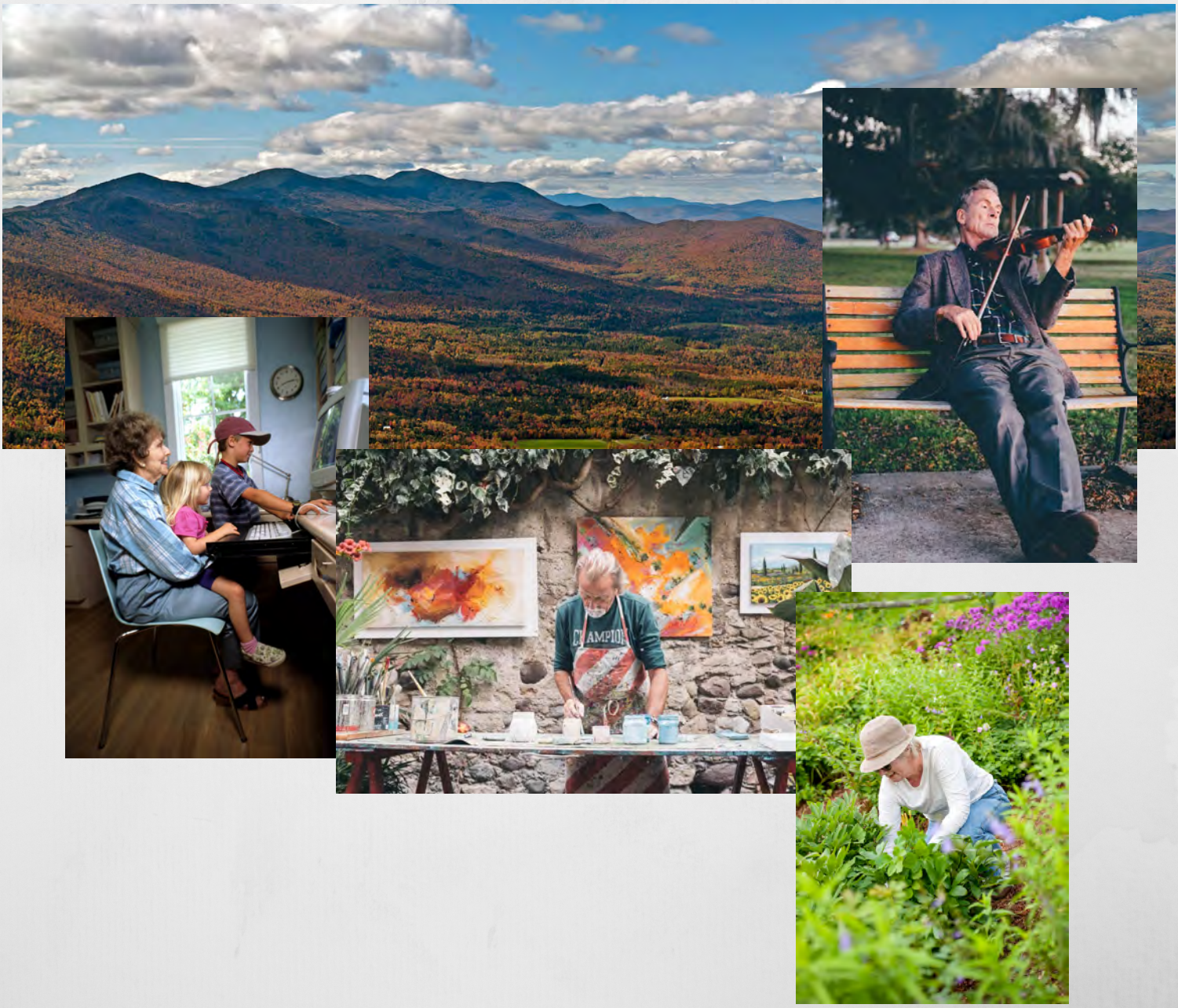
VERMONT
STATE PLAN ON AGING

FFY 2019 - 2022



September, 14, 2018

VERMONT
AGENCY OF HUMAN SERVICES
DEPT. OF DISABILITIES, AGING & INDEPENDENT LIVING

Vermont Agency of Human Services Department of Disabilities, Aging and Independent Living (DAIL)

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Submitted June 29, 2018
Approved September 14, 2018

Submitted by Monica Caserta Hutt, Commissioner, Department of Disabilities, Aging and Independent Living and Director, State Unit on Aging

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With special thanks to our community partners and DAIL staff for their collaboration, dedication and wise counsel in the development of this Vermont State Plan on Aging.

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A: VERIFICATION OF INTENT

The State Plan on Aging for the State of Vermont is hereby submitted for the four-year period October 1, 2018 through September 30, 2022.

The plan includes assurances and plans to be conducted by the Vermont Department of Disabilities, Aging and Independent Living (DAIL) under the relevant provisions of the Older Americans Act, as amended, during the period specified.

DAIL has been given the authority to develop and administer the State Plan on Aging in accordance with all of the State activities related to the purposes of the Act, including the development of comprehensive and coordinated systems for the delivery of supportive services, such as multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for older adults and family caregivers in Vermont.

This plan is hereby approved by the Secretary of the Agency of Human Services, designee of the Governor, and constitutes authorization to proceed with activities under the Plan upon approval by the U.S. Assistant Secretary on Aging.

The State Plan on Aging hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

Authorized Signature: _____

Monica Caserta Hutt, Commissioner

Date: 6/11/18

Mission Statement and Core Principles

> *The Department of Disabilities, Aging and Independent Living's mission is to make Vermont the best state in which to grow old or to live with a disability – with dignity, respect, and independence.*

DAIL is committed to fostering the development of a comprehensive and coordinated approach to the provision of community-based systems of services for older adults and people with disabilities. Our goal is to enhance the ability of these Vermonters to live as independently as possible, actively participating in and contributing to their communities. As we approach this work, we are guided by the following core principles:

- **Person-centered:** the individual is at the core of all plans and services.
- **Respect:** individuals, families, providers and staff are treated with respect.
- **Independence:** the individual's personal and economic independence are promoted.
- **Choice:** individuals will have options for services and supports.
- **Self-determination:** individuals direct their own lives.
- **Living well:** the individual's services and supports promote health and well-being.
- **Contributing to the community:** individuals are able to work, volunteer and participate in local communities.
- **Flexibility:** individual needs guide our actions.
- **Effective and efficient:** individuals' needs are met in a timely and cost-effective way.
- **Collaboration:** individuals benefit from our partnership with families, communities, providers, and other federal, state and local organizations.

Purpose of the State Plan on Aging

In order to plan for the ongoing and future needs of older adults in Vermont and to meet the requirements of Section 307 of the Older Americans Act (OAA), the Department of Disabilities, Aging and Independent Living (DAIL), the designated State Unit on Aging (SUA) for Vermont, has prepared this State Plan for submission to the federal Administration for Community Living (ACL). Vermont has opted to create a four-year State Plan for the period October 1, 2018 (FFY19) through September 30, 2022 (FFY22).

The State is required by federal regulation to:

a) Develop a State Plan for submission to the Assistant Secretary on Aging;
b) Administer the State Plan in accordance with Title III of the OAA, as amended;
c) Be responsible for planning, policy development, administration, coordination, priority setting, and evaluation of all state activities related to the objectives of the OAA;
d) Serve as an effective and visible advocate for older individuals by reviewing, commenting on and recommending appropriate action for all State plans, budgets and policies which may impact older Vermonters; and,
e) Provide technical assistance and training to any agency, organization, association or individual representing the needs and interests of older individuals.

The State Plan aligns with the broader vision and goals of the Department of Disabilities, Aging and Independent Living, assuring a focus on strategic priorities and outcomes, and fulfillment of OAA responsibilities. The State Plan offers a framework for the ongoing operations of programs funded through the Older Americans Act and describes the coordination and advocacy activities the state will undertake to meet the needs of older adults, including integrating health and social services delivery systems. In addition, this plan reflects the Vermont Agency of Human Services' vision that Vermonters are healthy, safe and achieve their greatest potential for well-being and personal independence in healthy, safe and supportive communities.

B. NARRATIVE

Executive Summary:

Vermont's demographics are changing, and by 2030, over 1 in 4 Vermonters will be over the age of 65, presenting both challenges and opportunities for our communities. As the State Unit on Aging, the Department of Disabilities, Aging and Independent Living (DAIL) is tasked with developing Vermont's State Plan on Aging, a guiding document that outlines the needs of older Vermonters and family caregivers and provides a plan for meeting those needs progressively over the next four years.

To begin this process, DAIL conducted a Statewide Needs Assessment of older Vermonters, service providers and family caregivers, the overarching results of which are included in this document and have informed the goals and objectives of the plan. DAIL also worked closely with the five Area Agencies on Aging across the state, soliciting their expert input at multiple points in the development of the plan. Finally, DAIL welcomes public input into the plan – every Vermonter's voice is important and valued in this process.

We know the challenges before us in the next few years are many – a serious workforce shortage, limited funding and resources, high rates of falls, chronic disease, Alzheimer's and substance use among older adults, and many more. But opportunities also exist to capitalize on the wisdom and experience of our mature population, to engage older Vermonters in healthy aging, and to be creative and innovative within our communities where people of all ages are passionate about helping one another.

There is a breadth and depth of programs and services offered to older Vermonters across the state that are supporting people to age well. The plan that follows focuses on key goals and objectives that DAIL will prioritize, work hard to achieve and carefully track over the next four years in collaboration with our partners:

GOAL 1: SUPPORT HEALTHY AGING FOR ALL

Objective 1.1: Increase older Vermonter participation in evidence-based falls prevention interventions and programs.
Objective 1.2: Increase behavioral health prevention, treatment and recovery for older Vermonters.
Objective 1.3: Increase engagement to reduce impacts of isolation and loneliness on health and well-being of older Vermonters.
Objective 1.4: Increase meaningful employment opportunities for older Vermonters to support health and financial security of individuals and a prosperous economy.

GOAL 2: STRENGTHEN CORE OLDER AMERICANS ACT SERVICES THAT SUPPORT OLDER VERMONTERS IN GREATEST ECONOMIC AND SOCIAL NEED

Objective 2.1: *Information and Referral/Assistance (I&R/A):* Improve I&R/A statewide so that all older Vermonters and people with disabilities who seek I&R/A through the Senior Helpline will have a

consistent and high-quality experience.
Objective 2.2: *Nutrition:* Increase food security of older Vermonters through the Home Delivered Meal program.
Objective 2.3: *Case Management:* Support older Vermonters to live in settings they prefer through high quality case management (both OAA and Choices for Care), including person-centered planning.
Objective 2.4: *Family Caregiver Support*: Ensure family caregivers of older adults are well supported through access to assessment, education, training and respite.

GOAL 3: BOLSTER THE SYSTEM OF PROTECTION AND JUSTICE FOR OLDER VERMONTERS

Objective 3.1: Improve prevention efforts to protect vulnerable older adults against abuse, neglect and exploitation while maximizing their autonomy, with a focus on financial exploitation.
Objective 3.2: Increase awareness of Vermont's programs that protect vulnerable older adults, including Adult Protective Services, Office of Public Guardian, the Long-Term Care Ombudsman Program, and Legal Services.

We believe that the above goals and objectives, along with the strategies, performance measures and outcomes outlined later in this plan, will help Vermont truly make progress in serving older Vermonters across the spectrum of age and need. Whether you are worried about falling, need a meal delivered to your home, want to keep working, or are concerned about the health of an older neighbor or friend, this State Plan on Aging seeks to improve the comprehensive and coordinated system of supports and services for all older Vermonters. In this way, we are confident it also helps move DAIL forward towards our vision of making Vermont the best state in which to grow old or live with a disability – with dignity, respect and independence.

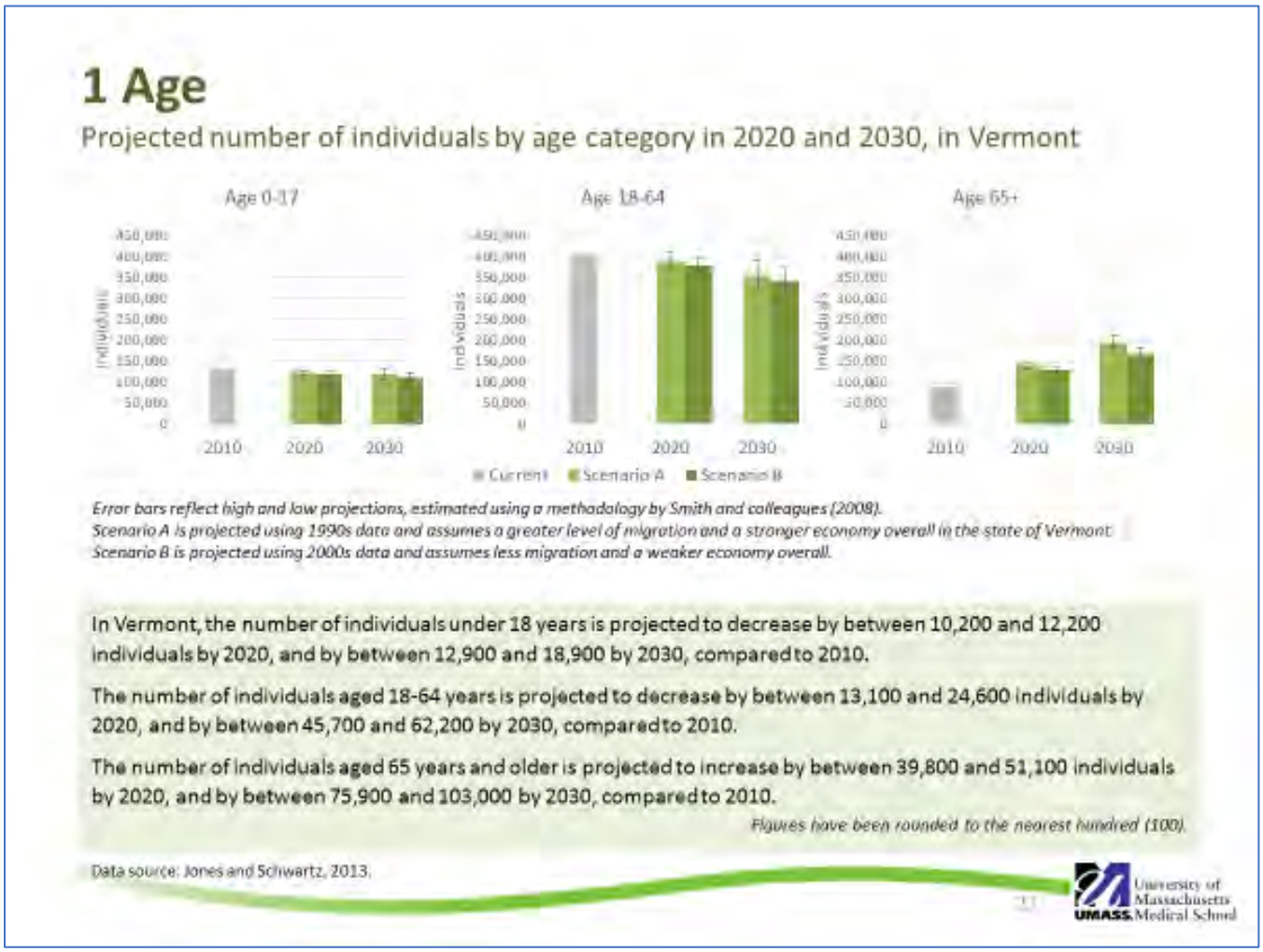
Context:

