequestration cuts, account for the most of the reductions in the RIDEA budget. A spreadsheet setting forth the Resource Allocation Plan is included as Appendix G.

## Appendix A

### Demographic Information

According to the U.S. Census Bureau, in 2014 the total population of Rhode Island was estimated to be 1,055,173. In 2013, Rhode Island residents over the age of sixty-five (65) represented 15.5% of the total RI population (approximately 163,270 people), while nationally individuals 65 and older represented just 14.1% of the population.<sup>19</sup> Rhode Island has the third highest percent of population in New England over age 65, with only Maine and Vermont having higher percentages.<sup>20</sup> Approximately thirty percent of Rhode Islanders age 65 and older live alone in the community.<sup>21</sup>

Between 2000 and 2010, the population of adults in Rhode Island between the ages of 60 and 69 increased by 37% and of those aged 85 and older increased by 28%, while the State's overall population increased by only .4 % during this time period.<sup>22</sup> *No state has a higher percentage of residents aged 85 and older.*<sup>23</sup> Between 2010 and 2040, the State's elderly population is expected to increase by 75%, while the overall population increase only is expected to be 2%. It is estimated that, by 2040, 25% of the State's population will be 65 years of age or older.<sup>24</sup>

Trends also indicate continuing expansion within Rhode Island's minority groups; particularly, in the African American and Hispanic communities. Minority older adults accounted for only 5.2% of the State's elderly population in 2000, and this figure is expected to increase to 13.9% by 2030.<sup>25</sup> This estimate may be considerably understated in light of 2010 Census information: between 2000 and 2010 Rhode Island's Hispanic population grew by 40,000 (a 44% increase), and were it not for this growing segment of Rhode Island's population, the State's total population actually would have decreased from 2000 to 2010.<sup>26</sup> In 2013, it was estimated that 13.6% of the Rhode Island population was of Hispanic descent.<sup>27</sup> The majority of Hispanics live in Providence County in the cities of Providence, Pawtucket and Central Falls.<sup>28</sup> Almost 6% of

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<sup>19</sup> U.S. Census Bureau. *Rhode Island QuickFacts*. Retrieved March 30, 2015 from <http://quickfacts.census.gov/qfd/states/44000.html>

<sup>20</sup> U.S. Census Bureau, Census 2000 Summary File 1 and 2010 Census Summary File 1.

<sup>21</sup> U.S. Census Bureau. American Community Survey 2009- 2013 5-Year Estimates.

<sup>22</sup> State of Rhode Island Division of Planning. *Rhode Island Population by Age and Sex, 2000-2010*. Retrieved March 30, 2015 from <http://www.planning.state.ri.us/geodeminfo/data/acs.php>

<sup>23</sup> U.S. Census Bureau, Census 2000 Summary File 1 and 2010 Census Summary File 1.

<sup>24</sup> Rhode Island Division of Planning. April 2013. *Rhode Island Population Projections 2010-2040*. Retrieved March 30, 2015 from <http://www.planning.state.ri.us/>

<sup>25</sup> Statewide Planning Program, RI Department of Administration. *Rhode Island Aging Profile*. May 2010, p. 16.

<sup>26</sup> Source: U.S. Census Bureau, Census 2000 Redistricting Data (Public Law 94-171) Summary File, Tables PL1, PL2, PL3, and PL4, and 2010 Census Redistricting Data (Public Law 94-171) Summary File, Tables P1, P2, P3, and P4.

<sup>27</sup> U.S. Census Bureau. *Rhode Island QuickFacts*. Retrieved March 30, 2015 from <http://quickfacts.census.gov/qfd/states/44000.html>

<sup>28</sup> Rhode Island Division of Planning. *Race and Ethnicity by County Subdivision (Source: Census 2010)*. Retrieved April 5, 2015 from <http://www.planning.state.ri.us/geodeminfo/data/acs.php>

RI residents are black,<sup>29</sup> residing largely in Providence; a language other than English is spoken in 21% of Rhode Island homes; and Spanish is the language most frequently spoken by non-English speaking Rhode Island residents (11%), followed by other Indo-European languages (7.2%) and Asian and Pacific Islander languages (2.1%).<sup>30</sup> Of Rhode Islanders 65 years of age and older, 13.3% speak a language other than English at home.<sup>31</sup>

As expected, women age 65 and over outnumber men. Just under 58% of Rhode Islanders over age 65 are women.<sup>32</sup> Women outnumber men in the 85 and over age group by more than 2 to 1.<sup>33</sup> In addition, as with the State of Rhode Island's aging population, the number of Rhode Island adults with disabilities who are living in the community is substantial. According to U.S. Census data, there are approximately 119,000 adult Rhode Islanders with disabilities living in the community, representing 11.5% of the community-dwelling population. Of community-dwelling persons sixty-five (65) and over, approximately 34.5% live with disabilities.<sup>34</sup>

In 2013, approximately 8.5% of Rhode Islanders age 65 and older were living below the federal poverty level.<sup>35</sup> Another 5.5% live between 100% and 125% of the federal poverty level.<sup>36</sup> Approximately 8,091 women in Rhode Island age 65 and over live in poverty (representing 8.6% of female Rhode Islanders in that age group), and 5,056 men in Rhode Island age 65 and over live in poverty (representing 7.4% of male Rhode Islanders in that age group).<sup>37</sup>

Rhode Island has no official rural areas. According to the Economic Research Service of the U.S. Department of Agriculture, all of Rhode Island's five (5) counties are "metropolitan" (Bristol, Kent, Newport, Providence, and Washington). Despite the Federal designation of our entire state as metropolitan, many portions of the State lack convenient public transportation. Providing affordable, accessible transportation services and to expand transportation services to not only transport to medical appointments, mealsites, and kidney dialysis, but to enhance transportation for seniors and adults with disabilities to transport them to places they want to go, e.g., grocery shopping, religious services, spousal visits at nursing homes, etc., presents a challenge. The Rhode Island General Assembly transferred responsibility for transportation services from RIDEA to RIDHS by statute as of July 1, 2009. The current transportation services that are available are described in Appendix D.

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<sup>29</sup> Ibid.

<sup>30</sup> U.S. Census Bureau. *2009-2013 American Community Survey 5-Year Estimates*. Retrieved March 30, 2015 from <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

<sup>31</sup> U.S. Census Bureau. *American Community Survey 2013*.

<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

<sup>34</sup> U.S. Census Bureau. *American Community Survey 2009- 2013 5-Year Estimates*.

<sup>35</sup> U.S. Census Bureau. *American Community Survey 2013*.

<sup>36</sup> Ibid.

<sup>37</sup> Ibid.