Demographics, Needs Assessment, Environment, Networks, and Vision

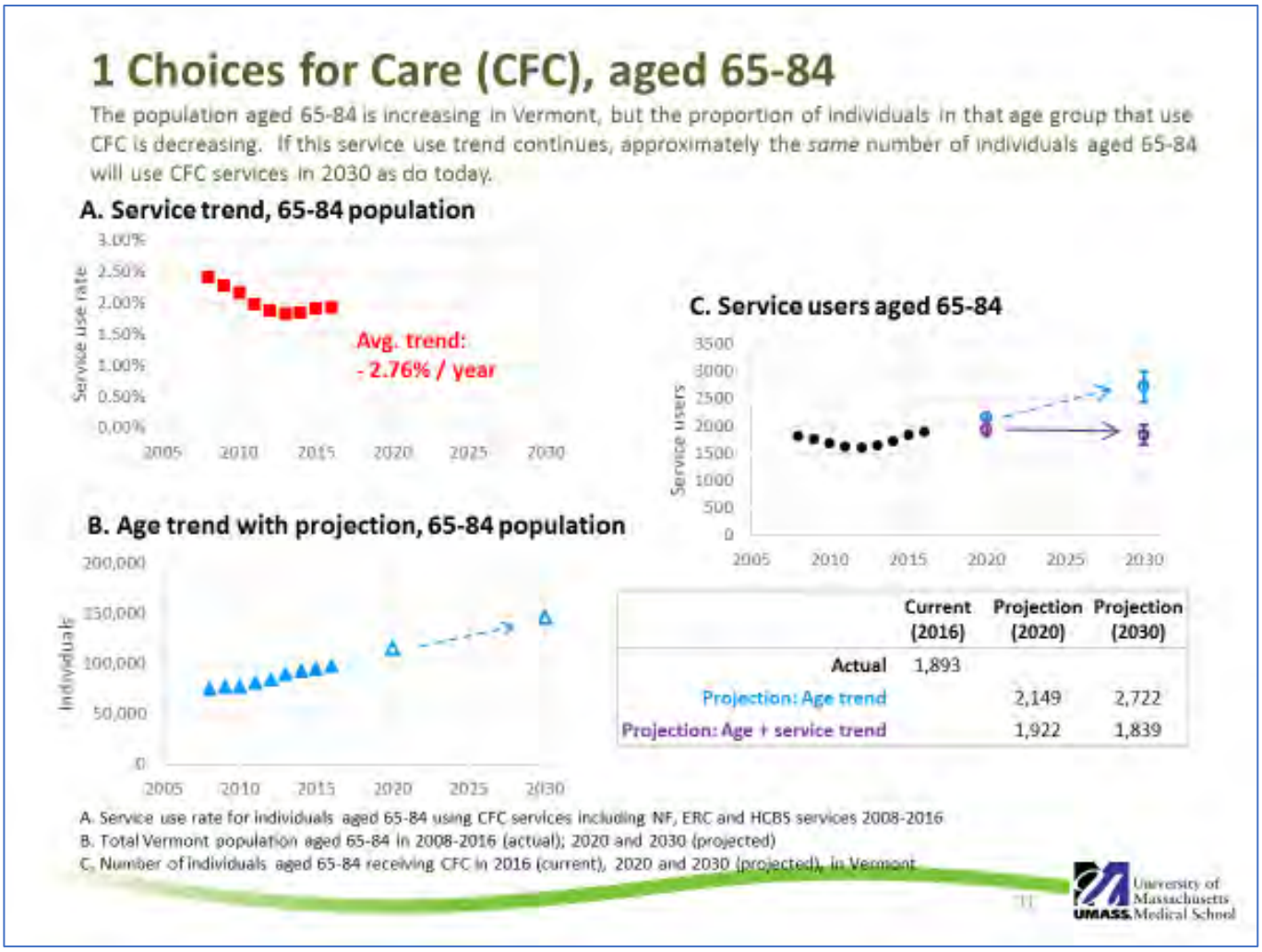
Vermont's Changing Demographics:

Vermont is currently the second oldest state in the nation with a median age of 43.1. In general, the reasons for Vermont's ranking include low birth rates and low migration rates coupled with an aging population that is living longer than past generations. According to the US Census Bureau, Vermont had a population in 2017 of 623,657, of which 18.1% were age 65 or older.

In 2016-2017 DAIL contracted with the University of Massachusetts Medical School to provide population and service utilization projections to help us plan for the long-term care service needs of older Vermonters and Vermonters with disabilities. By 2030 Vermont's overall population is projected to decrease to about 620,000. In contrast, assuming current trends continue, the percentage of older Vermonters is projected to increase to 167,000, or 26.9%. More than 1 in 4 Vermonters will be considered "older," and Vermont may take Maine's place as the oldest state.



At the same time, despite the population aged 65-84 increasing in Vermont, the proportion of individuals in that age group that use Choices for Care, Vermont's Long-Term Care Medicaid program, is decreasing. If this service use trend continues, approximately the *same* number of individuals aged 65-84 will use Choices for Care services in 2030 as do today:



Along with a significant increase in the aging population over the next decade plus, the number of individuals aged 65 and older with either or both functional and cognitive difficulties is projected to increase by between 8,200 and 10,800 individuals by 2020, and by between 16,500 and 22,700 individuals by 2030, compared to 2009-2013. This will have implications on the breadth of services provided to older Vermonters, making accessibility of services, provider collaboration, and workforce readiness all the more important.

It is also important to note that the above projections are not predictions. There are a number of factors that could change future service needs and utilization, including but not limited to:

- Whether rates of disability will increase or decrease,
- Whether financial or functional eligibility requirements will change,
- Whether poverty rates will change,
- Whether new interventions (i.e. dementia treatment) or new service options (i.e. assistive

technology) will impact future demand,
- Whether future funding from federal/state government will be available, and
- Whether people age 65+ may become a greater part of the caregiving workforce.

For more details regarding these projections, please see the "Demographic and Service Utilization Projections" developed by the University of Massachusetts Medical School at http://dail.vermont.gov/resources/documents-reports/data-statistical-reports.

As Vermont's population grows older, how we are aging is evolving. The needs and desires of the aging Baby Boomer generation are different than those of the Greatest Generation before them. And the needs and desires of the generations to come will change as well. With advances in medicine, higher rates of education, and improvements in housing and public health among other factors, we are living longer, with average life expectancy now 80.5 in Vermont, and many living well into their 80's and 90's. While a cohort of older Vermonters have multiple chronic conditions and complex medical needs and will likely need supports like Choices for Care as referenced above, a growing cohort are aging in good health, physically and mentally active, working longer, and seeking engagement with the world long after so-called retirement.

As DAIL and our partners in the Aging Services Network consider our changing demographics, we have an important opportunity to collectively embrace these dynamics and the new possibilities they present. How do we help our neighbors to age in good mental, emotional and physical health? How do we ensure early support and effective interventions to prevent or delay the need for more intensive support in the future? If individuals do need increased services and supports with age, how do we ensure that we are able to provide those needed services? How do we create communities where people across the aging and ability spectrum are able to thrive? How do we recognize the important contributions of family caregivers in meeting the needs of older Vermonters and how do we support them to maintain their critical role with individuals? What is the plan to meet our mission to make Vermont the best state in which to grow old or live with a disability, with dignity, respect and independence?

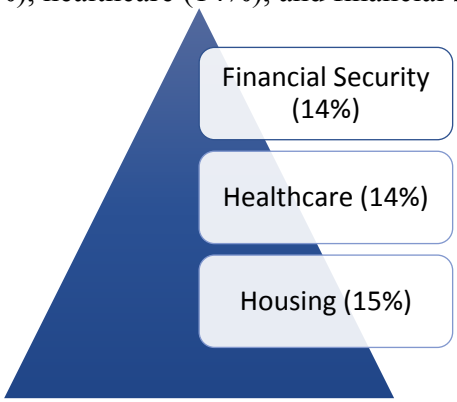
Statewide Needs Assessment of Older Vermonters:

To help us answer the essential questions above in preparation for development of the State Plan on Aging, DAIL conducted a Statewide Needs Assessment of Older Vermonters in Fall 2017. DAIL contracted with Kelly Melekis, a professor and gerontological researcher. The needs assessment included:

- A survey of service providers, provided online and on paper
- A survey of older adults, also electronic and paper
- In-depth interviews with key stakeholders
- Focus groups with select populations

The complete needs assessment results report can be found at http://asd.vermont.gov/sites/asd/files/documents/Vermont_State_Plan_on_Aging_2017_Statewide_Needs_Assessment_Report_0.pdf along with the executive summary at http://asd.vermont.gov/sites/asd/files/documents/Vermont_State_Plan_on_Aging_2017_Statewide_Needs_Assessment_Executive_Summary.pdf.

There were 223 service provider respondents representing all areas of the state and a proportional distribution. They are primarily serving older Vermonters in greatest economic and social need (high rates of poverty, isolation, chronic disease, etc.). The top three concerns they identified for older Vermonters in next five years were housing (15%), healthcare (14%), and financial security (14%).



Transportation, long-term care, and maintaining independence and dignity were all frequently noted as well. Many respondents indicating that "all of the above," were important, illustrating the complex and interrelated nature of many concerns facing older Vermonters.

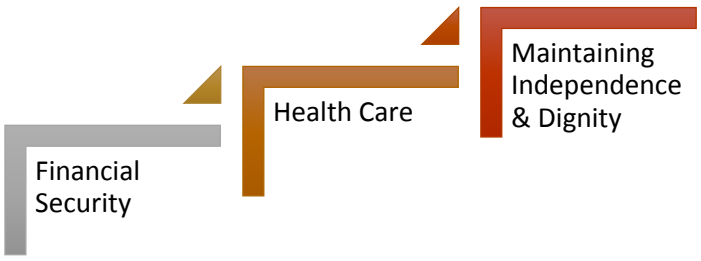
Service providers were asked to identify the major challenge they were facing in meeting the needs of older Vermonters. Their responses focused on four main challenge areas:

- **Funding & Finances:** funding to provide services; finances of individuals living on fixed incomes with growing needs for support.
- **Transportation:** limited public options, walkability is poor, linked to social isolation and loneliness. Noted as exacerbated in very rural areas of the state.
- **Housing**: A wide range of related challenges emerged - affordability, quality, LTC options, need for home modifications and home repairs.
- **Workforce and Service Delivery:** lack of qualified providers across continuum of care from PCAs to geriatricians to mental health clinicians.

There were 433 older adult respondents representing all areas of the state except Essex County, ranging in age from 56 to 95 with an average age of 69. Many individuals responded online and reported being college educated, middle income, homeowners, and both physically active and socially engaged. The majority were retired, though 35% reported working full or part time. In terms of health, 69% reported being in good or very good health. The vast majority reported having adequate housing and still driving. Very few described challenges meeting basic needs (food, housing, activities of daily living). Health issues were identified as a major problem by 17% of respondents and a minor problem by 58%. Having enough income/savings was identified similarly.

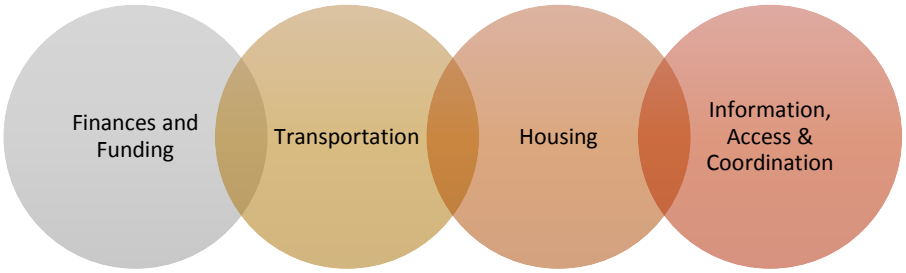
This cohort of older Vermonters represents a younger, healthier and more independent cohort than are typically served by the service providers in the Aging Services Network. Their responses speak to their desire to remain as healthy and independent as they can for as long as they can, and the kinds of preventative supports they need to do so. In this way, the themes they identify below complement the themes identified by service providers who spoke to the needs of a more vulnerable population.

Their top three most identified concerns for the future were financial security (57%), health care (57%), and maintaining independence and dignity (55%).



Older Vermonters reported getting help with or needing more help with: 1) home maintenance and yard work; 2) housekeeping, 3) home modifications; and 4) living expenses. Some described themselves as caregivers providing support for parents in their 80's or 90's. The most common programs and services they reported participating in or wanting to participate in include: 1) educational opportunities, 2) exercise programs, 3) computer classes, 4) volunteering and 5) senior centers.

Their recommendations for improvements Vermont could make to systems and supports followed from the challenges they identified. There were four major recommendation themes from both older Vermonters and service providers:

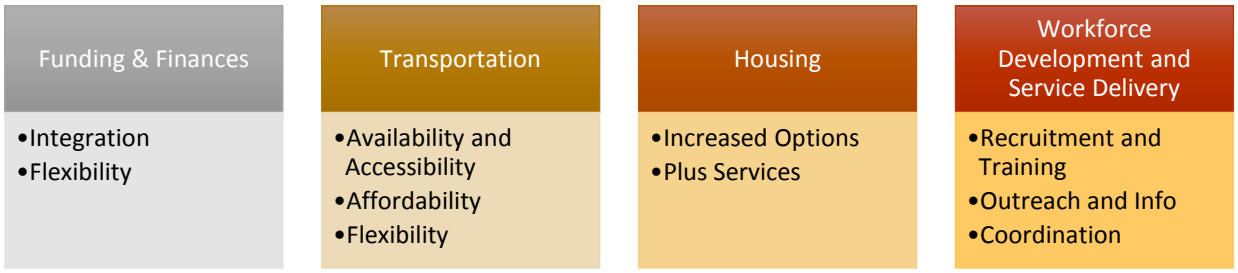


The most common suggestion from older Vermonters was to improve transportation options.