## Appendix B

### Reinventing Medicaid Proposals

<b>Reinventing Medicaid Act of 2015 Savings Initiatives</b>	<b>State General Revenue Savings (FY16)</b>	<b>Total Medicaid Savings – All Funds (FY16)</b>
Align Medicaid with commercial and federal value-based purchasing targets	Future savings	Future savings
Implement incentive program to reduce unnecessary hospital utilization	\$11.1 million	\$30.9 million
Implement an incentive program to reduce long stays and improve care quality in nursing homes	\$11.6 million	\$21.1 million
Increase hospital license fee to fund the inpatient and outpatient UPL supplemental payments	\$13.4 million	Revenue Side
Pilot coordinated care program	\$3.0 million	\$6.0 million
Coordinate care management for those with severe and persistent mental illness (SPMI)	\$3.0 million	\$6.0 million
Targeted programs for Medicaid high-utilizers living in the community	\$2.8 million	\$5.5 million
Expand opportunities to encourage delivery of long term service and supports in the community	\$3.3 million	\$6.5 million
Improve management and coordination of care for children with special health care needs	\$2.1 million	\$4.2 million
Move towards bundled payment arrangements for maternity and childbirth, including NICU services	\$1.9 million	\$3.9 million
Refine FQHC incentive programs	\$1.7 million	\$3.5 million
Identify alternate settings for appropriate Eleanor Slater residents	\$1.0 million	\$2.0 million
Eliminate automatic Graduate Medical Education (GME) funding	\$1.0 million	\$1.0 million
Fund STOP program for chronic inebriation	\$0.5 million	\$1.0 million
Develop a state policy around tele-health services	Future savings	Future savings
Improve claims analytics and tracking systems to catch waste, fraud, and abuse earlier	\$2.5 million	\$5.1 million
Improve communication with Medicare	\$1.0 million	\$2.0 million
Enhance eligibility determinations	\$0.3 million	\$0.6 million
Improve the efficiency of managed care contracts	\$5.6 million	\$11.2 million
Increase Children's Health Account attachment point	\$2.7 million	--
Convert RICLAS homes to private sector operation	\$2.0 million	\$4.0 million
Streamline the Medicaid eligibility criteria	\$1.5 million	--
Align hospital and community-based laboratory rates	\$1.2 million	\$2.5 million
Operational efficiencies and administrative simplification	\$1.0 million	\$2.0 million
Evaluate and reform long-term care financial eligibility criteria and estate recovery policies	\$1.0 million	\$2.0 million
Align commercial insurance mandates with requirements of the Affordable Care Act	\$1.0 million	\$2.0 million
Improve the administration of home- and community-based services	\$0.7 million	\$1.4 million
Ensure Medicaid purchases "best price" drugs	\$0.5 million	\$1.0 million
Coordinate care for veterans	\$0.5 million	\$0.9 million
Closure of two group homes	\$0.4 million	\$0.9 million
Consolidate some services at Eleanor Slater Hospital	\$0.3 million	\$0.6 million
<b>Subtotal – Savings from Reinventing Medicaid Initiatives</b>	<b>\$78.6 million</b>	<b>\$128.8 million</b>
Additional Revenue from Hospital Licensing Increase (UPL)		\$13.4 million
Revised Caseload Estimating Conference anticipated Medicaid expenditures for FY16	\$13.1 million	\$105.2 million
<b>Total Reinventing Medicaid Savings (FY16)</b>	<b>\$91.7 million</b>	<b>\$247.4 million*</b>

\*All funds figure may change modestly based on federal match rates

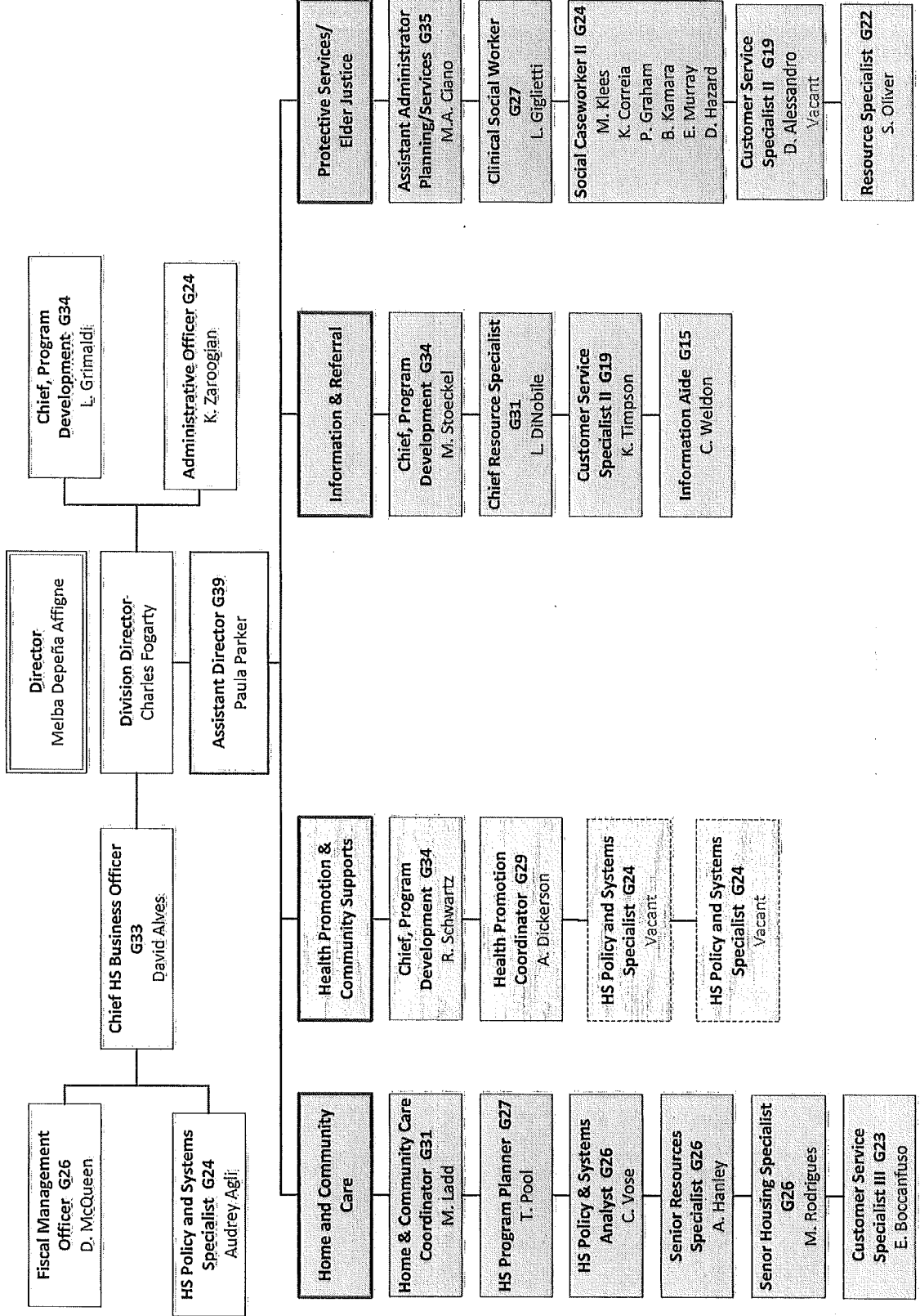
## Appendix C

### Division Organizational Chart



**State of Rhode Island**  
**Department of Human Services**  
 Melba Depeña Affigne, Director | Gina M. Raimondo, Governor      Division of Elderly Affairs

as of February 5, 2014





## Appendix D

### RIDEA Programs Summary

## RIDEA PROGRAMS SUMMARY

### Aging and Disability Resource Center (ADRC)-THE POINT

Prior to 2005, gaining access to accurate, concise, and consistent long-term care information was difficult for seniors, adults with disabilities, their families, and caregivers. While many agencies in the Rhode Island human services network offered information and referral, the information may have varied from department to department and sometimes conflicting information was circulated. In addition, it often took numerous calls and inquiries to several different agencies to arrange a viable long-term care plan. Mirroring a national trend and to streamline program access and provide uniform program and services information, in 2005 RIDEA opened Rhode Island's Aging and Disability Resource Center (ADRC), known as THE POINT. Initially, THE POINT consisted of one off-site call center where the average call length was three to four minutes.

In 2009, DEA was awarded a grant from ACL for its expansion of the ADRC over a three year project period. As a result of the awarding of the 2009 ADRC grant, DEA expanded THE POINT to create a statewide ADRC delivery network. The main, statewide office was relocated to United Way of Rhode Island (UWRI), nine regional POINT centers were established, and services began to be provided on a more comprehensive, wrap-around basis.

In 2012, DEA designated its then six (6) contracted statewide case management agencies as "operating partners" within the ADRC network. The agencies are required to include Options Counseling within their Scope of Work for RI elders.

In 2013, DEA elected to integrate the delivery of SHIP, SMP, MIPPA and ADRC services for those populations served by DEA. Under this reorganization, responsibility for these programs throughout the state is divided among six lead agencies, with each lead agency having responsibility for the delivery of all of these programs in an integrated, coordinated and efficient manner within a specific geographic region of the state. The new integrated project began on January 1, 2014. Each grantee is required to collaborate and sub-contract with at least two (2) established Rhode Island local community organizations, in order to reach the targeted populations. As a result of this new structure, we now have 24 locations throughout the State that perform POINT services – with no increase in overall funding.

For many years, the POINT partner agencies used a software program developed by RIDEA that was extremely limited in its utility and did not allow RIDEA to meet ACL's ADRC criteria (e.g., coordinate services among agencies, track clients for follow-up, etc.) or to effectively evaluate the performance of the partner agencies. RIDEA determined that it was essential to replace this system. RIDEA located funds to allow it to procure a vendor-hosted, web-based software database system to replace the previous outdated system. The new system allows the POINT partner agencies, located across the state, to meet federal requirements and guidelines to track and coordinate their clients and

services, provide Information and Referral services, to follow up with clients and to gather data for reporting to federal & state agencies. RIDEA also is able to use the system evaluate the performance of the POINT agencies in providing ADRC services. Training on the new system took place in January 2015 and the system became fully operational on February 1, 2015.