> *Vermont is sorely lacking in public transportation options. This will likely be the biggest impediment to getting old in place here.*

They also recommended more affordable housing and support for home repairs and modifications, increasing outreach about available programs, streamlining and simplifying paperwork, and lowering taxes on older Vermonters.

Service provider recommendations for what Vermont could do to improve programs and services for older Vermonters fell into similar categories:



Conclusions and implications:

When first reading the full needs assessment results, it can seem as if the responses of providers and older adults are somewhat incompatible. But Dr. Melekis shares this insight in the final report:

"The older adult sample is a relatively young-old, healthy and well-educated group. The service provider sample includes those at the state and local level who serve the aging population of Vermont, many of whom target or see an over-representation of older adults who are older, lower income, and more likely to experience chronic illness and greater health care needs. As a result, there are few key areas of divergence between the two samples. Some of the common areas of concern and recommendation noted by service providers are less frequently noted by the older adult sample, such as funding and finance concerns and workforce issues. Rather than viewing this discrepancy as a limitation, it could be viewed as a strength. Service providers offer a perspective that highlights the concerns for the most vulnerable, highest-need older adults in the state. These concerns and recommendations are fundamental to the well-being of older adults served currently, as well as in the future. The older adult sample provides information on those older adults (often young-old) who are not yet in need of the formal programs and services represented by the service provider sample. Their perspectives can help inform prevention and wellness strategies and extend health and well-being in an effort to reduce duration and intensity of need for resource intensive aging-related services."

Despite the differences in respondents, clear themes did emerge among the concerns and recommendations that the State of Vermont and the Aging Services Network may use to guide the direction of the State Plan and this work going forward, including efforts to improve transportation, housing, workforce development, care coordination, and public awareness of available services.

It is estimated that there are approximately 13,000 Vermonters currently living with Alzheimer's Disease and Related Disorders (ADRD) in Vermont. Approximately 30,000 Vermonters are caring for a family member with ADRD. Research shows that family caregivers are at higher risk of poor health outcomes and financial insecurity. The good news is that research also shows that providing support interventions for family caregivers, such as education, training, counseling and respite, can reduce burden, stress, help caregivers stay in the workforce and even delay institutionalization.

In addition to conducting the above needs assessment, the Governor's Commission on Alzheimer's Disease and Related Disorders (ADRD) commissioned a report of the needs of family caregivers of Vermonters with ADRD and the gaps in the service system. The survey was conducted in the fall of 2016 and the report released in the spring of 2017. 227 family caregivers responded. They shared that they felt confident in caring for their family member, but many also shared that caregiving was negatively

impacting their own health and well-being. Their top three identified concerns were:

1. Preparing for care recipients' needs
2. Balancing work and caregiving responsibilities
3. Paying for care recipient's needs.

Their top three recommendations included:

1. Address affordability of care, including home care, respite, adult day and assisted living.
2. Increase availability and accessibility of support – create a clear and streamlined point of entry, expand options, and improve public awareness of available services.
3. Increase education and training for both formal care providers and informal caregivers.

Please visit http://asd.vermont.gov/governors-commission-adrd to learn more about the Governor's Commission on Alzheimer's Disease and Related Disorders and read the full report, "Caring for ADRD Caregivers in Vermont."

Caring for both older Vermonters *and* family caregivers as needs change is essential to a successful long-term care system in Vermont. With an aging population, the recommendations outlined above by service providers, older Vermonters and family caregivers grow in urgency every day. Even as funding and resources may be limited, there are creative solutions and possibilities utilizing existing resources. There is a great deal of talent and passion for this work in Vermont and capitalizing on that energy and expertise through collaboration is critical for the future. One family caregiver put it so well, "There isn't any one thing – what's needed is a whole community of support."

Environment / Context:

Looking nationally in 2018, there is uncertainty around future federal funding for programs that serve older Vermonters, including the future of Social Security, Medicare, Medicaid and Older Americans Act programs, to name a few. This uncertainty makes long term planning difficult, and perhaps more importantly, creates significant anxiety for older Vermonters and the network of community providers who serve them, as they worry about how they will financially manage into the future.

At the state level, both the Governor and legislature have outlined priorities that include and impact older Vermonters. Governor Phil Scott has stated that the focus for his administration is on the following three priorities:

- Grow the Vermont economy,
- Make Vermont more affordable, and
- Protect the most vulnerable.

The Vermont legislature has also outlined key population level outcomes and indicators to evaluate the state's progress in achieving results for Vermonters. A number of these high-level outcomes relate to our work in serving older Vermonters including:

- Vermont has a prosperous economy.
- Vermonters are healthy.
- Vermont's communities are safe and supportive.
- Vermont's elders live with dignity and independence in settings they prefer.

With these priorities and outcomes in view, DAIL and the Aging Services Network is striving to be smart and strategic with the limited resources available. The State has adopted the Results-Based

Accountability (RBA) framework for evaluating program performance, and DAIL reports to the administration and legislature on program performance each year. In addition, we have worked with our providers, especially the Area Agencies on Aging, to develop statewide RBA measures for core OAA program services, to help them become more effective, evaluate their success, and tell the story of their impact. These RBA measures are reflected in the Goals section of this narrative.

While government is working hard to create good results across programs, the healthcare field is also rapidly transforming itself to achieve both cost containment and population health. Health reform can look different across the country. In Vermont, the effort is largely driven by Vermont's All Payor Model (including Medicare, Medicaid, and commercial insurance) and the Accountable Care Organization, OneCare, with Vermont's largest hospital, the University of Vermont Medical Center, at its epicenter. Slowly, Vermont is moving away from a fee-for-service model of payment where providers are paid for treating disease via acute episodes to a model of population health, where providers are paid to be proactive and preventative, based on keeping a cohort of patients in good health according to key health measures. With these changes already in motion, many of the objectives and strategies in this state plan intentionally work to support Vermont's population health goals.

This massive transformation of the healthcare philosophy, culture, practice and payment system takes significant time and energy, but we are already beginning to see ripples of impact into the long-term care world and to the home and community-based providers. For example, OneCare is piloting a new care coordination software system called Care Navigator for use by both medical and community service providers as a way to better coordinate care with shared patients/clients. With a recognition of the importance of the wrap-around services and supports provided to patients by community-based organizations, two AAAs and multiple other providers in the aging services network are involved in this pilot. While it is not yet clear exactly where the healthcare reforms will take Vermont over the course of this four-year state plan, the momentum for change is real, and the system is bound to look different in the years to come.

DAIL is hopeful that these changes to healthcare payment systems and ways of thinking about health will help begin to address some key challenges for older Vermonters due to the current lack of Medicare coverage for eyeglasses, hearing aids and dental care. One in five older adults have untreated tooth decay and are unable to afford needed dental care. Approximately 70,000 older Vermonters are impacted by hearing loss. Today, over 5,000 Vermonters have a severe visual impairment, and experts predict that by 2030, rates of severe vision loss will double along with the country's aging population. All of these conditions contribute to increased healthcare costs through increased social isolation, depression and risk for falls.

Another environmental factor seriously impacting Vermont's ability to meet the needs of our aging population is our workforce shortage. With a decreasing labor force and limited in-migration, the lack of workers touches every sector at every level serving older Vermonters across the care continuum. Vermont lacks enough geriatricians and primary care providers, mental health clinicians, nurses, nursing aides, and personal care attendants to name a few. This was highlighted in the statewide needs assessment report and is brought up as a serious issue in almost every meeting in community. Providers report the incredible challenge in finding staff to serve older Vermonters in all types of settings - nursing homes, residential care homes, and home-based settings. This issue makes care coordination extremely challenging as well; even if a care plan is in place, sometimes there simply are not the staff to do the work. DAIL is working closely with partners across state government to find ways to address this challenge. One opportunity we have is to better utilize the mature workers in our state – to keep them in the workforce longer by

encouraging age-friendly workplaces, accommodating and flexible workplace policies, and options for phased or sloped retirements.

DAIL and our partners also pay close attention to national research and reports that indicate how Vermont is doing in providing for older Vermonters in comparison to other states. The United Health Foundation's Senior Health Rankings Report is a comprehensive indicator for the health and well-being of older Americans, with state rankings across 34 measures of physical, mental and social well-being within four domains: behaviors, community and environment, policy and clinical care, which collectively impact health outcomes. In 2018 Vermont's overall ranking is 13th in the country. In comparison to other states, Vermont's strengths include low percentage of ICU usage, low prevalence of smoking and high home-delivered meal rate. Vermont's key challenges include high prevalence of falls, high prevalence of excessive drinking and suicide, and low rates of hospice care use. The State Plan on Aging works to address these challenges as well.

In addition to the Senior Health Rankings Report, we also look at reports from the Alzheimer's Association. In the U.S. over 5 million people have Alzheimer's. In Vermont, Alzheimer's is the sixth leading cause of death which is one of the highest death rates in the country. According to the Alzheimer's Association, there are 13,000 Vermonters age 65 and older who have the disease and another 30,000 Vermonters who are caregivers of those impacted. The seriousness of Alzheimer's as a public health priority will only increase; by 2025 it is estimated that the number of Vermonters with the disease will increase by 31 percent and the medical costs by 36 percent. The costs at the family, community and medical level are significant. In 2018 Medicare alone will pay $106 million for caring for Vermonters with Alzheimer's. This is a serious challenge to the future of Vermont and the nation, and while this plan seeks to address the challenge in impactful ways, more resources are needed to adequately support all those with ADRD and their caregivers.

Aging Services Network:

DAIL and the Aging Services Network must work to evolve just as older Vermonters' needs and desires evolve, and we must evolve collaboratively. Thankfully, Vermont has a robust network of agencies and organizations working to support older Vermonters, comprising our Aging Services Network. For the purposes of this document, the term, "Aging Services Network" refers to services and organizations across the full spectrum of long-term services and supports, from home-and community-based settings to nursing homes. Each component of the Aging Services Network serves a unique and important role in meeting the needs of older Vermonters and family caregivers. Each link in the broad and diverse Aging Services Network helps meet the needs of older Vermonters, wherever they may choose to live.

The SUA works in concert with Vermont's Aging Services Network which includes, but is not limited to, the following:

DAIL and our five divisions
Area Agencies on Aging (AAA)
Senior Centers and community meals providers
Adult Day Services Providers
Home Health Agencies (HHA)
Private Home Care Agencies
Nursing Homes

Private Home Care Providers
Residential Care Homes (RCHs)
Assisted Living Residences (ALRs)
Designated Mental Health Agencies / Elder Care Clinicians
Homesharing Providers
Public Housing Authorities and Nonprofit Housing Providers
Public Transit Providers and private transportation agencies
Support and Services at Home (SASH)
The Vermont Long-term Care Ombudsman Project (VLTCOP)
The Senior Citizen Law Project of Vermont Legal Aid
The Community of Vermont Elders (COVE)
AARP Vermont
Volunteer and Community Service Programs
University of Vermont Center on Aging
Associates for Training and Development
Alzheimer's Association
Agency of Human Services, including all departments
Vermont Assistive Technology Program

Find a detailed description of each of the above network partners in Attachment B.

Vision for Vermont:

There is no doubt that the challenges before us are real – an aging population, a decreasing workforce, limited resources, and competing priorities. And yet, in Vermont, we are not viewing our older neighbors as a burden or the changing demographics as a crisis, as the situation is so often described in the media. Instead, we recognize the incredible asset that older Vermonters are in our state. Using the research conducted by the FrameWorks Institute on "Reframing Aging," and the training we received from their staff, we developed a communications brief in 2017 entitled, "Let's Talk About Aging." Shared widely with the Aging Services Network and other key partners, it reframes the issue to focus on solutions:

"As Vermonters live longer, healthier lives, we are building momentum towards strong and vibrant communities by contributing time, talents and accumulated wisdom in so many ways - through work, artistic creation, civic engagement, and volunteering to name a few. Older Vermonters are our small business owners and workers, citizen legislators, Meals on Wheels drivers, educators and mentors, and so much more. Our state is enriched by the incredible value older people bring to every community. There is much to consider as we envision a Vermont that embraces aging at a systems level, and with growing demand for services and supports amid limited resources, the challenges are very real. But Vermonters are not daunted by challenge. We are a community of problem-solvers. Young and old, we will roll up our sleeves, tackling any challenges our changing demographics may bring with enthusiasm, skill and collaborative spirit. Let's work together to create the kind of Vermont where we all, regardless of age, feel welcomed, valued, supported, and able to thrive."

This communications work around reframing directly connects to a multitude of DAIL's and the Aging Services Network's additional efforts to support aging well, including:

- Encouraging employers to support mature workers, where we are gaining momentum at the policy

level, with the Governor calling for the development of a retirement "slope" instead of a retirement "cliff."

- Supporting Vermonters with a range of opportunities for engagement as they age, from intergenerational activities, volunteerism of all kinds, physical exercise, and opportunities for learning new skills, such as computer literacy and languages.
- Raising awareness of abuse, neglect, and exploitation as a systemic, societal issue rather than an individual problem to solve; working to reduce the social stigma of exploitation to increase reporting to Adult Protective Services and develop effective prevention efforts.
- More deeply integrating healthcare systems and population health measures with social supports in community to effectively detect health risks, implement interventions, including prevention, and reduce demand over the long term. The evolving care collaboratives now growing around the state are a good first step in this direction. The interest of OneCare is promising. Vermont Department of Health's 3-4-50 Campaign, working to address chronic disease by focusing on three key behaviors for change (physical activity, diet and tobacco use) also helps emphasize the importance of this integrated approach.
- Working with University of Vermont Medical Center to proactively educate incoming doctors about the changing needs of older Vermonters and the importance of holistic geriatric care by all physicians.
- Strengthening collaboration between DAIL and the Aging Services Network with non-traditional sectors, i.e. business, education, community development, etc., to recognize that we all have a role to play in ensuring Vermonters can maintain health and well-being as we age.
- Deepening connections between the Aging Service Network and the Vermont Assistive Technology Program (VATP). Throughout 2018 and beyond, VATP descriptive videos, presentations and "demo toolkits" are making their way across the state for demonstration use at the Area Agencies on Aging to raise awareness about the many assistive technologies available to Vermonters to aid in vision, hearing, mobility, communication, etc., ultimately, supporting the ability to age well in community.
- Expanding collaboration across state government agencies to address complexity of needs given changing demographics: Vermont Department of Health, Department of Mental Health Department of Vermont Health Access, Department for Children and Families, Department of Corrections, Department of Labor, Agency of Transportation, Agency of Education, Agency of Commerce, etc.
- One example of expanded collaboration is DAIL's work with the Department of Health to raise awareness about Alzheimer's Disease and Related Disorders (ADRD) and promote brain health to prevent cognitive decline. While the rate of Alzheimer's is decreasing, it is currently the fifth leading cause of death in Vermont. DAIL and VDH have developed a collaborative two-year action plan to address ADRD in Vermont and work together to improve awareness among both the general population and among medical providers (see Attachment E).
- Engaging with partners across the continuum of options and care needs to ensure that creative housing solutions like the Village Model and HomeSharing are explored, that current housing options to include in-home community care, residential care, senior living and nursing homes continue to be supported, and advocating that the entire housing continuum offers quality, choice and stability to all.
- Sustaining the work of the ADRC grant over time, including the embedding of the philosophy and practice of person-centered thinking and planning into the core OAA programs and daily work of the Area Agencies on Aging and additional partners. AAAs provide options counseling as well as development of person-centered plans within case management services. The Information and Assistance objectives built into the final ADRC grant year help build a stronger infrastructure for partners to provide high quality, consistent customer service, which will be tracked and improved

upon over time. These grant objectives are built into Objective 2.1 of this plan.

- Supporting the Area Agencies on Aging in the development of business acumen, which includes the knowledge and skills needed to market their services to a range of potential payers to diversify funding and support sustainability. In this effort, DAIL works with the AAAs to enhance data collection and reporting on health and quality of life outcomes to better market their value proposition; and DAIL seeks to connect the AAAs with potential new funding opportunities within the state.

In Vermont, we recognize that it is critical that we have a clear vision for the kind of state we want to be for all Vermonters to age well, with dignity, respect and independence. We know that this vision needs to be defined and yet will be always evolving. As another step in this evolution, the Vermont Legislature passed a bill in May 2018, Act 172, that will help build the foundation for an Older Vermonters Act to align Vermont's work at the state level with the federal Older Americans Act. The development of this act presents another opportunity to call attention to the important issues of aging that we face as a state, and to face them with courage, creativity, and collaboration.

Goals, Objectives, Strategies, Performance Measures and Outcomes:

Please note that these Goals, Objectives and Strategies do not include all the ongoing programs, initiatives and activities taking place in Vermont by DAIL or community partners to support older Vermonters. **The plan focuses on key areas where there is a critical need for improvement and where DAIL currently has an ability to make progress in collaboration with our partners. For all performance measures listed, DAIL will work to make improvements within each measure over the course of the four-year plan period.**

Objectives are included for each of ACL's four focus areas:

1. OAA Core Programs – see objectives 2.1 through 2.4
2. ACL Discretionary Grants – see objective 2.1 and Attachment C
3. Participant-Directed/Person-Centered Planning – see objective 2.3
4. Elder Justice – see objectives 3.1 and 3.2

Overarching Goals:

- **SUPPORT HEALTHY AGING FOR ALL**
- **STRENGTHEN CORE OAA SERVICES THAT SUPPORT OLDER VERMONTERS IN GREATEST ECONOMIC AND SOCIAL NEED**
- **BOLSTER THE SYSTEM OF PROTECTION AND JUSTICE FOR OLDER VERMONTERS**

GOAL 1: SUPPORT HEALTHY AGING FOR ALL

Objective 1.1: Increase older Vermonter participation in evidence-based falls prevention interventions and programs.

Strategies:

- Collaborate with *Falls Free Vermont*, using a variety of methods, to increase awareness among individuals, families, providers and healthcare systems of proven falls prevention interventions and programs offered throughout the state.
- Increase access to falls prevention interventions and programs through sustainable expansion of a variety of interventions and programs throughout the state.
- Establish data elements and statewide data collection and tracking of falls prevention interventions and programs, including participant outcomes.

Performance Measure: #/% of older Vermonters who participate in evidence-based falls prevention classes offered in Vermont communities.

Outcome: Older Vermonters will have reduced risk for falls.

Objective 1.2: Increase behavioral health prevention, treatment and recovery for older Vermonters.

Strategies:

- Raise awareness through community forums/trainings and inter-agency coalitions about the prevalence of substance misuse among older Vermonters and the need for more age specific prevention, treatment and recovery programs for substance abuse, including alcohol and opioids.
- Increase identification of older Vermonters in need of substance misuse prevention and/or addiction treatment by expanding the implementation of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) process to more older adults.
- Collaborate with the Department of Mental Health and the designated mental health agencies to increase Eldercare Clinician (ECC) coverage sustainably across the state, target resources to those at highest risk, collect client outcome data, and increase collaboration with medical providers and the aging network.
- Support increased suicide prevention awareness and training among Aging Services Network providers.

Performance Measure:
#/% of Vermont counties with inter-agency coalitions working to improve substance use services for older Vermonters.
#/% of older Vermonters served by Eldercare Clinicians.
#/% of staff in aging network providers trained in basic suicide prevention skills.

Outcome: Older Vermonters will have improved behavioral health (i.e. reduction in depression, substance misuse, etc.).

Objective 1.3: Increase engagement to reduce impacts of isolation and loneliness on health and well-being of older Vermonters.

Strategies:

- Improve transportation access by encouraging creative options (local, volunteer based, community driven, climate friendly, etc.) while advocating for increased public transportation and universally accessible community design.

- Support a network of high quality, sustainable senior/community centers that offer diverse opportunities for engagement, including services such as nutritious meals, wellness programs, educational activities, volunteerism, intergenerational connections and more.
- Sustain existing and explore new innovative and supportive housing models such as Homesharing, SASH, the Village Model, cohousing, etc., while supporting a strong continuum of long-term care housing options.
- In conjunction with the Vermont Deaf, Hard of Hearing, and DeafBlind Advisory Council, coordinate training for the Aging Services Network and local communities regarding awareness around hearing loss and strategies to increase hearing accessibility.

Performance Measure:
#/% of older Vermonters who participate at a senior/community center.
# of hearing accessibility trainings provided across the state.
#/% of Choices for Care participants who do things they enjoy outside of their home when and with whom they want to.

Outcome: Older Vermonters will have reduced risk of loneliness and isolation.

Objective 1.4: Increase meaningful employment opportunities for older Vermonters to support health and financial security of individuals and a prosperous economy.

Strategies:

- Educate businesses about the importance of recruiting, retaining, and engaging mature workers, and highlight opportunities for employers to connect directly with mature job seekers through online and in-person hiring events and recruitment campaigns targeted to this population.
- Disseminate materials to encourage businesses to develop concrete policies and employee supports that target mature workers, including those who are also family caregivers.
- Highlight the positive contributions that mature workers make to employers through the continuation of the Governor's Award for Business Excellence in Supporting Mature Workers.
- Leverage the Senior Community Service Employment Program (SCSEP) to provide workers with skills growth opportunities such as workshops, computer classes, and participation in community college and technical education center programming that qualifies them for in-demand jobs, connects them with hiring employers, and better utilizes the mature worker population to expand the state's workforce.

Performance Measure:
# of Vermont employers who have been educated about age-friendly work policies
# of mature workers who find employment through SCSEP

Outcome: More older workers will be in the labor force.

GOAL 2: STRENGTHEN CORE OLDER AMERICANS ACT SERVICES THAT SUPPORT OLDER VERMONTERS IN GREATEST ECONOMIC AND SOCIAL NEED

Objective 2.1: *Information and Referral/Assistance (I&R/A):* Improve I&R/A statewide so that more

older Vermonters are aware of the statewide helpline and the resources offered by the Area Agencies on Aging and have a consistently high-quality experience when they call.

Strategies:

- Implement a standardized I&R/A customer experience measurement tool and develop an implementation and continuous quality improvement plan for the tool.
- Disseminate outreach materials to promote the Helpline and I&R/A services statewide.
- Develop a standard I&R/A report and use the report to track trends in I&R/A to help in identifying future needs and service utilization.
- Increase calls to the Helpline for SHIP (State Health Insurance Assistance Program) to support older Vermonters with information and assistance with Medicare.

Performance Measure:
# of calls to statewide I&R/A Helpline.
% of Helpline callers who have a positive call experience (per above tool).

Outcome: Older Vermonters have access to quality I&R/A services statewide – they receive what they need via I&R/A to support their next step.

Objective 2.2: *Nutrition:* Increase food security of older Vermonters through the Home Delivered Meal program.

Strategies:

- Embed food security prioritization tool into Home Delivered Meal intake and standardize assessment and reassessment procedures for active caseload management.
- Collaborate with the Accountable Care Organization, OneCare, and hospitals in Vermont to support nutrition and food security for high risk patients.
- Explore a pilot to increase meal frequency for those at highest risk of food insecurity and measure outcomes.
- Provide 3SquaresVT application assistance to program participants at initial assessment and reassessment.

Performance Measure:
#/% of home delivered meals clients who report they have enough to eat
#/% of home delivered meals clients who report that meals help manage or improve their medical condition
#/% of home delivered meal participants at highest food insecurity priority level (level A) who participate in 3SquaresVT.

Outcome: Older Vermonters are more food secure.

Objective 2.3: *Case Management:* Support older Vermonters to live in settings they prefer through high quality case management (both OAA and Choices for Care), including person-centered planning.

Strategies:

- Ensure all case management staff are trained in person-centered planning and develop a person-centered plan with their clients.
- Explore a statewide acuity scale to allow for consistent prioritization of those in greatest need.
- Explore different models and approaches around teaming and specialization.
- Integrate case management work with health systems and healthcare payers to support business acumen (for example, the 2018 Care Navigator "shared care planning" tool that aging network providers are piloting in conjunction with health care providers).

Performance Measure:
#/% of case management clients who are living in the setting of their choice
#/% of case management clients who report that their unmet needs were addressed
#/% of case management clients with a current person-centered plan

Outcome: Older Vermonters are able to live in the settings they prefer.

Objective 2.4: *Family Caregiver Support*: Ensure family caregivers of older adults are well supported through access to assessment, education, training and respite.

Strategies:

- Develop and promote a family caregiver assessment tool for use by AAAs and other providers to measure family caregiver needs and refer them to appropriate supports. Explore its use in Choices for Care.
- Increase access to evidence-based family caregiver education and training.
- Increase usage of Adult Day for respite.
- Build the foundation of a dementia capable workforce culture by training staff and volunteers to have a minimum level of understanding of Alzheimer's and dementia and minimum level of confidence in supporting family caregivers of older Vermonters with Alzheimer's or dementia.

Performance Measure:
#/% of caregivers supported by AAAs who have participated in caregiver education/training
#/% of family caregivers receiving dementia respite grants who utilize Adult Day as respite
#/% of AAA staff trained as dementia-capable

Outcome: Family caregivers of older adults are educated, skilled, and have the resources they need to support their care recipients.

GOAL 3: BOLSTER THE SYSTEM OF PROTECTION AND JUSTICE FOR OLDER VERMONTERS

Objective 3.1: Improve prevention efforts to protect vulnerable older adults against abuse, neglect and exploitation while maximizing their autonomy, with a focus on financial exploitation.

Strategies:

- Promote AARP's 'BankSafe' financial exploitation prevention training with Vermont's financial institutions to encourage the training of all front-line staff.

- Expand public messaging around financial exploitation prevention by collaborating with Attorney General's office, the Community of Vermont Elders' Senior Medicare Patrol, and ORCA media to develop and distribute "Stay Savvy Vermont" PSA videos.
- Continue work towards developing and expanding alternatives to guardianship, i.e. supported decision making, and promote successful models of prevention, such as increased usage of advance directors/early identification of health care agents/power of attorney and representative payee programs for financial management/security.
- Learn from the outcomes of Senior Solutions' Department of Justice Elder Abuse grant, designed to address elder abuse through a holistic, multidisciplinary approach in Windsor County, identify best practices to be replicated statewide, and support statewide elder abuse training.

Performance Measure:
# of financial exploitation reports received by Adult Protective Services
# of financial exploitation calls received by the Attorney General's Consumer Assistance Hotline

Outcome: Older Vermonters are better protected against financial exploitation.

Objective 3.2: Increase awareness of Vermont's programs that protect vulnerable older adults, including Adult Protective Services, Office of Public Guardian, the Long-Term Care Ombudsman Program, and Legal Services.

Strategies:

- Following the legal service statewide capacity assessment to identify gaps and unmet needs conducted as part of DAIL's Phase II Legal Services Grant, use survey results to address any key awareness gaps.
- Leverage resources through existing initiatives and partnerships (such as "BankSafe" and "Stay Savvy Vermont") to further expand public awareness efforts around financial exploitation and available resources such as Adult Protective Services, Office of Public Guardian, the Long-Term Care Ombudsman Program, and Legal Services.
- Expand World Elder Abuse Awareness Day (WEAAD, 6/15) activities with at least one activity/initiative per AAA region.
- Explore the development of regional trainings to provide education and training to a diverse network of stakeholders about elder abuse, neglect, self-neglect and exploitation and the available resources for prevention and support for crime victims, including: Ombudsman services, legal services, APS, AAAs, guardianship and alternatives to guardianship.

Performance Measure: # of participants in community awareness trainings and activities

Outcome: Older Vermonters have reduced risk of abuse, neglect or exploitation with increased awareness of available resources and programs to protect them.

Emergency Preparedness

DAIL, as part of the Vermont Agency of Human Services (AHS) has implemented a Continuity of Operations Plan (COOP) in preparation for emergency events. Under leadership at AHS, the plan is

reviewed annual with necessary revisions. In coordination with AHS, DAIL also participates in the State of Vermont Emergency Operations Plan, which is reviewed annually.

DAIL requires AAAs to have Emergency Preparedness Plans in their Area Plans that are updated on an annual basis as needed and approved by DAIL. AAA Emergency Preparedness Plans address critical functions, outreach to vulnerable individuals and coordination efforts with local and state emergency response agencies. In the event of an emergency, DAIL staff reach out to each of Vermont's AAAs to offer support, insure critical functions are possible and that AAAs are able to contact the most vulnerable older Vermonters and adults with disabilities with whom they work. AAAs in turn least affected by an emergency may offer support and staff to AAAs most impacted.

Quality Management

DAIL uses the CMS Home and Community-based Services Quality Framework to organize quality initiatives and monitoring as part of our relationship with the aging network and more specifically, with the AAAs.

Data collection is done on both an annual and quarterly basis. The SUA provides instruction and oversight to the AAAs for annual State Plan Reporting (SPR) of data to ACL. Each year, AAAs are provided with Area Plan instructions to assist them in completing their regional Area Plans. Through federal fiscal years 2019-2022, AAA Area Plans will align with the Vermont State Plan on Aging, outlining regional goals, objectives, strategies and measurable outcomes in the Results Based Accountability format. The SUA will visit each AAA during the plan development to hear what they have learned from local needs assessment work and how they are developing goals and objectives, and provide any technical assistance requested.

AAAs' four-year Area Plans are updated, reviewed, and approved each year by the SUA. DAIL currently requires the AAAs to submit RBA updates twice a year to demonstrate progress and obstacles presented in the last six months. In addition, the SUA will conduct annual site visits to each AAA to discuss progress and challenges. Additionally, DAIL staff meet with the AAA Executive Directors on a monthly basis to review different program areas and provide assistance. Specific decisions take place on access of services, coordination of services, program standards and outcomes, data collection and reporting requirements.