As a central portal for Rhode Island's ADRC, THE POINT at UWRI serves as an intake access point for DEA's Home & Community Care (H&CC) Program and plays an integral role in a process that helps to provide sustainable funding of ADRC services. Referrals for H&CC Program services from THE POINT at UWRI are processed through DEA and assigned to the DEA case management agencies.

The DEA case management agencies receive sustainable Medicaid and CNOM funding for Options Counseling and case management services that they provide in connection with the enrollment of seniors in Medicaid and CNOM services. (In 2009, Rhode Island implemented the Medicaid Global Waiver, to support rebalancing the state's long term care system and to achieve savings in state long-term care costs by diverting appropriately-determined patients from institutions to less expensive community settings. Under the Waiver, DEA operates a Co-Pay program that helps to pay a portion of the cost of home health care and/or adult day care for seniors and that is eligible for federal cost sharing under the Waiver. As a CNOM (i.e., costs not otherwise matchable) program, the Co-Pay Program provides services to non-Medicaid eligible seniors over the age of 65 whose income does not exceed 250% of the Federal Poverty Limit).

On an annual basis, the main office of THE POINT handles approximately 43,000 contacts.

For state fiscal year 2014, the DEA case management agencies provided approximately 8,937 Medicaid units of service (compared to 8,891 in SFY 2013, a 1% increase) for 1,043 unduplicated clients (compared to 996 for SFY 2013, a 5% increase) and provided approximately 7,472 1115 Waiver units of service (compared to 6,591 for SFY 2013, a 13% increase) for 1,294 unduplicated clients (compared to 1,180 for SFY 2013, a 10% increase).

### **Long Term Care Ombudsman Program; Protective Services; After-Hours Emergency Response Program**

#### **Ombudsman**

Federal law holds RIDEA responsible for assuring the provision of long term care ombudsperson services to investigate complaints lodged by elders and/or their advocates against long term care facilities. RIDEA meets this responsibility through contracting for ombudsman services with the Rhode Island Alliance for Better Long Term Care. In 2014, RIDEA strengthened its Title VII Ombudsman program through the adoption of regulations that address conflicts of interest and other areas of concern. The adoption of these regulations followed input from stakeholders through public hearings and informal

community meetings. In 2014, the Ombudsman responded to more than 1,000 complaints.

### Protective Services

The RIDEA Protective Services Unit is responsible for investigating complaints of abuse of Rhode Islanders 60 and older by a family member, caregiver, or person with a duty to care for the elder. Abuse may include physical, emotional, sexual, financial exploitation or abandonment. Self-neglect also is a problem among Rhode Islanders 60 and older.

The RIDEA Protective Services Unit also operates the Early Intervention Program, a timely response that includes the assessment of risk and the provision of interventions to reduce/eliminate harm in cases where there is a reported element of risk to an older adult. This process begins when the report does not meet the criteria for abuse or self-neglect as defined by RIDEA but there is a concern for the safety of the older adult.

In the 2014 state fiscal year, there were 1,113 reports of alleged elder abuse, 1,140 reports of self-neglect and 246 early intervention reports made to RIDEA.

### After-Hours Emergency Response Program

The After-Hours Emergency Response Program for Elders in Crisis was established by RIDEA in 2006 to address the need for a comprehensive response to elders in crisis after RIDEA's normal business hours and on holidays and weekends. When a call is made to the After Hours Emergency Response Program for Elders in Crisis telephone line, trained staff person will make an initial assessment to determine the appropriate action to be taken immediately. The assessment team will also take routine reports, such as allegations of financial exploitation or reports of elder self-neglect, and will forward those reports to RIDEA on the next business day.

This program became dormant as a result of funding limitations beginning in October 2013. RIDEA was able to locate sufficient funding for the program and issued an RFP for services in 2014. The program resumed with a new vendor in November 2014.

### **RI's State Health Insurance Program (SHIP)**

RIDEA manages the Rhode Island State Health Insurance Assistance Program (SHIP), which provides one-on-one, personalized counseling about Medicare benefits and services. Trained SHIP volunteers are available to answer questions and to assist with health insurance-related questions and problems. SHIP services include community outreach, information, and education. Medicare beneficiaries are referred by SHIP counselors and volunteers to other programs and services, as necessary

The Rhode Island Division of Elderly Affairs (RIDEA) Senior Health Insurance Program (SHIP) is proud to be among the top two performing SHIP programs out of 54 states and territories. The RI SHIP network increased from 15,512 total client contacts in FY2013 to 18,030 client contacts in FY2014.

RIDEA and the SHIP partner agencies have maintained a focus on personal, direct client contacts through the history of the SHIP program. Rhode Island continues to exceed the exemplary level for this performance measure with overall client contacts increasing in FY 2014 over FY 2013. SHIP counselors meet beneficiaries in whatever setting is most comfortable for them: at agency offices, at their home if they are homebound, or at a local senior center or library. RIDEA maintains a referral list of all SHIP, SMP and regional ADRC contacts. Every RI city and town has a SHIP contact, as well as SMP and regional ADRC. The contact information is summarized in a referral chart maintained by the SHIP Director and distributed to the Information and Referral Network.

Due to annual changes in the Medicare Part D program, RIDEA works with THE POINT, Regional POINT agencies, senior centers and community centers each year to host statewide enrollment events for Medicare beneficiaries before, during, and after the official Medicare Part D open enrollment timeframe. RIDEA also trains SHIP counselors and volunteers so that they can provide clear, concise, and accurate information to Medicare beneficiaries about their Medicare prescription drug plan (also referred to as a “Medicare Part D plan”) and health insurance coverage plan options.

### **Rhode Island Pharmaceutical Assistance to the Elderly**

RIDEA manages the Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE) program, established in 1985. To qualify for the program, applicants must be Rhode Island residents 65 years and older, as well as Rhode Island residents between the ages of 55 and 64, who are receiving Social Security Disability (SSDI) payments, they must meet specific income guidelines, and they must be enrolled in a Medicare Part D plan

RIPAE pays for a variety of generic medications. Brand name drugs are not covered by RIPAE, unless there is no generic equivalent for the brand name drug that is being purchased. RIPAE members that fall into the lowest income group also receive auxiliary benefits including a monthly telephone bill discount, free entry into state beaches, a discount on their cable bill, when an extended cable plan is purchased, and extra time to have emissions testing performed on a vehicle.

RIDEA has been at the forefront in efforts to ensure that RIPAE complements Medicare prescription drug benefits over time. In response to the adoption of Medicare Part D in 2006, the RIPAE law was amended so that members could use their RIPAE eligibility cards for medication discounts for those required to pay 100% of their medication costs during Medicare Part D deductible and coverage gap (“donut hole”) phases.

Prior to the implementation of the federal Patient Protection and Affordable Care Act (“PPACA”) (U.S. Public Law 111-148) enacted in March 2010, RIPAE members who were in the “donut hole” or coverage gap were responsible for the entire cost of their prescriptions to the extent such cost was not covered by RIPAE. Commencing January 1, 2011, the PPACA provides federal assistance to individuals to help pay for their

prescriptions while in the donut hole, and, by January 1, 2019, the assistance provided under the PPACA will exceed the maximum assistance that is provided under RIPAE.

The RI General Assembly included in the SFY 2012 budget, effective 7/1/11, authority for the Director to establish an interim prescription assistance program to *supplement* the benefits provided under the PPACA. This new program, referred to as “Next Generation RIPAE,” would remain in effect only until the benefits provided under the PPACA exceed the maximum benefits provided under RIPAE (i.e., until December 31, 2018).

### **Senior Medicare Patrol (SMP)**

SMP was launched in Rhode Island in 2005. Medicare and Medicaid fraud, waste, and abuse costs Americans and the healthcare industry billions of dollars each year. Fraudulent claims mean that less money is available for affordable healthcare that is needed for a better quality of life.