DAIL also provides quality oversight via annual monitoring visits by the Quality and Program Participant Specialist. This staff person reviews the agency through the lens of case management using an approved standard for AAAs against an established review grid that follows the standard requirements. At each site, a random selection of charts is pulled with representation from as many case managers as possible to assure across the board timely and appropriate care through review of assessments, plans of care, goals, strategies, needs, and follow up as needs change. Great care is taken to ensure that the participants and/or family caregivers have in-put into the plan such that opportunities for choice/flexibility are emphasized in the process. For each record, the reviewer looks at the initial documents, and then follows case notes, team conference notes, progress, barriers, changing strategies, utilization of community resources, vocational rehab and other applicable interventions. Reviewers also check for on-going supervisory interface and evaluations, training, orientation, tracking lists, and updated background checks. All applicable AAA policies and procedures are also reviewed. If an AAA has standards and/or policies and procedures that are "unmet", there is a written request for a plan of correction which must be submitted within an allotted timeline. If the plan of correction is deemed acceptable, a letter stating such is sent. If a

plan is not acceptable, a further request is made with follow-up technical assistance. Once the plan of correction is accepted, the Specialist will conduct a follow up visit to assure that the corrective action has been operationalized.

Summary of Public Input Process

On March 26, 2018, DAIL notified the public of the upcoming availability of the draft State Plan on Aging for review and comment. Notice was provided on the website, via Facebook, through emails to community partners, and by press release to the media. The press release was published in several newspapers, including the statewide online paper, VT Digger (https://vtdigger.org/2018/03/28/vermonters-encouraged-give-feedback-next-state-plan-aging/). According to its website, VT Digger reaches an average of 200,000 individual readers each month.

The public comment period began on Monday, April 9, 2018 and continued through Friday, April 27, 2018. People were invited to provide comments in writing, by phone, or in person.

The in-person session was held on Thursday, April 13, 2018 from 12:30pm to 2:00pm at the Waterbury State Office Complex in Waterbury, VT, in conjunction with the regular meeting of the DAIL Advisory Board, and 21 members of the public attended.

Public comments were also solicited during a Vermont Public Radio program, *Vermont Edition,* on Friday, April 20, 2018, during a discussion of the State Plan on Aging and the needs of older Vermonters (program can be heard here: http://digital.vpr.net/post/baby-boomers-how-can-vermont-help-you-age-well#stream/0). According to VPR, Vermont Edition reaches a listening audience of approximately 40,000 on any given day.

A total of 32 comments were received from individuals and organizations: 13 in writing, 12 in person, and seven by phone during the radio program.

Below is a summary of the comments received and DAIL's response:

Funding for the Aging Services Network / Service System: Six comments were received about funding – need for increased funding across the long-term care service system, including the need for more affordable long-term care facility options, funding for aging-at-home initiatives and funding for transportation. Questions were also asked about if the plan provided additional funds and how funds are distributed to the aging services network.

> DAIL's response: The State Plan on Aging is the vehicle for Vermont to receive federal Older Americans Act funding. As explained on page 25, the majority of OAA funding must be distributed to the Area Agencies on Aging through an Intrastate Funding Formula. The State Plan on Aging is developed under the premise that DAIL will have the same budget for services going forward – it does not authorize new or additional funding. DAIL recognizes that there are significant funding gaps to support the Aging Services Network and our long-term care service system in Vermont and we will continue to advocate as we are able for increased resources and support for these critical services and will use the State Plan on Aging as another advocacy tool in this effort. Additionally, we have outlined opportunities to explore creative and innovative programmatic and funding options (i.e. grassroots, volunteer-driven programs, healthcare funding,

etc.) to enhance the network and services as possible – see Objectives 1.3 and 2.2.

Aging in Place: Six comments were received related to aging in place – the desire of older Vermonters to remain living in their own homes and the need for more basic supports and services, such as home repairs and yard work, to be able to do so.

DAIL's response: This need was identified in the statewide needs assessment (see page 10 of the plan), and DAIL acknowledges the need to explore new and creative solutions for supportive housing and home supports in Objective 1.3 on page 18-19.

Alzheimer's Disease and Related Disorders (ADRD): Five comments were received about ADRD - asking for more focus on this in the plan, both calling out the growing numbers of Vermonters impacted by ADRD, the high burden and costs of the disease, as well as more strategic goals to address it as a state.

DAIL's response: DAIL recognizes the significant impact and cost of ADRD in Vermont and has added more emphasis in the narrative of the plan (page 14) and a focus on building a dementia-capable workforce of both staff and volunteers as outlined in Objective 2.4 on page 21. In addition, we have added Attachment E, the Action Plan on Alzheimer's and Healthy Aging, developed collaboratively by the Department of Health and DAIL.

Adult Day: Four comments were received about Adult Day – emphasizing the importance of Adult Day services in community and the need for increased funding support for Adult Day providers.

DAIL's response: Over time, DAIL has worked to maximize funding support for Adult Day services by transitioning from funding services via State General Funds to funding through Medicaid. DAIL recognizes the important role of Adult Day within the Aging Services Network and seeks to increase usage of Adult Day for family caregiver respite in Objective 2.4 on page 21.

End-of-Life / Hospice: Three comments were received related to end-of-life issues and the underutilization and importance of hospice.

DAIL's response: DAIL recognizes the importance of educating Vermonters about end-of-life options, especially given the state's low utilization rate of hospice, which is called out in the plan narrative on page 14. Increasing usage of advance directives/health care agents/power of attorney is also called out in Objective 3.1.

DAIL received one comment on each of the following additional topics and seeks to address them in the plan in the following ways:

- Hearing loss – addressed in Objective 1.3.
- Intergenerational programs – addressed in Objective 1.3.
- Geri-psychiatry – addressed in Objective 1.2.
- Nutrition/meals – addressed in Objective 2.2.
- Mature workers – addressed in Objective 1.4.
- Healthy Seniors – addressed in plan narrative and Objective 1.3.

DAIL is extremely appreciative of everyone who provided comments on the draft plan and encourages Vermonters to remain engaged throughout the implementation of the plan. It is through strong public-

private collaboration that Vermont will be able to make progress towards our goal of being the best place to age well.

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C. Intrastate Funding Formula

The Older Americans Act requires that most funds be distributed by the State Unit on Aging to the Area Agencies on Aging through an Intrastate Funding Formula (IFF). The IFF is the method by which the funding is allocated among the five AAAs. The total amount of OAA funding Vermont receives for allocation to the AAAs is determined by the federal government.

As part of this State Plan on Aging, DAIL proposes to adjust the timing of the formula implementation. Currently, the Area Agencies on Aging have approximately six months to adjust their budgets when demographic changes in the census cause a shift in Older Americans Act funding through the formula. DAIL proposes to provide the Area Agencies on Aging with an additional 12 months of planning before demographic changes would be implemented. The State is not intending to modify or change the formula factors or weighting. The current funding formula will remain intact.

Please find below a more complete description of the formula, including guiding principles, funding factors, and an implementation timeline that outlines the process.

A. Guiding Principles:

1. Stability: Avoid distributing large funds associated with a small number of people. This is a challenge for Vermont's AAA service areas, which have small numbers of people in many cohorts of 'greatest social and economic need'.
2. 'Best available data': Use the Special Tabulations (AGID) completed by the Administration for Community Living (ACL) of the American Community Survey (ACS) 5-year estimates. The ACS produces annual population estimates and provides population estimates based on averages of a recent 5-year period. The "Special Tabulation" completed by ACL provides data divided by the "Planning Service Areas" (PSA), the service areas of the individual AAAs. The ACS 5-year Survey is described by the U.S. Census Bureau (in *Guidance for Data Users*) as providing more precision for small populations than other data sources. As most population cohorts in Vermont are small, the Special Tabulation of the ACS 5-year Survey is utilized as "best available data" for the purpose of the IFF.

B. Funding Factors:

This IFF emphasizes distribution of funds based on the numbers of people living in poverty, and the numbers of people who are age 85+.

1. Service Base: distribution of 10% of total funds available for distribution, divided equally among the five AAAs (i.e. 2% per AAA).
2. Area Plan Administration: distribution of 10% of total funds available for distribution, divided equally among the five AAAs (i.e. 2% per AAA).
3. Age:
   - 15% of the *remaining* funds distributed by the proportion of people age 60-74 in each PSA.
   - 15% of the *remaining* funds distributed by the proportion of people age 75-84 in each PSA.

- 27% of the *remaining* funds distributed by the proportion of people age 85+ in each PSA.

4. Age and economic need: 40% of the *remaining* funds distributed by the proportion of people age 60+ and at or below 100% of the Federal Poverty Level in each PSA.
5. Age and social need, defined as limited English: 1% of the *remaining* funds distributed by the proportion of people age 60+ and with limited English proficiency in each PSA.
6. Age and social need, defined as minority status: 1% of the *remaining* funds distributed by the proportion of people age 60+ and minority in each PSA.
7. Age and social need, defined as living alone: 1% of the *remaining* funds distributed by the population of people age 60+ and living alone in each PSA.

C. Implementation:

The tables below describe the process that Vermont will use to complete updates of the Intrastate Funding Formula, following the current State Plan on Aging and IFF approved by ACL. This process includes two parallel activities, integrating a delay that provides AAAs additional time to plan for changes in funding that may be caused by changes in demographics. Please note that the Resource Projections are estimates and subject to change until declared final.

Table 1: Estimated and Final Resource Projections for next FFY: FFY19 (Est. 6 Months lead time)
*All dates are subject to change based on when Vermont receives Federal Awards from ACL

	Step	Target date	Who/What
Estimated Resource Projections for next FFY	1	Est March-April of prior FFY	DAIL Business Office staff receive notice of current year mid-year Federal Award for Vermont (Oct-Sep).
	2	Within two weeks of Step 1	DAIL Business Office staff will use the previously produced funding formula values (table 2, below) to create a document showing estimated resource projections for the next FFY and forward this to the DDPU Director, ASD staff, and AAA staff.
	3	Within four weeks of Step 1	ASD staff will post the estimated resource projections on the DAIL website, collocated with the State Plan on Aging.
Final Resource Projections for current FFY	4	Est. Aug-Sep of the current FFY	DAIL Business Office staff receive notice of final Federal Award for Vermont used to create Final resource projections for the current FFY (Oct-Sep).
	5	Within two weeks of Step 4	DAIL Business Office staff will use the previous year's AGID funding formula values to create a document showing estimated resource projections for the next FFY and forward this to the DDPU Director, ASD staff, and AAA staff.
	6	Within three weeks of Step 4	ASD staff will post the final resource projections on the DAIL website, collocated with the State Plan on Aging.

Table 2: Demographic formula for the subsequent FFY (Est. 18 Months lead time):

	Step	Target date	Who/What
Demographic formula for subsequent FFY	1	App. April 1	The Director of the DAIL Data Planning and Analysis Unit will consult the ACL website http://www.agidnet.org/DataFiles/ACS/?stateabbr=VT to access the most recent ACL special tabulations by Vermont PSA. The Director will update the demographic tabs in the formula workbook, create an updated

			demographic formula with revised version date, and forward this to DAIL Business Office staff and ASD program staff.
	2	Within two weeks of Step 1	ASD staff will forward the demographic formula for the subsequent FFY to AAA staff and also post them on the DAIL website, collocated with the State Plan on Aging.

Table 3: Funding Data by AAA and by Funding Factor:

Table 3 displays the funding factors, the weighted percentages related to the factors, and the impact on fund distribution to the five Area Agencies on Aging for FFY18 as of 03/08/18.

AAA Intrastate Funding Formula									
FFY2018									
	% per SPA IFF		Total	CVAA	CVCOA	NEVAA	SWVCOA	COASEV/SS	Total
Area Plan Administration	10%	*of total*	$528,520	$105,704	$105,704	$105,704	$105,704	$105,704	$528,520
Service base	10%	*of total*	$528,520	$105,704	$105,704	$105,704	$105,704	$105,704	$528,520
age 60-74	15%	*of balance*	$634,226	$212,326	$121,870	$72,014	$109,132	$118,884	$634,226
age 75-84	15%	*of balance*	$634,226	$207,403	$121,030	$72,854	$121,137	$111,802	$634,226
age 85+	27%	*of balance*	$1,141,609	$371,815	$201,055	$145,972	$209,318	$213,449	$1,141,609
age 60+ poverty	40%	*of balance*	$1,691,270	$495,558	$324,502	$259,099	$285,093	$327,018	$1,691,270
age 60+ limited english	1%	*of balance*	$42,282	$27,483	$1,269	$4,862	$3,700	$4,968	$42,282
age 60+ minority	1%	*of balance*	$42,282	$19,428	$6,360	$4,298	$4,932	$7,264	$42,282
age 60+ live alone	1%	*of balance*	$42,282	$13,730	$8,278	$5,000	$7,340	$7,934	$42,282
Proposed Total Title III & VII	*4,228,178*	*balance*	$5,285,217	$1,559,151	$995,772	$775,507	$952,060	$1,002,727	$5,285,217
	100%								

Please note that the following funding is not distributed to the AAAs via IFF:

1. OAA Title III-B funds for the Long-Term Care Ombudsman Program. These funds are included in the State Long-Term Care Ombudsman grant to Vermont Legal Aid.
2. OAA Nutrition Services Incentive Program (NSIP) funds. These funds are distributed to the AAAs based on the number of Title III-C qualifying meals served by each agency during the previous federal fiscal year.

D. Public Input Process:

For the proposed IFF timing change, DAIL provided notification of the public comment period and process on the website (http://dail.vermont.gov/public-notices-and-hearings), Facebook, and via email to the Aging Services Network on May 29, 2018.

The public comment period began Monday, June 11, 2018 and closed Friday, June 22, 2018, and DAIL solicited comments electronically and by mail.

No comments or questions were received.

Minimum Proportion of Title IIIB

Each AAA shall expend at least 65% of Part B funds for Access to Services, 1% of Part B funds for In-Home Services and 5% of Part B funds for Legal Assistance. DAIL includes this requirement in AAA Area Plan Instructions.

D. Attachments

Attachment A: Assurances
Attachment B: Aging Network
Attachment C: ADRC & Money Follows the Person Grant Transitions
Attachment D: Information Requirements
Attachment E: DAIL-VDH Action Plan on Alzheimer's and Healthy Aging
Attachment F: Acronyms

Attachment A: Assurances

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2016

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 2016.

ASSURANCES

Sec. 305, ORGANIZATION

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

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

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

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

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

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

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

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging…Each such plan shall--
(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
(B) in-home services, including supportive services for families of older individuals 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 sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --
(I) identify the number of low-income minority older individuals in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and

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

(B) provide assurances that the area agency on aging will use outreach efforts that will—
(i) identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

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

(B) disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) . . . Each such plan shall comply with all of the following requirements:
(3) The plan shall--
(B) with respect to services for older individuals residing in rural areas—
(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000…

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

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

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

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

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

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

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

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

(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.

(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 (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)

(a) ELIGIBILITY - In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

State Plan Guidance
Attachment A (Continued)

REQUIRED ACTIVITIES

Sec. 305 ORGANIZATION
(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .
(2) the State agency shall—
(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;
(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and
(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

Sec. 306 – AREA PLANS

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—
(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental 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;

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

Sec. 307(a) STATE PLANS

(1) The plan shall—

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

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 plan shall provide that the State agency will --

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

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

(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 plan shall provide that the State agency will:
(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) afford an opportunity for a public hearing, upon request, by 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 plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--
(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(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—
(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(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).

Commissioner — 6/11/18

Signature and Title of Authorized Official — *Date*

Attachment B: Aging Services Network

The following description of Vermont's Aging Network provides important contextual information regarding the pivotal role each component plays in addressing the needs of older Vermonters and in supporting their family caregivers, including the SUA's role as part of this network.

Vermont's Department of Disabilities, Aging and Independent Living (DAIL) is the State Unit on Aging and is the sole state agency responsible for the administration of the State Plan on Aging. DAIL is comprised of 5 divisions, each responsible for different areas of service:

- **Adult Services Division (ASD):** The Adult Services Division is responsible for long-term services and supports for older Vermonters and adults with physical disabilities. ASD works with private organizations to provide a broad array of long-term services and supports including residential support, community supports, case management, family supports, respite, crisis services, clinical interventions, assistance with Activities of Daily Living, guardianship services, nursing home level of care, rehabilitation services, supports to live at home, integrated health care and personal care. The ASD oversees the core programs of the Area Agencies on Aging, including those funded by the OAA; the Long-Term Care Ombudsman Program; Adult Day Services; Attendant Services; High Technology Home Care; Choices for Care, (VT's 1115b HCBS waiver); Money Follows the Person, Adult Family Care, the Aging and Disabilities Resource Connection (ADRC) and the Traumatic Brain Injury Program. Please note that the state's ADRC grant ends 12/31/19 and the Money Follows the Person grant ends 9/30/19 (see Attachment C for more detail).
- **Developmental Disabilities Services Division (DDSD):** The DDSD is responsible for services to people with developmental disabilities, traumatic brain injuries and guardianship services to adults with developmental disabilities and older Vermonters. DDSD works with private organizations to provide a broad array of long term services and supports, including service coordination, family supports, community supports, employment supports, guardianship services, residential support, crises services, clinical interventions, respite, and rehabilitation services. The DDSD oversees a number of programs and services including: Developmental Disabilities Home and Community Based Services, Flexible Family Funding and Public Guardians.
- **Division of Licensing and Protection (DLP):** The DLP enforces federal and state statutes and regulations for providers of health care (Survey and Certification) and investigates cases of alleged abuse, neglect, and exploitation of vulnerable adults (APS).
- **Division for the Blind and Visually Impaired (DBVI):** The DBVI is the designated state unit to provide vocational rehabilitation and independent living services to eligible Vermonters who are blind and visually impaired. Programs and services include: Transition Services, counseling and guidance, independent living services, homemaker services, assistive technology equipment, vocational training, job-seeking skills, employer assistance, and job-placement services.
- **Division of Vocational Rehabilitation (VR):** The mission of VR Vermont is to help Vermonters with disabilities prepare for, obtain, and maintain meaningful employment and to help employers recruit, train, and retain employees with disabilities. They also oversee DAIL's Mature Worker Initiative to encourage hiring and retention of older workers.

Community Partners Comprising our Aging Services Network:

Vermont's five Area Agencies on Aging (AAAs): The primary role of the five AAAs is to serve as the key planning and development agencies within the five service areas. The AAAs are responsible for comprehensively assessing the needs of older Vermonters and family caregivers and to facilitate the development of services to meet the identified needs. In addition to their planning and development function, AAAs provide assistance to many older Vermonters and family caregivers who have short term needs or require help which is intermittent in nature. In fact, thousands of older Vermonters are able to retain their independence because of ongoing case management, nutrition services and other OAA services that are not crisis driven but are more preventive in nature. AAAs contract with multiple providers for services such as nutrition, transportation, legal and mental health services. In recent years, emphasis has been placed on promoting the availability of evidence-based disease prevention and health promotion activities. Without such assistance, many people would eventually be at greater risk for deteriorating health and/or economic status, either of which can lead to a loss of independence or diminish the quality of life. In addition, many consumers of AAA services regain their independence after a stay in a hospital or nursing facility, as a result of case management support, nutrition services, transportation, supports for family caregivers and other interventions. AAAs sponsor programs such as Senior Companion Program and RSVP, which add a significant contingent of volunteers who enhance AAA services. Volunteers lead a variety of healthy aging programs in communities all over the Vermont, including: performing in-home services, and providing regular friendly visits and assisting with food shopping. AAAs also provide regional outreach and assistance to Medicare beneficiaries about the full range of public and private health benefits through the State Health Insurance Assistance Program (SHIP) and help to prevent health care fraud through the SMP (formerly referred to as the Senior Medicare Patrol, administered by the Community of Vermont Elders). The AAAs have also been core partners in Vermont's Aging and Disability Resource Connection (ADRC). They were in the formative group of organizations at the launch of Vermont's "No Wrong Door" ADRC model and are central players in the continuous improvement and expansion of Vermont's ADRC. They are fully engaged in delivering core ADRC services: (Information Referral/Assistance (IR/A), Options Counseling, Streamlining Access to services and piloting Care Transitions as well as Medicaid Reimbursement strategies.

Elder Care Clinicians / Designated Mental Health Agencies: The Elder Care Clinician program (ECCP) is a collaborative effort with the Vermont Department of Mental Health, Vermont's designated mental health agencies and Vermont's Area Agencies on Aging to provides mental health services to older Vermonters and caregivers. Elder care services are primarily provided to homebound older Vermonters where they live. Elder care clinicians work with older Vermonters and caregivers to address a broad range of challenges in daily living such as depression, anxiety, stress, grief and loss, substance abuse, caregiving and dementia.

Adult Day Services: Vermont's adult day service providers operate adult day centers around the state. Adult day services provide an array of services to help older Vermonters and adults with disabilities to remain as independent as possible in their own homes. Adult day services are provided in community-based, non-residential day centers creating a safe, supportive environment in which people can access both health and social services. Services include: professional nursing services, respite, personal care, therapeutic activities, nutritious meals, social opportunities, activities to foster independence and support and education to families and caregivers.

Senior Centers: Senior centers serve as focal points within communities for information, referrals and opportunities for engagement, wellness, education and volunteering. They are dispersal sites for important information pertaining to the abuse, neglect and exploitation of older Vermonters, as well as information to increase awareness and prevent fraud. Senior centers play an important role in helping to prevent social

isolation and provide opportunities for people of all ages to connect and contribute to their community. For example, Vermont's senior centers are places older Vermonters can obtain information about area services and resources, participate in health promotion programs, practice yoga or Tai Chi, play Wii bowling, email grandchildren, share meals and learn a new language, or learn English as a second language. Many centers also provide meal programs and receive Older American Act (OAA) funding and other support through Vermont's network of Area Agencies on Aging.

Home Health Agencies: Home health agencies (HHA) provide high-quality, medically- necessary home health and hospice care. Vermont has 12 designated home health agencies. The agencies promote the general welfare of Vermonters with health promotion and long-term care services. In addition to their acute care services, HHA programs provide person- centered care for older Vermonters and people with disabilities of any age. HHA provide assistance with the activities of daily living and encourage independence for individuals, enabling them to live safely and comfortably at home. HHA programs and services may include homemaker assistance, assistance with personal care, adult day services, and case management services, in which home and community long-term care services are available as an alternative to nursing homes.

Private Home Care Agencies: Private home care agencies specialize in providing non- medical home care to support independent living and aging in place. Services range from assistance with personal care, companionship services, help with shopping and transportation, homemaking services, meal preparation and much more. In recent years, Vermont has seen growth in the number of home care providers, with providers reporting increasing demand for their services.

Residential Care Homes: Vermont's residential care homes are state licensed group living arrangements designed to meet the needs of people who cannot live independently and usually do not require the type of care provided in a nursing home. When needed, help is provided with daily activities such as eating, walking, toileting, bathing, and dressing. Residential care homes may provide nursing home level of care to residents, known as enhanced residential care (ERC). ERC services include personal care, housekeeping, meals, activities, nursing oversight and medication management.

Assisted Living Facilities: Vermont's licensed assisted living residences combine housing, health and supportive services to promote resident's independence and aging in place. Assisted living residences offer, within a homelike setting, a private bedroom, private bath, living space, kitchen capacity, and a lockable door. Assisted living promotes resident self- direction and active participation in decision-making while emphasizing individuality, privacy and dignity.

Nursing Homes: Vermont's nursing homes are licensed facilities providing 24-hour nursing care, supervision, therapies, personal care, meals, nutrition services, activities and social services. Nursing facilities are an important component of Vermont's Aging Network. They provide long-term care for individuals who require and want 24-hour nursing care and supervision as well as short-term rehabilitation for many Vermonters who need support after an illness or injury.

Public Housing Authorities and Nonprofit Housing Providers: Vermont's non-profit housing organizations and public housing authorities serve the lowest income older Vermonters, providing many of the homes essential to Medicaid participants to remain at home under the Choices for Care program.

Public Transit Providers and Private Transportation Agencies: Vermont's public transit providers, along with numerous private transportation providers, play an important role in helping older Vermonters get to essential medical services, social services, senior centers and community meals programs, grocery stores,

drug stores and shopping. Key players include the Vermont Transportation Agency which administers the Elderly and Disabled (E&D) Transportation funds in all designated regions in Vermont and the Vermont Department for Health Access (VDHA) which administers Medicaid transportation services. Transportation services help older Vermonters stay connected with and participate in community events.

Homesharing: Vermont's two homeshare providers help to match people who need some assistance to remain in their home with other Vermonters who seek affordable housing. In some cases, caregiving services are also arranged. Homesharing services serve about half of the state (Chittenden, Addison, Grand Isle, Washington, Lamoille and Orange counties). Homesharing is viewed as a promising model for alleviating housing challenges for some older Vermonters. It promotes aging in place while providing affordable housing for many.

Supports and Services at Home (SASH): SASH is funded in part by CMS through the All Payer Model administered by OneCare Vermont and supported by DAIL and other State agencies. A statewide program, SASH employs person-centered supports and evidence-based interventions to improve individual and population health, primarily for residents of congregate affordable housing sites. Approximately 5,000 older adults and adults with disabilities participate voluntarily in SASH setting their own goals to improve their health and well-being. SASH care coordinators and wellness nurses works in conjunction with an extensive network of partners in home health, agencies on aging, developmental and mental health, addiction services, primary care and hospitals to support participants in achieving their goals.

Vermont Ombudsman Project: The SUA contracts with Vermont Legal Aid, Inc.to operate the Vermont Long-term Care Ombudsman Project (VLTCOP) – a statewide long-term care ombudsman program that fulfills all of the advocacy requirements of Title VII, Chapter 2 of the Older Americans Act. Currently, there is one full-time State Long Term Care Ombudsman who supervises regional ombudsmen. In addition to paid staff, the project utilizes certified volunteers. In 2005, the Vermont Legislature expanded the LTC ombudsmen's responsibilities. In addition to advocating for residents of nursing facilities, residential care homes and assisted living residences, the legislature gave ombudsmen the authority to respond to complaints on behalf of individuals receiving home-based services through the 1115 Long Term Care Medicaid Waiver Choices for Care Program.

Elder Law Project: (ELP) The Elder Law Project consists of the Senior Law Project (SLP) and Medicare Advocacy Project (MAP) and focuses on the legal needs and problems of seniors. ELP provides a full range of legal services including advice, assistance with documents and representation. It represents seniors on legal and policy matters with the State government and with the Legislature. ELP attorneys work closely with case managers to provide professional legal advice, consultation and representation to seniors. In addition, MAP represents Medicaid beneficiaries in Medicare appeals after referral by the State of Vermont.

Community of Vermont Elders (COVE): COVE's mission is to promote and protect a high quality of life for Vermont's seniors, through advocacy and education. It works with and for older Vermonters and the organizations that serve them to identify, interpret, and respond to critical issues that impact the dignity, security and well-being of seniors. COVE researches and educates the public and policymakers, and advocates for or against the adoption or revision of laws, rules, regulations or policies. COVE also sponsors SMP, funded through the Administration for Community Living with the goal of empowering older Vermonters "to prevent health care fraud through outreach and education."

AARP Vermont: The Association for the Advancement of Retired Persons promotes the welfare of older Vermonters. AARP is a nonprofit, nonpartisan membership organization that helps people age 50 and over

improve the quality of their lives. It is comprised of different legal entities. In collaboration with aging network members, the Vermont AARP has been a state leader in promoting understanding and adoption of livable communities projects like Complete Streets and Age Friendly Communities and is an active lobbyist for senior health care issues in Vermont state government.

Volunteer and Community Service Programs: In addition to the programs described above, Vermont has many volunteer and community service programs, such as RSVP, Foster Grandparents, the Senior Companion Program, Vermont Kin as Parents, and Aging in Place initiatives to name a few. These programs provide valuable opportunities for older Vermonters and people of all ages to contribute to their community, and to benefit from the services provided. The range of services and benefits provided through these programs is extensive, from mentoring young children, to delivering health promotion and disease prevention programs, to companionship and assistance with heavy chores.

University of Vermont Center on Aging: Officially established in 2008, the University of Vermont Center (UVM) Center on Aging aims to forge on-going collaboration among faculty, students, staff and programs within the UVM, the UVM Medical Center, and broader Vermont community to promote a sense of well-being and a high quality of life for older adults. The Center on Aging focuses on coordinating and supporting gerontological and geriatric research at UVM, providing educational opportunities in gerontology and geriatrics and translating research outcomes and educational activities into policy and excellent practice in the fields of medicine and human services.

Associates for Training and Development: Associates for Training & Development (A4TD) is a trade name of Vermont Associates for Training and Development, Inc. a private nonprofit 501(c)3 corporation founded in 1983. A4TD operates Mature Worker Training Centers in Vermont and Connecticut. Their mission is to provide training and employment services to workers age 55+. Through the Senior Community Service Employment Program, A4TD assigns over 400 people per year to community service positions at 501(c)3 organizations. On-going training and support are essential program components. While learning job-specific skills, SCSEP participants provide a needed community service to the organization and the community. The demand for this training has been overwhelming and the project has been oversubscribed since its inception.