Throughout Rhode Island, trained SMP volunteers and staff of regional partner agencies educate Medicare beneficiaries, their caregivers and families to learn how to recognize fraud, waste, and abuse and *how to report it!* Fraud usually involves billing for services that are not provided or billing for services at higher than normal rates. Abuse occurs when goods and services are provided that are medically unnecessary or do not meet medical standards.

SMP also routinely circulates alerts on the latest health care scams, such as the “Distressed Grandparent Scam” that was cited in *The Providence Journal*.

The RI SMP achieved a 33% increase in active volunteers during the period 9/30/14 through 3/31/15 over the September 30, 2013 through March 30, 2014 reporting period, despite an extremely difficult winter here in Rhode Island.

### **Respite Care**

There is a profound stress involved in caregiving. RIDEA is working to improve support for family caregivers in Rhode Island. In 2009, an estimated 148,000 family caregivers in Rhode Island were providing approximately 142 million hours of uncompensated care with an annual market value of \$1,880,000<sup>1</sup>. Informal caregivers provide more than 80% of all the caregiving in the United States.<sup>2</sup> Seventeen percent (17%) of family caregivers consider their own health to be fair or poor (a higher percentage than the U.S. adult population),<sup>3</sup> and more than 40% have symptoms of depression.<sup>4</sup> It is clear that there is a

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<sup>1</sup> AARP Public Policy Institute (2011). *Valuing the Invaluable: 2011 Update The growing Contributions and Costs of Family Caregiving*. Lynn Feinberg, Susan C. Reinhard, Ari Houser, and Rita Choula, p. 27.

<sup>2</sup> The SCAN Foundation. Fact Sheet Who Provides Long-Term Care in the U.S.? (Updated). October 2012. p.1.

<sup>3</sup> Ibid, p. 8.

significant need to support family caregivers who, at a cost to their own health and economic well-being, work to keep their family members in the community.

In Rhode Island, the Office of Catholic Charities of the Diocese of Providence (OCS) administers a respite program called CareBreaks that is funded by RIDEA through a combination of Older Americans Act National Family Caregiver Program funds and state general revenue funds from the Rhode Island General Assembly. The program provides relief to primary caregivers who live with someone sixty (60) years of age or older and who is in need of personal care assistance. In-home respite, adult day services and overnight stays in assisted living or nursing care facilities are provided on a cost-sharing basis.

Recognizing both the increasing need to support family caregivers and the likelihood of level State funding in the near future to assist caregivers, in 2014, RIDEA sought, and was awarded, a three-year Lifespan Respite Grant. Under this project, RIDEA is collaborating with Rhode Island College and the University of Rhode Island to develop a sustainable respite provider workforce in Rhode Island without reliance on additional State funding. This goal will be achieved through the implementation of an innovative sustainable workforce development initiative targeting senior level nursing students. The students will provide respite services to families in need, in fulfillment of the students' requirement for a clinical placement for nursing school course credit.

In 2003, in partnership with local YMCAs, and with funding from the National Family Caregiver Support Program, RIDEA established the KID KAMP Program. During the summer, or during school breaks, local YMCAs offer educational and recreational programs to children 18 years of age and younger whose primary caregivers are elder grandparents or other older adults. The program is designed to provide meaningful support to the children, while, at the same time, providing needed respite for their elder grandparents and other older caregivers.

### **Alzheimer's Disease Supportive Services**

RIDEA partners with the R.I. chapter of the Alzheimer's Association (the "RIAA") in providing two caregiver support programs administered by RIAA that are funded in part by RIDEA using Title IIIB and Title IIIE funds. The first program provides a telephone helpline, care plan development and consultation and coordination of a state-wide wandering program. The second program provides outreach to hard-to-reach caregivers, as well as education opportunities and support groups.

For federal fiscal year 2014, RIAA provided approximately 2,600 information and assistance service units and more than 1,600 service units for counseling/support groups/caregiver training.

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<sup>4</sup> AARP Public Policy Institute (2011). *Valuing the Invaluable: 2011 Update The growing Contributions and Costs of Family Caregiving*. Lynn Feinberg, Susan C. Reinhard, Ari Houser, and Rita Choula, p. 7.

## Congregate and Home-Delivered Meals

Title III of the Older Americans Act is the authority under which Rhode Island operates an elderly nutrition program. There is one (1) statewide provider of home delivered meals, Meals on Wheels of Rhode Island; and over fifty (50) statewide congregate meal sites housed in senior centers, elderly housing and community centers. There are five (5) regional congregate nutrition projects responsible for the administration and oversight of the Title III congregate program in terms of program operations, records and statistics, menu planning, volunteer recruitment, nutrition education and counseling and all financial related items in connection with their individual grant awards. Meals on Wheels of Rhode Island is the responsible administrative agency for the entire state for home delivered meals to homebound elders and eligible adults with disabilities. The agency is also responsible for volunteer recruitment, nutrition education and sponsors many annual fundraising activities to increase meal service and minimize waiting lists for potential consumers. The home delivered program not only serves Title III eligible participants, but serves the states' disabled population and, through a state Medicaid Waiver, meals to those with low income and health related issues. Rhode Island continues to categorize its congregate and home delivered meal programs as critical to elders maintaining community living filled with dignity and independence.

Both nutrition programs continue to provide and promote nutritional health maintenance for all eligible participants as mandated by the Older Americans Act. Nutrition information and education are provided through the use of agency newsletters and informational talks on various health related topics. Nutrition Counseling also is provided. During the 2014 federal fiscal year, the congregate program served 331,126 meals while the home delivered program served 241,566 meals.

In recent years, maintaining total levels of overall participation in the Congregate Meal Program has been a challenge. One reason for this challenge may be that today's eligible participants are less likely to gravitate toward a "mealsite" setting atmosphere. In RIDEA's experience, even older adults in their 80s and early 90s often view the mealsites as places for "old people" and not for them. In response, RIDEA established a Restaurant/Voucher program that is operated through a collaborative effort between the service provider agencies and restaurants such as Chelo's, IHOP, and most recently, Newport Creamery. The program uses vouchers to attract older adults who may prefer a less "traditional" mealsite program setting. Under this program, the restaurants offer special menus for seniors that meet the requirements of the Act, and the program otherwise is operated in compliance with Title IIIC (e.g., contributions are voluntary).

Recognizing the need for other new and innovative ideas to sustain and increase program participation, RIDEA and the congregate meals providers have introduced two new concepts in the past year. In an effort to make this program more attractive to today's seniors, approximately one year ago the congregate meal sites were re-branded as "cafes." They began to offer lighter fare, such as sandwiches and salads, in addition to the traditional "hearty" meal option. The cafes meet the congregate nutrition requirements of Title IIIC of the Act.



The congregate meals program also has begun to reach out to the older GLBT population through a collaboration with a RI advocacy group, Services and Advocacy for GLBT Elders (SAGE). Starting in March of 2015, a GLBT congregate meal “café” has been held on a monthly basis at a location in Providence. It has been extremely popular and is expanding to a second location in Cranston, RI.

### **Commodity Supplemental Food Program**

In late 2014, RIDEA was awarded a grant under the Commodity Supplemental Food Program administered by the USDA Food and Nutrition Service. Under this program, supplemental food donated by the USDA will be provided to RI seniors age 60 and over with income levels at or below 130% of the federal poverty level.

RIDEA will administer this program, and the RI Community Food Bank (RICFB) will serve as the “sub-distribution agency.” RICFB will work with agencies such as senior subsidized housing and senior centers to reach the target populations. The goal is to reach 2,000 eligible RI seniors annually through this program. The program currently is in the initial planning phase, with distribution to seniors anticipated to begin in July, 2015.

### **Home and Community Care**

RIDEA Home and Community Care programs provide eligible seniors with innovative options to help them remain in the community and avoid premature and unnecessary long term institutionalization. These options are designed to assist a functionally impaired senior to meet a wide variety of medical, environmental and social needs. Based on eligibility, Home and Community Care programs may provide home health aide services, adult day services, Meals on Wheels home delivered meals, Senior Companion services, personal emergency response system, minor home modifications or minor assistive devices. If appropriate, assisted living is another available option, based upon eligibility and need.

For most Home and Community Care programs, a person must be 65 or older, be a Rhode Island resident, and be basically homebound (unable to leave home without considerable assistance). Eligible participants in the Co-Pay Program pay a share of the cost of services. For some persons on Medical Assistance (Medicaid), services may be provided at no charge. Other Medicaid clients may have to make a contribution towards services. RIDEA works with a network of regional case management agencies and other senior organizations to develop care plans to help seniors remain in the least restrictive environment with maximum independence.