Alzheimer's Association – Vermont Chapter: The mission of the Alzheimer's Association is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. The Vermont Chapter of the Alzheimer's Association provides information, education, training, advocacy and supports to individuals with Alzheimer's, families, community organizations, healthcare providers, and the community at large.

Vermont Assistive Technology Program (VATP) is Vermont's federal AT Act Program**.** The mission of the Vermont Assistive Technology Program is to support full access and integration for Vermonters with disabilities and aging related needs, in education, work and their communities. The AT Act Programs help individuals of all ages find accessible solutions to overcome barriers at home, work, and in the community as related to disability and aging related needs. The VATP partners with the Center on Disability and Community Inclusion (CDCI) at the University of Vermont. CDCI operates three regional AT Tryout Centers and provides AT Services to Vermonters across the state.

Attachment C: ACL Discretionary Grants

ADRC – grant ends 9/30/18:

Key Objectives for the final grant year (FY18) included:
Improve I&R/A statewide so that all older Vermonters and people with disabilities who seek I&R/A from No Wrong Door partners will have a consistent and high-quality experience:

- Promote standards and best practices
- Host symposium for I&R/A professionals
- Implement continuous quality assurance plan
- Develop I&R/A customer experience performance measures
- Standardize I&R/A reporting
- Market I&R/A role of ADRC/NWD partners

Key Partners Included:

- Vermont 2-1-1
- Vermont Assistive Technology Program
- Central Vermont Council on Aging
- Southwest Vermont Council on Aging
- Northeast Kingdom Council on Aging
- Senior Solutions
- Age Well
- Vermont Association of Area Agencies on Aging
- Vermont Center for Independent Living

Budget 2017-2018:
$13,084 – indirect costs
$186,915 – contractual
$9,317 – other
$219,316 - Total

Sustainability:
Through the work of the ADRC grant over time, the philosophy and practice of person-centered thinking and planning has been embedded into the daily work of the Area Agencies on Aging and additional partners. AAAs provide options counseling as well as development of person-centered plans within case management. The I&R/A objectives for FY18 help build a stronger infrastructure for the No Wrong Door partners to provide high quality, consistent customer service, which will be tracked and improved upon over time. Through additional marketing of I&R/A, the partners will be able to ensure access for future customers. In addition, the ADRC grant has created a strong connection between the traditional No Wrong Door partners and the Vermont Assistive Technology Program (VAPT). Throughout 2018 and beyond, VATP presentations and "toolkits" are making their way across the state for demonstration use at the Area Agencies on Aging to raise awareness about the many assistive technologies to support aging in place.

Money Follows the Person – Grant ends 12/31/19

Overview:
In 2011 DAIL was awarded a five year $17.9 million "Money Follows the Person" (MFP) demonstration grant from the Centers for Medicare and Medicaid Services (CMS). The grant was continued through September 2019 with an additional $8 million. The goal of the MFP grant, working with the Choices for Care Program, is to help people living in nursing facilities to overcome barriers that have prevented them from moving to their preferred community-based setting. The program provides participants the assistance of a Transition Coordinator and up to $2,500 to address barriers to transition while providing enhanced federal Medicaid match to help rebalance Vermont's long-term service and support systems.

Key Partners Include:
- Area Agencies on Aging
- Adult Day Providers
- Adult Family Care Authorized Agencies
- Home Health Agencies
- Hospitals
- Nursing Facilities
- VT Center for Independent Living

Key Results Include:
- Total number of cumulative transitions each calendar year, with targets:
  - CY 2016: 280 cumulative transitions, 5% above the target of 266
  - CY 2017: 367 cumulative transitions, 10.5% above target of 332
- Reduce the percent of MFP participants that are de-enrolled from the program due to long-term readmission to a Nursing Facility.
  - CY2016: 1% reduction in readmissions from CY2015
  - CY2017: 2% reduction in readmissions from CY2016

Sustainability:
Beginning January 2018, the MFP program will no longer enroll new MFP participants, the first step of the grant phase-down process. The MFP program has identified several key areas of improvement necessary to sustain successful living in the community for Choices for Care participants. These improvement opportunities include:
- Discharge planning from the nursing facility
- Affordable/assessible housing
- Caregiver capacity/supports
- Participant Follow-up Protocol to reduce Vermont's re-institutional rate

Vermont's MFP sustainability plan outlines a course of action that will use the lessons learned from this demonstration grant to optimize the overall nursing facility transition processes and supports within the CFC program.

Attachment D: Information Requirements

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

Section 305(a)(2)(E)
Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

> AAAs provide assurances to serve those in greatest economic and social need as part of their Area Plan. The SUA monitors this yearly via SPR reporting by AAAs and during annual site visits. In this State Plan Objectives 2.2, 2.3 and 2.4 include strategies to strengthen these assurances through the use of tools to prioritize those in greatest need.

Section 306(a)(17)
Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

> DAIL provides the AAAs with Area Plan Instructions that clearly outlines the requirement to include an emergency preparedness plan; this plan is reviewed by the SUA during each Area Plan period; updates are submitted annually as needed.

Section 307(a)(2)

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

> See page 29 of the plan, "Minimum Proportion of Title III B."

Section 307(a)(3)

The plan shall--
...
(B) with respect to services for older individuals residing in rural areas--

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended

for such services for fiscal year 2000.

According to the US 2010 Census, approximately 98% of Vermont's land area is defined as rural and 61.1% of Vermont's population lives in rural areas (defined by the US Census as all areas that are not urbanized or urban cluster) making Vermont the second most rural state in the nation (https://www.census.gov/prod/cen2010/cph-2-47.pdf). Only 17.4% of the population lives in an urbanized area (the greater Burlington area), with the remaining 82.6% living in rural areas, small towns and small cities. With such a significant rural population, the Area Agencies on Aging target funds to those living in rural areas with all of the services they provide.

Every federal fiscal year DAIL obligates funds for these services. We continue to report that the State resources expended to meet the maintenance of effort requirement (not less than the amount expended in base year FY2000), set forth by Title III of the Older Americans Act, are more than the required level.

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

With 82.6% of Vermont's population considered rural as described above, all costs are considered targeted to those in rural areas. Projected costs of providing such services to rural areas:

FY19 Fed: $6.8M, State: $5.1M, Total: $11.9M
FY20 Fed: $6.8M, State: $5.1M, Total: $11.9M
FY21 Fed: $6.8M, State: $5.1M, Total: $11.9M
FY22 Fed: $6.8M, State: $5.1M, Total: $11.9M

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

As described above, DAIL obligates all OAA funds to AAAs who target older Vermonters in greatest social and economic need with a focus on those in rural areas. Only 1 of the 5 AAAs serves an urbanized area in addition to a rural area; all other AAAs serve only rural populations in rural areas. DAIL and the AAAs are continuously seeking to maximize OAA funds to meet needs in rural areas, collaborating with other state agencies, community partners, and volunteers to ensure access despite the rural landscape and dispersed population. This issue was addressed in the statewide needs assessment referenced in this plan, and the objective 1.3 has a focus on addressing social isolation, related to living alone in rural areas.

Section 307(a)(10)

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

Because substantially all of Vermont is considered rural, the IFF does not distribute funds by rural population. However, the AAAs are required to prioritize those in greatest economic and social need, including those living in very rural areas. AAAs work closely with rural transportation providers and a range of community organizations in very rural areas to maximize transportation options and access to services at focal points, such as rural health clinics, in each rural community.

Section 307(a)(14)

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

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency*; and

Using best available data from the US Census American Community Survey Special Tabulations for Vermont 2011-2015:

- 10,630 Vermonters age 60 or older have incomes below the poverty level.
- 3,110 Vermonters age 60 or older identify with minority status.
- 765 Vermonters age 60 or older speak English "not well" or "not well at all."

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

See IFF page 26-28, including allocation for low-income, minority, and limited English proficient (LEP) older individuals. The vast majority of minority and LEP older individuals reside in one AAA service area in the state, and that AAA has designated two LEP case managers who speak the language of the older LEP population.

Section 307(a)(21)

The plan shall --

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

Vermont has no federally recognized Native American tribes receiving OAA funds but does have tribes recognized by the state within the last five years. DAIL is building a relationship with the Vermont Commission on Native American Affairs and tribal leaders to determine how to best meet the needs of older Native Americans with OAA services and supports.

Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the

needs of the changing population of older individuals in the State; and

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

See the plan narrative pages 6-16.

Section 307(a)(29)

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

See page 22 of the plan. See also the State Emergency Operations Plan, with the human services section located here: http://vem.vermont.gov/sites/demhs/files/pdfs/plans/state/agency/SSF%206_Mass%20Care%20Housing%20and%20Human%20Services_2014_01.pdf

Section 307(a)(30)

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

The State Emergency Operations Plan State Support Function Grid identifies the Agency of Human Services as the Lead Agency for emergency operations related to human services: http://vem.vermont.gov/sites/demhs/files/pdfs/plans/state/Appendix-IV-SSF-RSF-Assignment-Matrix.pdf. Monica White, Director of Operations, is the primary person responsible for representing DAIL and the SUA for emergency preparedness planning. Monica White reports directly to Monica Hutt, DAIL Commissioner and SUA Director, and serves as Monica Hutt's designee for development, revision, and implementation of DAIL-related sections of the State of Vermont Emergency Operations Plan.

Section 705(a) ELIGIBILITY --

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

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).
(Note: Paragraphs (1) of through (6) of this section are listed below)
In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

DAIL staff includes a designated Legal Assistance Developer per OAA guidance who works with legal assistance providers to ensure quality legal services for older Vermonters.

DAIL contracts with Vermont Legal Aid to operate the State Long Term Care Ombudsman Program and with the AAAs to do public awareness and education around prevention of elder abuse, neglect and exploitation. The Ombudsman reports to DAIL quarterly; the AAAs report to DAIL bi-annually via their Area Plan reporting.

Vermont's APS program is the primary unit of state government responsible for investigating allegations of abuse, neglect and exploitation of vulnerable adults under Title 33 of Vermont Statutes. APS and the State Unit on Aging both sit within DAIL, work collaboratively with community partners on Title VII programs and services and are overseen by the DAIL Commissioner.

DAIL assures that all programs under Title VII will be operated in accordance with applicable OAA requirements.

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

APS holds at least one public hearing a year to gather input from the public on operations. In addition, the DAIL Advisory Board has an APS Committee that meets regularly, 6-9 times a year, that is open to the public, and comments from the public is always an agenda item. The DAIL Advisory Board also periodically seeks public input on all programs under this subtitle, including the Long-Term Care Ombudsman program and programs for the prevention of elder abuse, neglect and exploitation.

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

Through trained and certified Information and Assistance specialists following the No Wrong Door/ADRC model, AAA staff inform all clients of their rights when first receiving services and provide information to clients about how to address issues related to their rights and benefits, including warm referrals to the statewide legal assistance provider, Attorney General's consumer assistance program and the Long-Term Care Ombudsman.

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

DAIL has a subrecipient grant agreement with Vermont Legal Aid (VLA) in which VLA is required to operate the Vermont Statewide Office of Long-Term Care Ombudsman. VLA submits quarterly invoices which include program, statistical and financial reports (including a schedule of actual expenditures). DAIL then reimburses VLA based on their actual expenditures up to a fixed amount noted in the grant agreement. Certain requirements of VLA noted in the grant agreement include but are not limited to: managing all representatives of the Office, creating a budget and work plan, prepare and submit an annual report to the State, provide outreach and education consistent with the Vermont State Plan on Aging, etc. VLA also submits an annual audit report

which is reviewed by the State to provide an added level of assurance. Through these mechanisms for monitoring, DAIL confirms the assurance that DAIL will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

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

Vermont does not have local Ombudsman entities under section 712(a)(5) separate from the State Long Term Care Ombudsman. Vermont Legal Aid staff are both the State Ombudsman and the local ombudsmen across the state.

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-
(i) public education to identify and prevent elder abuse;

APS provides training to the staff of community-based providers and other community groups in an effort to prevent and reduce the abuse, neglect and exploitation of vulnerable adults. They review applicable laws and policies, such as reporting requirements for mandated reporters, and show how to make a report when someone suspects a vulnerable adult is at risk. APS continues to lead the Financial Abuse Specialist Team (FAST), which brings together private and public organizations collectively working to prevent financial exploitation.

(ii) receipt of reports of elder abuse;

APS performs intake within 48 hours of receiving a report of maltreatment of a vulnerable adult. APS staff determine if the alleged victim is a vulnerable adult and if the allegations meet the statutory definitions for abuse, neglect, or exploitation. If both criteria are met, an investigator is assigned, and an investigation conducted. If these criteria are not clear, an APS Investigator may be sent to perform a field screen to make a determination. APS staff make appropriate referrals to other organizations that could assist the reporter and/or alleged victim, even if an intake is not referred to investigation.

When an investigation is warranted, APS Investigators will interview the reporter, the alleged victim, and any other relevant witnesses, along with reviewing any available documentation. They will also provide the alleged perpetrator with an opportunity to present information. At the conclusion of the investigation, they will make a recommendation for substantiation to the DAIL Commissioner if the evidence indicates there was abuse, neglect, or exploitation.

(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

The APS investigator will discuss with the alleged victim and/or their legal representative

appropriate protective services. Except where protective services are court ordered, the investigator works to implement protective services agreed to by the victim. Victims with decisional capacity can choose to decline all services. Some services that can be offered are:

- Referrals to service providers, including case management, guardianship services, mental health and developmental services, law enforcement, and health care.
- Securing change of representative payee.
- Petitioning for removal of a court-appointed guardian.
- Notifying and filing a misuse of funds report with the Social Security Administration.
- Alerting financial institutions of misappropriation of funds.
- Assisting the client to close/change banking or other accounts.
- Intervening in cases of identity theft.
- Petitioning for guardianship.
- Filing for temporary restraining orders and relief from abuse orders.

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

See above list of possible referrals.

(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

Adult Protective Services policy requires that participation be voluntary and outlines the steps APS should take should participation be refused. The policy reads:

When an Alleged Victim Refuses APS Assistance: If an alleged victim refuses the assistance of APS and requests that the investigation stop, the Investigator shall at a minimum:

1. Document steps taken to assess the alleged victim's capacity to consent or refuse services/assistance.
2. Offer protective services, referrals and safety planning to the alleged victim, and document same.
3. If the Investigator has information and/or evidence that supports continuation of the investigation (e.g. the alleged victim's statement, police reports, photographs), after consult with supervisory staff they may determine that the investigation should continue.
4. The Investigator may determine that a continued investigation requires a search of the alleged perpetrator's prior history of abusive behavior (for e.g. Harmony database, the Adult Abuse Registry, the VCIC) and;
5. May also include identification and interview of other potential victims.
6. If the alleged incident occurred in a licensed facility or other setting (such as Choices for Care) where the alleged perpetrator may have continued access to other vulnerable adults, the Investigator will identify, contact and interview those individuals, and take protective measures as needed.

(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.

Use of information by Adult Protective Services is guided by Vermont statute (Title 33 Chapter 69):

"Information obtained through reports and investigations, including the identity of the reporter, shall remain confidential and shall not be released absent a court order, except as follows:
(A) The investigative report shall be disclosed only to: the Commissioner or person designated to receive such records; persons assigned by the Commissioner to investigate reports; the person reported to have abused, neglected, or exploited a vulnerable adult; the vulnerable adult or his or her representative; the Office of Professional Regulation when deemed appropriate by the Commissioner; the Secretary of Education when deemed appropriate by the Commissioner; the Commissioner for Children and Families or designee for purposes of review of expungement petitions filed pursuant to section 4916c of this title; the Commissioner of Financial Regulation when deemed appropriate by the Commissioner for an investigation related to financial exploitation; a law enforcement agency; the State's Attorney, or the Office of the Attorney General, when the Department believes there may be grounds for criminal prosecution or civil enforcement action, or in the course of a criminal or a civil investigation. When disclosing information pursuant to this subdivision, reasonable efforts shall be made to limit the information to the minimum necessary to accomplish the intended purpose of the disclosure, and no other information, including the identity of the reporter, shall be released absent a court order.
(B) Relevant information may be disclosed to the Secretary of Human Services, or the Secretary's designee, for the purpose of remediating or preventing abuse, neglect, or exploitation; to assist the Agency in its monitoring and oversight responsibilities; and in the course of a relief from abuse proceeding, guardianship proceeding, or any other court proceeding when the Commissioner deems it necessary to protect the victim, and the victim or his or her representative consents to the disclosure. When disclosing information pursuant to this subdivision, reasonable efforts shall be made to limit the information to the minimum necessary to accomplish the intended purpose of the disclosure, and no other information, including the identity of the reporter, shall be released absent a court order."

The state hereby makes the above assurances as part of this State Plan on Aging.

Commissioner 6/11/18

Signature and Title of Authorized Official *Date*

Attachment E:

Action Plan on Alzheimer's and Healthy Aging

May 2018

VERMONT

DEPT. OF DISABILITIES, AGING & INDEPENDENT LIVING
DEPARTMENT OF HEALTH

Addressing Alzheimer's Disease and Related Disorders (ADRD) is a public health priority for Vermont

In the U.S. over 5 million people have Alzheimer's. Every 65 seconds someone in the nation develops Alzheimer's, with the majority of the disease and caregiving impacting women. In Vermont, Alzheimer's is the sixth leading cause of death which is one of the highest death rates in the country. According to the Alzheimer's Association, there are 13,000 Vermonters age 65 and older who have the disease and another 30,000 Vermonters who are caregivers of those impacted. The seriousness of Alzheimer's as a public health priority will only increase; by 2025 it is estimated that the number of Vermonters with the disease will increase by 31 percent and the medical costs by 36 percent. The costs at the family, community and medical level are significant. In 2018 Medicare alone will pay $106 million for caring for Vermonters with Alzheimer's.

In collaboration, the Department of Disabilities, Aging and Independent Living (DAIL) and the Vermont Department of Health have created a brief action plan to advance activity and support of Alzheimer's and healthy aging in Vermont. As an extension of the State Plan on Aging, this action plan highlights priority areas on which our departments can make progress between 2018 and 2019, regardless of additional resources.

Along with Alzheimer's, enhancing and supporting healthy aging is also a public health priority for Vermont. The intent of the steps below is to increase the public's awareness and linkages to resources, strengthen the state's infrastructure, and increase the likelihood of healthy aging.

Reframing Aging in Vermont: Focus on Healthy Aging

Aging is a natural process that has been commonly viewed as more of a challenge than an opportunity. In fact, aging offers many opportunities for individuals, communities, partners and state agencies to access and benefit from the experience, perspectives and talents of mature adults. While increasing age is an influential factor in increased risk of Alzheimer's, research is indicating it is a myth that aging will lead to becoming cognitively impaired and diminished. Nationally, the rate of Alzheimer's decreased in 2015, which may be due to improvements over the last several decades in prevention and treatment of heart disease through changes in diet and smoking. Informed by research on how lifestyle modifications and policies that promote health can improve health among all ages, there is an opportunity to delay or prevent Alzheimer's, improve quality of life, and contribute to a healthy brain and healthy aging environment in Vermont. These action steps seek to contribute to these objectives:

- Build Messaging into Health Department Programming: Health promotion is a key component of creating improved health outcomes. Raising awareness, knowledge and engagement at the community level contribute to creating strong social norms, protective factors and a healthier environment.

    - **The Health Department has a new 3-4-50 Initiative** that first creates an epiphany on the impact of chronic disease in Vermont and then calls on all sectors to act. 3-4-50 stands for three behaviors – smoking, poor diet and lack of exercise – that contribute to four chronic diseases – cancer, lung disease, heart disease and type 2 diabetes – which are the cause of more than 50 percent of all deaths in Vermont. The Department and its Local Health Offices are engaging workplaces, school and childcare centers, faith communities, retailers, clinics and hospitals to sign-on to 3-4-50 — committing to action steps that will improve health. Addressing these three modifiable behaviors where Vermonters live, work, learn and play increases the likelihood of living longer, healthier lives.

        - **Action Step**: The Health Department will use the 3-4-50 message to show how addressing modifiable risk behaviors can decrease the risk of cognitive decline. Physical activity, a healthy diet and smoking cessation are shown to improve both heart health and brain health. Messaging can include the benefit of healthy brain prevention throughout the life course and how family-friendly activities can contribute toward this goal.

    - **June is Alzheimer's and Brain Health Awareness Month**. The Health Department is a credible source of health information on communicable diseases, emergency response, emerging health risks and chronic disease prevention and management topics.

        - **Action Step:** The Health Department will host or plan one or more Grand Rounds each year to highlight Alzheimer's as a public health priority and will work with members of the Governor's Commission on Alzheimer's Disease and Related Disorders to identify speakers. Grand Rounds can increase medical providers' awareness of the availability and utility of valid screening tools such as the "Vermont mini-cog" screening tool, the value of Medicare reimbursement for dementia care planning, and the framing of Advance Directives that incorporate cognitive status concerns. The Department will also use skill-building Spotlight Sessions for selected workforces to recognize and address the needs of individuals and families impacted by Alzheimer's. The Health Department may be able to use the first responder Alzheimer's Association training for first responders for its own EMS network.

        - **Action Step:** The Departments of Health and Disabilities, Aging and Independent Living will plan and implement public health messaging through traditional and social media channels (e.g. Twitter, Facebook, Press, PSAs) during Alzheimer's and Brain Health Awareness month. Opportunities include:

- Messaging on the importance of preventing concussions in youth sports and following treatment protocols.
- Raising awareness of the protective factor of regular exercise for reducing stress, offering socializing opportunities, and raising an individual's heart rate and delivery of healthy oxygen levels to heart and brain.
- Linking Vermonters to free resources for quitting smoking and reducing exposure to secondhand smoke through 802Quits and its incentivized pregnancy protocol, text and other supports, and the Nurse Family Partnership.
- Providing community and medical providers with talking points on the value of early detection of Alzheimer's to improve quality of life and connection to state and local resources for both individuals living with dementia and family caregivers who may benefit from additional supports.
- Messaging around the importance of social connectedness and engagement and other strategies for relieving depression and maintaining cognitive health.
- Identification of resources for older Vermonters related to exercise, nutrition, and opportunities for social and community connection.

- **November is National Alzheimer's Disease Awareness Month and National Family Caregiver Awareness Month**. Often overlooked is the substantial financial and time commitment that caregivers give to Vermonters with Alzheimer's.

  - **Action Step**: The Departments of Health and Disabilities, Aging and Independent Living, in collaboration with community stakeholders, will launch community presentations and disseminate materials to increase understanding of the role of caregivers and what programs are available to support their emotional, financial, physical and mental well-being. Partners may include the Area Agencies on Aging, Alzheimer's Association, AARP Brain Health Ambassador Program, Senior Centers, Local Health Offices, SASH, the UVM Center on Aging and more. Dissemination can include innovative materials (e.g. placemats) that speak to the value caregivers bring to individuals and communities and links to resources throughout care homes, facilities and visiting nurse organizations.

Department Programming Offers Integration Opportunities to Address Alzheimer's

The Departments of Health and Disabilities, Aging and Independent Living are committed to doing more to integrate the Commission on Alzheimer's Disease and Related Disorders' recommendations into our programming and grantmaking. Our objective is to raise the concerted effort to highlight Alzheimer's as both a public health and a healthy aging priority. Through integrating and prioritizing the Commission into state plans and workforce development curriculum and training, Alzheimer's can be more clearly prioritized and embedded in Agency of Human Services' programming to improve health, enhance quality of life, and reduce disease burden.

- Identify Approaches to Integrate Alzheimer's and Related Dementias into the state plans for aging, disability and state health improvement.

    - Training can build capacity to address Alzheimer's among participants trained by these grants and foster partnerships to work together to reduce its burden on individuals and families. For example, the Disability Grant is bringing in experts who are knowledgeable about how to increase culturally-appropriate awareness and response to diminished cognitive abilities through alterations in programming and interventions.

        - **Action Step:** The Departments will identify and implement one or more training opportunities through resource support, available in Health's Centers for Disease Control and Prevention Disability Grant and the Department of Disability, Aging and Independent Living's Lane Grant, to increase workforce and partner understanding of Alzheimer's.

    - Disseminating preliminary drafts of state plans is an important way to gather community input and stakeholder requests. Many state plans are for a multi-year timeframe, making their dissemination in draft form to stakeholders a priority.

        - **Action Step**: The Departments will circulate and collect community, partner and stakeholder input on their aging, disability and state health improvement plans.

    - Vermont's State Health Improvement Plan (SHIP) is a five-year blueprint that sets both the broad categories and specific objectives for meeting Healthy Vermonter goals. The SHIP represents strategic priorities by focusing on preventable conditions or lifestyle behaviors that can help improve numerous health outcomes, including heart and brain health.

        - **Action Step:** Vermont's new State Health Improvement Plan will focus on increasing health equity and decreasing health disparity. The state's 3-4-50 initiative highlights how the three modifiable behaviors, if prioritized through funding, community engagement and program integration, can significantly contribute to a healthier Vermont for all ages. One of the priority populations included in 3-4-50 are Vermonters with cognitive disabilities.

        - **Action Step**: The Health's Division of Health Promotion and Disease Prevention will use the new State Health Improvement Plan to prioritize and leverage surveillance, evaluation, communication and program resources to increase likelihood of population-level lifestyle changes that benefit heart and brain health, including Alzheimer's and healthy aging in Vermont.

    - The Older Americans Act of 1965 was passed to support states in developing comprehensive and coordinated systems and services to older Americans, including local Area Agencies on Aging. In 2016, Congress reauthorized the Act through FY 2019.

- **Action Step:** If H.608, an act for creating an Older Vermonters Act working group, is passed in the Vermont legislature, the Department of Disabilities, Aging and Independent Living will coordinate a new workgroup to plan, gain input for and draft an Older Vermonters Act, with a focus on healthy aging.

Departmental Infrastructure Creates Dementia-Capable Grantees and Workforces

While strengthening its workforce capacity to address Alzheimer's and create healthier aging, the Departments can utilize resources to set standards and offer training to do the same for its partners.

- **Action Step:** The Department of Disabilities, Aging and Independent Living will work with Area Agencies of Aging around creating a dementia- capable workforce.

- **Action Step:** The Department of Health will utilize its Spotlight series, Chronic Disease Designee and Extended Director meetings to hold discussions and disseminate information and trainings to increase awareness and capacity to address dementia and preventive lifestyle behaviors including 3-4-50.

- **Action Step:** The Department of Disabilities, Aging and Independent Living will work with the business community to promote workplace policies that support and accommodate the needs of working caregivers.

- **Action Step:** The Department of Disabilities, Aging and Independent Living will take recommendations from the Governor's Commission on Alzheimer's Disease and Related Disorders to strengthen its licensing standards and training requirements for staff of long-term care facilities, including nursing homes, residential care and assisted living.

Attachment F: Acronyms

Acronym	Description
AW	Age Well (formerly CVAA)
AAA	Area Agency on Aging
ACL	Administration for Community Living
ACS	American Community Survey
ADRC	Aging and Disability Resource Connection
ADRD	Alzheimer's Disease and Related Disorders
AHS	Vermont Agency of Human Services
ALRs	Assisted Living Residences
AP	Area Plan
APS	Adult Protective Services
ASD	Adult Services Division
BRFSS	Behavioral Risk Factor Surveillance System
CFC	Choices for Care
COASEV	Senior Solutions - Council on Aging for Southeastern Vermont
COVE	Community of Vermont Elders
CVCOA	Central Vermont Council on Aging
DAIL	Department of Disabilities, Aging and Independent Living
DCF	Department for Children and Families
DS	Developmental Services Division
DRHO	Designated Regional Housing Organization
DBVI	Division for the Blind and Visually Impaired
DLP	Division of Licensing and Protection
DMH	Department of Mental Health
DVHA	Department of Vermont Health Access
DVR	Division of Vocational Rehabilitation
ERC	Enhanced Residential Care
HCBS	Home- and Community-Based Services
HHA	Home Health Agency
IFF	Intrastate Funding Formula
I&R/A	Information/Referral/Assistance
LTC	Long Term Care
LTCOP	Long Term Care Ombudsman Program
LTSS	Long Term Supports and Services
MFP	Money Follows the Person
NFCSP	National Family Caregiver Support Program
NEKCOA	Northeast Kingdom Council on Aging
NSIP	Nutrition Services Incentive Program
OAA	Older Americans Act
OPG	Office of Public Guardian
PSA	Planning Service Area
RBA	Results Based Accountability
RCH	Residential Care Home

RSVP	Retired Seniors Volunteer Program
SCLP	Senior Citizen Law Project
SCSEP	Senior Community Service Employment Program
SMP	Senior Medicare Patrol
SHIP	State Health Insurance Assistance Program
SLTCO	State Long Term Care Ombudsman
SPA	State Plan on Aging
SUA	State Unit on Aging
SVCOA	Southwestern Vermont Council On Aging
TBI	Traumatic Brain Injury
VACCD	Vermont Agency for Commerce and Community Development
VNAs of VT	Vermont Nurses Association of Vermont
VCIL	Vermont Center for Independent Living
VDH	Vermont Department of Health
VDOL	Vermont Department of Labor