## **Case Management**

Case management services are provided for RIDEA by contracted community agencies. Case management agency staff assist RIDEA in the implementation and oversight of protective services designed to keep the elder safe in the community. Regularly scheduled meetings are held between the RIDEA administrators and case management agency supervisors for the purpose of addressing: 1) specific concerns and challenges related to protective services clients; and 2) an ongoing review of changes in RIDEA policy and procedures. The case management agencies also play an integral role in the provision of home and community care services through the performance of assessments, application and enrollment assistance and the development, implementation and monitoring of care plans.<sup>5</sup>

The case management program is divided into different geographic regions, with each agency assigned to a specific portion of the State. In 2011 RIDEA evaluated the geographic distribution of older adults in the State. As a result of this evaluation, RIDEA reorganized the case management regions and re-allocated the Title IIIB case management funds, based on the population needs within the regions. In late 2011/early 2012, RIDEA issued a competitive bid for case management services, with the goals of creating a stable network of accessible community providers and improving the effectiveness of RIDEA's outreach to minority communities.

As of July 1, 2012, the RIDEA case management agencies became formal operating partners in the ADRC; currently, there are six (6) case management agencies, each assigned to cover a specific geographic region of the state so that we have statewide case management coverage. The RIDEA case management agencies receive sustainable Medicaid and CNOM funding for Person-centered counseling and case management services that they provide in connection with the enrollment of seniors in Medicaid and CNOM services.

## **Senior Centers and Supportive Services Program**

RIDEA distributes by competitive bid approximately \$375,000 annually in Title IIIB funds which may be used for a variety of supportive services for older individuals and adults with disabilities in order to empower them to remain independent and self-sufficient.

Currently, the program has 10 grantees throughout the State. For federal fiscal year 2014, these grantees provided approximately 25,000 information and assistance service units. They served approximately 5,900 older Rhode Islanders during FFY 2014 with such activities as health clinics and other health promotion events, nutrition education, a variety of exercise classes, book clubs, art classes, newsletters and other activities.

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<sup>5</sup> A chart of home and community-based services is attached as Appendix E.

## Housing Security and Residential Services

Under Rhode Island General Laws section 42-66.1 et seq., entitled the *Security for Housing for the Elderly Act*, the more than two hundred (200) public and private elderly housing complexes designated by the federal government as housing for the elderly in Rhode Island are required to provide resident security and educational programs and to submit a safety and security plan annually to RIDEA.

A grant program, through a Request for Proposal (“RFP”), also has been established to assist both public and private housing complexes to secure funding to increase security measures in the form of security guard personnel and high tech security equipment such as cameras, VCRs and keyless entry systems. For the current state fiscal year which ends June 30, 2015, RIDEA has awarded competitive grants to successful applicants in the aggregate amount of \$85,740, all of which is state general revenue funding.

The Director of RIDEA is a member of the Housing Resource Commission (“HRC”). HRC is a legislative commission comprised of 27 members. The major charge of the HRC is to develop and promulgate state policies and plans for housing and performance measures for statutorily mandated housing programs. Among its duties is to provide opportunities for safe and affordable housing in Rhode Island.

## Legal Assistance Developer

This federally funded position under the Older Americans Act is responsible for legal services development in the form of information, referral and assistance to elders, families and caregivers. This position is mandated by the Older Americans Act as part of our four (4) year State Plan to the Administration on Aging. This function is contingent upon receipt of funding for the Rhode Island Department of Elderly Affairs under Title IIIB of the Act which includes the provision of legal services activities affecting older consumers.

This position serves as liaison to, and oversees, two (2) RIDEA grantees, the Rhode Island Bar Association (“RIBA”) and Rhode Island Legal Services (“RILS”). RIBA runs a lawyer referral network for the elderly, which links older Rhode Islanders with attorneys who can assist with any legal matters. RIBA also conducts outreach programs throughout the State under its grant, such as legal clinics and Ask-A-Lawyer forums. During federal fiscal year 2014, 250 individuals attended free legal clinics offered by RIBA and RIBA provided more than 1,300 free consultations. RILS receives funding from RIDEA for the provision of legal services to low-income older Rhode Islanders with respect to certain legal issues, such as landlord-tenant, foreclosures, and tax/public benefit issues. During federal fiscal year 2014, RILS provided more than 1,200 units of service.

When older adults contact RIDEA about a legal issue, staff refer them to the Legal Assistance Developer, who helps the older adults to understand the situation and to refer them to the appropriate agency for assistance.

The Legal Assistance Developer reviews proposed state legislation that may affect older Rhode Islanders. The Legal Assistance Developer also is involved in drafting and amending of regulations, conducting public hearings thereon and working to ensure that the rights of Rhode Island's older adults are protected. The Legal Assistance Developer drafted Rhode Island's LTC Ombudsman regulations and shepherded the regulations through the public input and adoption process.

### **Health Promotion**

Commencing with federal OAA funds provided with respect to the 2012 federal fiscal year, the Administration for Community Living, Administration on Aging ("AoA") changed the requirements that must be met by health promotion programs funded by Title IIID. Specifically, Title IIID programs must meet certain evidence-based criteria.

In line with these new requirements, RIDEA limits its Title IIID program grantees to evidence-based programs that meet ACL's criteria. These grants are awarded by competitive bid every three years. RIDEA has succeeded in having a variety of programs offered, notwithstanding the limited funding available. Programs that currently are being offered include CDSMP (in both English and Spanish), A Matter of Balance, Arthritis Walk with Ease, and Powerful Tools for Caregivers. One of the providers is reaching out to seniors in its RSVP program, both as workshop participants for training as lay leaders. This program focuses on providing health promotion services for older individuals (age sixty [60] and older) who: are low income or socially isolated; are members of ethnic/racial minorities; and are residents of medically under-served communities.

Supplementing these services, RIDEA has joined a falls prevention committee, which is coordinated by the Rhode Island Department of Health ("RIDOH") and which is made up of a variety of aging network organizations. In addition, RIDOH introduced A Matter of Balance to Rhode Island, and RIDEA assisted RIDOH in its efforts. Finally, RIDEA collaborates with RIDOH to observe Falls Prevention Awareness Day, which takes place on the first day of fall each year, in order to increase awareness of the importance of fall prevention among older adults.

RIDEA has met with the RIDOH Oral Health Program. RIDEA hopes to soon begin to assist the Oral Health Program in introducing an oral health screening and education program for Rhode Island's community-dwelling older adults through senior centers. This initiative will target senior centers serving low income, minority elders. An initial project meeting is in the process of being scheduled.

## **Chronic Disease Self-Management**

Chronic diseases such as diabetes, heart problems, respiratory illness, arthritis or long term emotional health issues have a negative impact on the quality of life for seniors and adults with disabilities. Often, those coping with chronic medical conditions do not know about the resources that can help them live a better life. Education, awareness and support are the keys to managing chronic diseases.

The Chronic Disease Self-Management Program-Living Well Rhode Island (LWRI) is comprised of free workshops held once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. Workshops are held in English and Spanish, and each weekly workshop is two and a half hours. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic diseases themselves. Subjects covered include techniques to deal with problems such as frustration, fatigue, pain and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with family, friends, and health professionals, nutrition; and how to evaluate new treatments.

RIDEA has assisted RIDOH with marketing and outreach for LWRI. If RIDOH is awarded a new round of CDSMP funding for which it recently applied, RIDEA will assist with marketing and outreach through the POINT network and through RIDEA'S Title IIIB Senior Centers and Supportive Services program. Recognizing that senior centers are a valuable tool to reach community-based seniors, RIDEA includes in its Title IIIB Senior Centers and Supportive Services program scope of work a requirement that grantees assist with promotion of, and recruitment for, CDSMP/LWRI.

## **Transportation**

The Rhode Island Public Transit Authority (RIPTA) offers a bus pass program for residents who are 65 years old or older/ and for adults with disabilities who qualify. Half-fare and no-fare bus passes are available under this program.

RIPTA also operates the Ride Program, which is RIPTA'S ADA Complimentary Paratransit Service required by federal law the Americans with Disabilities Act (ADA).

For people who are enrolled in the RI Medical Assistance Program additional assistance is available in procuring transportation for non-emergency transportation for Medicaid covered services. Effective May 1, 2014, the State of Rhode Island has a new vendor coordinating non-emergency medical transportation services for Medicaid beneficiaries and individuals over the age of 60 who do not have access to transportation for critical appointments and services.

In addition, the State administers an elderly transportation program for individuals age 60 years and older who are not on Medicaid, and who are not getting transport from the RIPTA

Ride Program for those in the Americans with Disabilities Act (ADA) program. The elderly transportation program provides transportation to and from medical appointments, adult day care, meal sites, dialysis/cancer treatment and the Insight Program. The program requires a \$2 co-pay to be collected by the driver for each leg. People who have Medical Assistance (Medicaid) are not charged any fees, except for transportation to and from mealsites.

### **Senior Companion Program**

Since 1974, Senior Companion Program (SCP) volunteers have served frail or isolated older adults in their own homes, adult day centers and other community sites. The volunteers help solve problems and bolster self-esteem. While they are not social workers and do not provide home care or transportation, Senior Companions help their friends live with added zest. Over the course of more than 39 years of service to Rhode Island's seniors, volunteers have dedicated countless hours of friendship, compassion and a much-needed human interaction to those in need of a helping hand.

Currently, seventy-three volunteers provide an average of 25 to 30 hours per week of service under this program.

### **The Senior Journal**

The Senior Journal cable television program is devoted to exploring the issues of growing older in Rhode Island through the personal perspectives of seniors. Programs are produced by senior volunteers and are sponsored by the Rhode Island Department of Elderly Affairs, in a cooperative venture with the Rhode Island Public Broadcasting System and Rhode Island Public, Education, and Government Access Television. Programs are aired three times each week over statewide interconnect cable channels. Programming reaches a potential audience of 400,000 cable subscribers.

Since the first program was broadcast in November 1989, more than 550 programs have been broadcast featuring topics such as Medicare, Medicaid, health insurance, community health services, Meals on Wheels of Rhode Island, social security, housing, home care, protective services, heating assistance, pharmacy assistance, legal services, information and referral, transportation and other issues of interest to seniors, families, and caregivers.

Over the years, the Senior Journal production cast has been recognized with numerous public access awards for programming by the Rhode Island Public Utilities Commission and Cox Communications. In 1993, the Senior Journal received an award for public awareness by the American Association of Critical Care Nurses. And in 1996, Senior Journal received the Beneficiary Services Award from the federal Health Care Financing Administration (now the Center for Medicare and Medicaid Services-CMS).

The Senior Journal was featured in the September 2010 edition of the National Association of States United for Aging and Disabilities newsletter.

### **Volunteer Guardianship Program**

The Volunteer Guardianship Program (VGP) began in 2001. The program is authorized to provide volunteer guardians to elders in the community and in long-term care settings, and the primary focus of the VGP is to enable elders to live with dignity as their health declines. For the period 7/1/14 through 3/31/15, 87 elders had court-appointed volunteer guardians under this program.

### **Governor's Centenarians Brunch**

The annual Rhode Island Governor's Centenarians Brunch is held each year at an assisted living site in Rhode Island. Through our contacts in the aging network, RIDEA was able to reach out to close to 150 centenarians for this year's brunch, including those who would reach their 100<sup>th</sup> birthday during the year. This year, approximately 65 Rhode Island centenarians attend the event, which is the highlight of the annual observance of May as Older Americans Month.

### **Pocket Manual of Elder Services**

For 39 years, RIDEA has published The Pocket Manual of Elder Services. The Pocket Manual serves as a reference to programs and services for seniors and adults with disabilities and is widely recognized as one of the most comprehensive service guides published by RIDEA. More than 15,000 copies are distributed to aging network agency staff, consumers, families, caregivers and other interested parties. RIDEA updated The Pocket Manual in 2014.

### **Reverse Mortgage Legislation**

For most seniors, their home is their most significant asset. As they age and their expenses increase, they may look to their home as an important resource to allow them to borrow funds in order to pay increased living expenses and remain in their homes. A product, called a "reverse" mortgage, offered by banks and other mortgage lenders, allows individuals who are 62 years of age and older to borrow against the equity in their home without paying off the mortgage until the home is sold.

Reverse mortgages have become a very popular way to tap into the equity in one's home, especially in light of the tremendous increases in home values that occurred in the first part of this decade. The reverse mortgage transaction is complex and expensive and can be confusing, with a variety of products available. Concerned about the exponential growth in this mortgage product, in 2006 RIDEA, in coordination with the RI Department of Business Regulation, RI Housing and Mortgage Corporation, and the AARP of RI, drafted legislation which would add increased safeguards for Rhode Island seniors seeking a reverse mortgage. The legislation was enacted in July of 2008 and went into effect January 1, 2009.

Among other things, the legislation provides that (a) the loan shall not close until at least three (3) business days after required counseling takes place and prescribes certain topics that must be covered in the counseling session and (b) RIDEA is responsible for maintaining a list of approved reverse mortgage counseling programs and making the list available to lenders and to the public. The RIDEA Director also has the right to prescribe the form of counseling certificate required upon the completion of counseling and to add topics to be addressed during the counseling process.



## Appendix E

### Home and Community-Based Services

# FACT SHEET

Department of Human Services / Division of Elderly Affairs

Home & Community Care Unit

Information Line: 462-0570 / FAX: 462-0525

CONTACT THE POINT TO MAKE A REFERRAL: 462-4444

PROGRAMS:

Medicaid Programs:	Home Care	&	Assisted Living: (DEA Assisted Living Program)	(RI Housing Assisted Living Program)
Co-Pay Program:	Adult Day Care	&	Home Care	

Senior Companion Program

## MEDICAID PROGRAMS (Medical Assistance / 1115 Waiver)

Home Care Waiver

Age 65 and over.  
 Must be eligible for Medicaid LTC / high or highest Level of Care criteria.  
 Must be eligible for Medicaid LTC financial and program criteria.  
 Utilize **Consumer Registration / Referral** Form to send to DEA.

### Assisted Living: DEA Assisted Living Program:

Age 65 and over **OR** Disabled Adult  
 Must be eligible for Medicaid LTC / high or highest Level of Care criteria.  
 Must be eligible for Medicaid LTC financial and program criteria.  
 See **Subsidized Assisted Living Options** Brochure for current criteria.  
 See **Assisted Living Waiver Providers** List for current Providers.  
 SSI: Utilize **Triage Form to Determine Agency for Asst'd Living Referral**.  
 Utilize **Consumer Registration / Referral** Form to send to DEA.

### Assisted Living: R.I. Housing Assisted Living Program:

Age 65 and over **OR** Disabled Adult  
 Must be eligible for Medicaid LTC / high or highest Level of Care criteria.  
 Must be eligible for Medicaid LTC financial and program criteria of categorical eligibility; can not own a home.  
 See **Subsidized Assisted Living Options** Brochure for current criteria.  
 See **Assisted Living Waiver Providers** List for current Providers.  
 SSI: Utilize **Triage Form to Determine Agency for Asst'd Living Referral**.  
 Utilize **Consumer Registration / Referral** Form to send to DEA.

### CO-PAY PROGRAM (Adult Day Care and Home Care)

Age 65 and over.  
 RI resident.  
 Not eligible for Medicaid.  
 Unable to leave the home without considerable assistance.  
 In need of personal care (assistance with ADL's).  
 See **Guidelines and Cost Shares for RIDEA Co-Pay Program**.  
 Can provide up to 20 hours per week of home care (above 10 hours, High Utilization Request must be utilized).  
 Can provide up to 6 days per week of Adult Day Services.  
**OR** can provide a combination of both home care and adult day services.  
 Utilize **Consumer Registration / Referral** Form to send to DEA.

### SENIOR COMPANION PROGRAM

Recipients:  
 Age 55 and over or Disabled Adult.  
 Inclusive of all incomes.  
 Can receive services in their own home, at Eleanor Slater hospital and in selected Adult Day Centers and Assisted Living Facilities.  
 Companions:  
 Age 55 and over.  
 Must meet income eligibility guidelines.  
 Receives a tax-exempt stipend in exchange for their volunteer services.  
 Contact Jenny Martinez / Senior Companion Coordinator @ DEA at:  
 phone: 462-0569 FAX: 462-0540  
 Utilize the **SCP Referral Form**.

**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES / DIVISION OF ELDERLY AFFAIRS  
SUBSIDIZED ASSISTED LIVING OPTIONS**

**DEA Community Assisted Living Program**

**Eligibility:**  
Age 65 + and Disabled Adults.  
Qualifies for Medicaid (LTC); Monthly income under \$2,199.00; Assets below \$4,000.00  
Must meet an appropriate level of care as determined by the Office of Medical Review.  
Income and resources eligibility determined by DHS (also Social Security if SSI).  
Assessment conducted by DEA Regional Case Management Agencies (UCAT).  
Resident retains own income up to cost of R&B (maximum \$700.00), PNA and other allowable Medicaid deductions.  
\$100 (monthly).  
Facility receives a Medicaid services payment of \$42.16 per day. Resident also receives full Medicaid benefits.  
Case Manager from DEA contracted Agency.  
Contact The Point @ 462-4444 for Initial Screening / Intake.  
None - limited by Facility availability.  
Licensed ALR choosing to sign a contract with DHS / DEA for this program.

**RI Housing Assisted Living Program**

Age 65 + and Disabled Adults.  
Qualifies for Medicaid (LTC); Monthly income under \$2,199.00; Assets below \$2,000.00 (categorical only).  
Must meet an appropriate level of care as determined by the Office of Medical Review.  
Income and resources eligibility determined by DHS (also Social Security if SSI).  
Assessment conducted by DEA Regional Case Management Agencies (UCAT).  
Resident retains own income up to cost of R&B, PNA and other allowable Medicaid deductions.  
\$100 (monthly).  
Facility receives a Medicaid services payment of \$42.16 per day. Resident also receives full Medicaid benefits.  
Case Manager from DEA contracted Agency.  
Contact The Point @ 462-4444 for Initial Screening / Intake.  
Maximum - 200 participants.  
Also limited by Facility availability.  
Licensed ALR developed by RI Housing and/or meeting specific facility criteria set by the Waiver.

**Enhanced SSI**

Aged & Disabled Adults.  
Qualifies for SSI; Monthly income under \$1,085.00; Assets below \$2,000.00.  
Determined by DHS or BHDDH to have a need for Assisted Living.  
Income eligibility determined by Social Security.  
Dependent upon outcome of Initial Screening Intake conducted by the Point.  
Resident receives SSI payment to supplement monthly income up to \$1085.00 per month.  
\$55 (monthly).  
Medical Assistance Benefits.  
N/A  
Contact The Point @ 462-4444 for Initial Screening / Intake.  
None - limited by Facility availability.  
Licensed ALR choosing to participate in SSI benefit.

**Eligibility:**

**Benefits:**

**PNA:**

**Case Manager:**

**Applicant may apply from:**

**Program Limits:**

**Facilities:**

**KEY:** DEA = Division of Elderly Affairs; DHS = Department of Human Services; ALR = Assisted Living Residence; SSI = Supplemental Security Income; PNA = Personal Needs Allowance; LTC = Long Term Care; R&B = Room and Board; UCAT = Universal Comprehensive Assessment Tool; AL = Assisted Living; BHDDH = Department of Behavioral Healthcare, Developmental Disabilities and Hospitals.  
revised Jan. 2015

## Appendix F

### INFORMATION REQUIREMENTS

#### Section 305(a)(2)(E)

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).

Examples of RIDEA's focus on this requirement:

- In 2011, RIDEA evaluated the geographic distribution of older adults in the State, with a focus on older individuals with greatest economic need and older individuals with greatest social need. As a result of this analysis, RIDEA reorganized the case management regions and re-allocated the Title IIIB case management funds based on the population needs within the regions.
- RIDEA uses these same regions for the Integrated SHIP/ POINT/SMP program. In addition, for this program, RIDEA requires the grantees to partner with at least two established local community organizations, in order to better reach local populations with culturally competent services.
- At the main statewide office of THE POINT, the portal to the State's ADRC, services are provided in English, Spanish and Portuguese. Also, other employees of the office where the main POINT is located are available to assist in Khmer and Italian. In addition, the main office of THE POINT contracts with a company that provides interpretation services for approximately 200 languages and dialects. If a caller needs assistance in a language other than those listed above, THE POINT calls the translation service and an interpreter assists with the call. The main POINT office makes these translation services available to the other POINT network agencies.
- The Title IIID program gives priority to serving elders living in medically underserved areas of the State or who are of greatest economic need. One of the current grantees, located in a lower income urban portion of the State where 60% of the residents are Hispanic or Latino, implements CDSMP in Spanish. Two of the other three grantees operate programs in the Providence region, where approximately 50% of the residents are members of minority populations.
- RIDEA requires its SMP sub-grantee agencies to develop relationships in ethnic racial minority communities with established organizations to share the SMP message and to overcome cultural and language barriers to recruit and train senior volunteers to educate and assist their peers in their communities.

## **Section 306(a)(17)**

RIDEA has a responsibility to ensure that Rhode Island's elder and adult disabled populations have adequate access to available state and community emergency preparedness, response and recovery services. Elders and the adult disabled are vulnerable, special populations who need extra support to successfully respond and recover from disaster and emergencies. To fulfill this responsibility, RIDEA participates in state wide collaborative planning and response efforts in cooperation with EOHHS and the Rhode Island Emergency Management Agency (RIEMA).

To facilitate coordinated planning and response, the Director of RIDEA, or her designee, is a member of The Rhode Island Emergency Management Advisory Council (EMAC). The purpose of the EMAC is to review information and programs regarding emergency management and to make recommendations and advise the Governor in such issues. This group is chaired by the Lieutenant Governor and meets on a monthly basis to confer on emergency planning and management issues that require cross-departmental collaboration.

Elders and adults with disabilities are especially vulnerable to consequences from a catastrophic disaster or other emergency. Strategies to address this vulnerability include disaster and/or evacuation protocols, sheltering, food, water, sanitation and medication needs, among others. RIEMA works closely with civic, health, federal, state and municipal governments and their emergency preparedness officers to ensure that the needs of this population are met. RIDEA will continue to collaborate with RIEMA and other state and local agencies to ensure that appropriate support is provided to these vulnerable populations during an emergency.

In order to help vulnerable community living adults to receive needed supports during an emergency, such as people who use ventilators or other life support systems, and people with mobility or other disabilities, the State maintains a Special Needs Emergency Registry, which is administered by the Department of Health. Enrolling in the Special Needs Emergency Registry lets police, fire and other first responders better prepare for, and respond to the needs of vulnerable populations during a hurricane, storm or other emergency.

The information submitted to the Rhode Island Special Needs Emergency Registry is shared with local and state first responders and emergency management officials. The Department of Health and Rhode Island Emergency Management Agency have worked with E-911 to notify first responders when they are responding to a household that may have someone enrolled in the Registry. This notification allows first responders additional time to consider how to best respond to that incident. Strict confidentiality is maintained at all times and only those that have a reason to access the information are authorized to do so.

The RIDEA COOP is designed to ensure that the essential functions of RIDEA continue to operate and that vital programs and services also continue to be provided to elders and adults with disabilities served by the Department in the event of a natural, human, technological, national security emergency or pandemic. The RIDEA COOP includes procedures for continuing the essential functions of the Department, identifies key leadership staff with delegated authority and those individuals in orders of succession, addresses the issue of an alternate facility and/or virtual office, securing of vital documents and records and seeks to address the need for training and

exercises to ensure that RIDEA staff understand the COOP and the role(s) each is to play in the event the emergency plan is activated.

**Section 307(a)(2)**

N/A; Rhode Island has no area agencies on aging. RIDEA's Resource Allocation Plan is set forth in Appendix G.

**Section 307(a)(3)**

N/A; Rhode Island has no rural areas. According to the Economic Research Service of the U.S. Department of Agriculture, all of Rhode Island's five (5) counties are "metropolitan" (Bristol, Kent, Newport, Providence, and Washington).

**Section 307(a)(10)**

N/A; Rhode Island has no rural areas. Please see our previous response.

**Section 307(a)(14)**

Please see Appendix A for our Demographic Analysis.

Please see our response to **Section 305(a)(2)(E)** above for the response to this Section.

**Section 307(a)(21)**

According to the U.S. Census, Rhode Island's Native American population is quite small. Approximately 4,616 Native Americans live in Rhode Island, and fewer than 600 of Rhode Island's Native Americans are age 65 or older.<sup>38</sup> RIDEA receives no Title VI funding for Native American programs. RIDEA seeks to reach out to our State's Native American population, the Narragansett Indian Tribe, by making Title III funds available to the Tribe. Specifically, we allocate annually a portion of our Title IIIC congregate meal funding to the Narragansett Indian Tribe for its meal site, and in calendar 2014, the Narragansett Indian Tribe meal site served 4,573 meals.

In addition, RIDEA distributes by competitive bid approximately \$375,000 annually in Title IIIB funds which may be used for a variety of supportive services for older individuals and adults with disabilities in order to empower them to remain independent and self-sufficient. Pursuant to the terms of the Request for Proposals, Tribal organizations are eligible and invited to apply for these funds. RIDEA also reaches out to the Narragansett Indian Tribe to ensure that it is aware of

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<sup>38</sup> U.S. Census Bureau. American Community Survey 2009- 2013 5-Year Estimates.

funding opportunities for which it is eligible to apply, as well as of the variety of programs and services that are available to the Tribe's older individuals and adults with disabilities.

**Section 307(a)(29)**

Please see our response to **Section 306(a)(17)** above.

**Section 307(a)(30)**

Please see our response to **Section 306(a)(17)** above.

**Section 705(a)(7)**

- (1) RIDEA operates a Long Term Care Ombudsman Program that meets the requirements of Title VII of the Older Americans Act and applicable state law. Given the size of the State, Rhode Island has one statewide Ombudsman office (no local or regional offices). RIDEA contracts with a non-profit organization to operate the program. In 2014, the State implemented regulations for the program that address conflicts of interest and other areas of concern.

RIDEA operates a Protective Services Program for older adults. This program is described in more detail on page 20 of the State Plan Narrative.

RIDEA operates a Legal Assistance Development Program. The Legal Assistance Developer oversees the grant programs with Rhode Island Legal Services and with the Rhode Island Bar Association (discussed on page 20 of the Narrative). She also responds to inquiries received by the Division that relate to legal issues and concerns and helps individuals to obtain legal assistance. The Legal Assistance Developer also reviews proposed state legislation that may affect older Rhode Islanders. The Legal Assistance Developer assists with the drafting and amending of RIDEA program regulations, looking out for older rights in the process, and conducts public hearings with respect thereto. The Legal Assistance Developer drafted the Long Term Care Ombudsman Program regulations.

- (2) Please see page 31 of the State Plan Narrative for a discussion of the public input process. Also, in 2015, RIDEA entered into a Memorandum of Understanding with the Rhode Island College Healthcare Administration Program to support their convening of focus groups around the State to more deeply probe issues of concern to elder community residents. RIDEA obtained a summary of the findings from five of the focus groups to inform the drafting of the 2015 State Plan. At the conclusion of the Focus Group Project (scheduled for the end of September, 2015), RIC will submit a report to RIDEA analyzing their findings, which RIDEA will use to inform budget priorities and to develop future programs and policies. RIDEA hopes to be able to conduct these focus groups on an annual

or biennial basis going forward to obtain consumer feedback as to the quality of RIDEA programs and services and as to gaps in services. RIDEA will include feedback on Title VII programs.

- (3) Please see our discussion of our ADRC and information, referral and assistance activities on page 12 of the State Plan Narrative and elsewhere throughout the Narrative. Rhode Island has no area agencies on aging.

In addition, RIDEA posts information for the public on its website. RIDEA's public information officer distributes information by email weekly to the aging network. RIDEA also operates the Academy, a monthly training on topics of interest; resident service coordinators of elderly housing complexes often attend these trainings. The RIDEA Director attends monthly Senior Center Directors Association meetings.

- (4) The State will use funds made available under subtitle A of Title VII for each Title VII 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 subtitle A, to carry out each of the vulnerable elder rights protection activities described in the chapter.
- (5) Rhode Island has no local Ombudsman entities.

- (6) Please see our discussion of RIDEA's Protective Services Program on page 20 of the State Plan Narrative. In addition, RIDEA operates this program in accordance with Title VII of the Older Americans Act, as well as RI General Laws Sections 42-66-8 through 42-66-11.

RIDEA receives reports of abuse on its dedicated intake line. All information gathered in the course of receiving reports and making referrals are confidential, except for situations where disclosure is permitted by law. Only RIDEA Protective Services Unit staff are permitted to have access to RIDEA's Protective Services records, and only to the extent needed to perform their assigned duties.

The RIDEA Protective Services Unit is prohibited by law from providing services or assistance to an alleged victim without his/her consent.

The RIDEA Protective Services Unit conducts an ongoing outreach campaign directed at the public professionals to educate them about abuse and self-neglect and the services provided by the Protective Services Unit. Presentations often are made to companies, church groups, etc.



Appendix G  
Resource Allocation

The Resource Allocation Plan Reflects Estimated  
Receipts and Expenditures for FY16

\*Federal Estimates were determined using FFY15 Funding Levels

\*State Estimates are based on proposed state funding levels

<b>Program</b>		<b>Amount</b>
<b>FEDERAL FUNDS</b>		
IIIB	\$	2,040,000.00
IIIC1	\$	2,150,000.00
IIIC2	\$	835,000.00
IIIE	\$	725,000.00
IIID	\$	100,000.00
<b>Total III</b>	<b>\$</b>	<b>5,850,000.00</b>
Ombudsman	\$	79,000.00
Elder Abuse	\$	24,000.00
<b>Total Title VII</b>	<b>\$</b>	<b>103,000.00</b>
<b>Other Federal Funds</b>		
Senior Companion	\$	378,071.00
NSIP	\$	426,018.00
SHIP	\$	291,240.00
SMP	\$	229,489.00
Lifespan Respite	\$	117,811.00
CNOM-Case Management	\$	265,750.00
CNOM-Co-Pay Day Care	\$	941,740.00
CNOM-Co-Pay Home Care	\$	2,062,562.00
Medicaid - Admin Match	\$	427,480.00
Medicaid - Case Management	\$	190,000.00
<b>Total - Other Funds</b>	<b>\$</b>	<b>5,330,161.00</b>
<b>Total Federal Funds</b>	<b>\$</b>	<b>11,283,161.00</b>
<b>STATE FUNDS</b>		
General (Admin.)	\$	533,745.00
Meals on Wheels	\$	330,000.00
Medicaid (Admin.)	\$	427,480.00
CNOM-Case Management	\$	265,750.00
CNOM-Co-Pay Day Care	\$	941,740.00
CNOM-Co-Pay Home Care	\$	2,062,562.00

Community Service Grants	\$	933,673.00
In-Home Services for Elderly	\$	336,569.00
Protective Services	\$	287,630.00
Senior Companion Program Match	\$	76,840.00
Volunteer Guardian Program	\$	81,526.00
Case Management	\$	190,000.00
Ombudsman	\$	86,750.00
SMP Match	\$	65,386.00

<b>Total State Funds</b>	<b>\$</b>	<b>6,619,651.00</b>
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**RESTRICTED RECEIPTS**

RIPAE	\$	45,000.00
<b>Total Restricted Receipts</b>	<b>\$</b>	<b>45,000.00</b>

<b>Total - All funds</b>	<b>\$</b>	<b>17,947,812.00</b>
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## Appendix H

### State Plan Assurances

**FY 2015 State Plan Guidance  
Attachment A**

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

*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 2006.*

**ASSURANCES**

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

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

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

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

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

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

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

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

**Sec. 306(a), AREA PLANS**

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

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

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

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

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

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

(6)(F) Each area agency will:

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

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

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will

pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

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

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

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

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

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

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

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

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

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

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

(17) Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency



response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

### **Sec. 307, STATE PLANS**

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

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

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

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

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

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

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

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in

the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(21) The plan shall

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

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

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

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

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

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

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

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

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

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

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

**FY 2015 State Plan Guidance  
Attachment A (Continued)**

**REQUIRED ACTIVITIES**

**Sec. 307(a) STATE PLANS**

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

(B) The State plan is based on such area plans.

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

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

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

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.


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

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

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

  
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*Signature and Title of Authorized Official*

  
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*Date*