Empowering elders and adults with disabilities to age healthfully and happily

2020 – 2024
Rhode Island
State Plan on Aging

R.I. Division of Elderly Affairs
Rose Amoros Jones, Director
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Executive Summary

As the Designated State Unit on Aging, the Rhode Island Division of Elderly Affairs (DEA) is charged with developing and administering a State Plan on Aging (Plan), in compliance with all federal statutory and regulatory requirements. The Plan carries out the complementary objectives of the federal Older Americans Act, Administration for Community Living, and the State of Rhode Island. As Rhode Island’s chief advocate for people over 55 years of age and adults with disabilities, DEA coordinates all state activities under the purview of the Older Americans Act and administers funding under Titles III and VII – in addition to National Family Caregiver Support programs.

Rhode Island’s older adult population is growing rapidly. Over 31 percent of Rhode Islanders are 55 or older versus 28 percent nationally. And our state has the highest proportion in the United States of those 85 or older. On February 25, 2019, Governor Gina M. Raimondo appointed Rose Amoros Jones director of DEA to build upon the Division’s progress and accelerate its work on behalf of older Rhode Islanders and adults with disabilities. Under the Director’s stewardship, DEA will continue to play a critical role in advancing the well-being of its constituents and preparing the State to meet the demands of this growing and vital population.

Rhode Island’s 2020 – 2024 State Plan on Aging is designed with the age wave in mind and the recognition that people’s needs are diverse and multi-dimensional as they age. The Plan, which sets forth a strategic framework and measurable goals, will serve as DEA’s blueprint from October 1, 2019 through September 30, 2023 to strengthen organizational operations and program offerings that help those we serve live well. This work is anchored in a people-first philosophy and our values of choice, connection, equity, safety, and performance.

In designing Rhode Island’s Plan, we sought to create a document and an approach that are responsible and responsive to people’s lived experiences, while promoting ongoing community engagement. DEA solicited feedback from more than 1,000 consumers and engaged a wide array of community partners and providers to inform development of this Plan.

We believe the best way to support people is to meet them where they are. Through 2023, DEA will continue to take a place-based approach to service delivery, further investing in our network of programs, developing robust online tools and outreach campaigns, and streamlining processes.

Our vision for the future is to ensure there is ‘no wrong door’ in Rhode Island for older adults and those with disabilities when seeking information or help with short- and/or long-term needs.

Under Governor Gina M. Raimondo’s leadership, we are working to ensure Rhode Island is a good place to live, work, and grow. In 2019, the Governor announced $500,000 in grants to organizations that help elders and adults with disabilities thrive in the community. Her State Fiscal Year 2020 Budget proposal includes:

- Renaming DEA to “Office of Healthy Aging,” better reflecting our mission and official designation;
- Expanding DEA’s Home & Community Care Co-Pay program to help more elders afford day and at-home care;
- Funding transportation programs that provide free or discounted service to older Rhode Islanders and those with disabilities;
- Implementing an Independent Provider program in Rhode Island to promote more choice in at-home care + create new workforce opportunities;
- Sustaining increased funding levels for senior centers + home-delivered meals;
- And raising wages for direct support workers for a fourth consecutive year.
Introduction

Rhode Island’s older adult population is growing rapidly – a phenomenon fueled by maturing baby boomers, sharp declines in mortality, and dramatic increases in ethnic minority communities. Over 31 percent of Rhode Islanders are 55 or older versus 28 percent nationally. And our state has the highest proportion in the United States of those 85 years or older. The adults with disabilities community has also grown in Rhode Island, with 20 percent of residents having a disability.

Our work at the Rhode Island Division of Elderly Affairs (DEA) is centered around meeting the short- and long-term needs of these populations. We believe all Rhode Islanders should have an opportunity to live an inspired life, of their choosing, that allows them to age healthfully and happily. Inherent in this belief is an acknowledgment that people’s needs and preferences are diverse and multi-dimensional as they age and that people are best served when we take a holistic approach and align efforts and resources across public and private sectors.

DEA continues its leadership and focus on enhancing partnerships, integrating programming, and maximizing available funding to strengthen supports for elders, adults with disabilities, and their caregivers. In 2018, Governor Gina M. Raimondo directed DEA to engage older Rhode Islanders, their caregivers, and community partners in the work to update our state’s plan on aging and build on our progress over the last four years. The insights gleaned from these interactions informed the goals and investment priorities set forth in Rhode Island’s 2020-2024 State Plan on Aging.

This new Plan provides the strategic framework for DEA’s work over the next four years and is anchored in our values of choice, connection, equity, safety, and performance; through it, we will make prudent investments with state resources, federal discretionary grants, and Older Americans Act* funding (Titles III and VII) across key program areas:

- Information & Assistance (IIIB)
- Case Management (IIIB)
- Senior Centers & Supportive Services (IIIB)
- Elder Rights & Safety (IIIB, VII, Elder Justice)
- Person-Centered Planning (IIIB, E)
- Food & Nutrition (IIIC)
- Health Promotion & Equity (IIID, ADPI)
- Caregiver Supports (IIIE, Lifespan Respite)
- Long-Term Care Ombudsman (VII)
- Benefits Enrollment (SHIP, MME, BEC)

* Priority for Title III programs is given to low-income, diverse populations, as required by the Older Americans Act.

R.I. Population

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Older Adults: 31% of state population vs. 28% nationally</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,056,138</td>
<td>325,369</td>
</tr>
<tr>
<td>55+</td>
<td>1 in 4 residents will be 65 or older</td>
</tr>
<tr>
<td></td>
<td>R.I. has highest share of residents 85+ in U.S.</td>
</tr>
<tr>
<td></td>
<td>persons w/ disability: 138,199</td>
</tr>
</tbody>
</table>

13% of state population vs. 12% nationally

R.I. Population

U.S. Census Bureau 2017 est.
Our work at DEA supports the State’s broader efforts to evaluate and strengthen the continuum of long-term care services in Rhode Island. A complementary outreach effort in 2018 – Inspired Living in Rhode Island – produced additional insights and recommendations on needed investment, including in workforce, transportation, information, and quality of life. These insights informed Governor Raimondo’s State Fiscal Year 2020 budget proposal and will continue to help shape DEA’s path forward.

Similarly, the state’s recently updated State Plan on Alzheimer’s Disease and Related Disorders will serve as a blueprint for action in addressing Alzheimer’s in Rhode Island. The disease affects 23,000 Rhode Islanders and more than 50,000 family members and caregivers. And in 2019, we will join partners to release a comprehensive plan to meet the needs of caregivers in Rhode Island.

Research shows that most people desire to age in community whenever possible. By supporting this aim we not only promote better health outcomes and quality of life – for older adults, those with disabilities, and their caregivers – but also help stall, if not avoid, more costly institutional care and strain on Medicare, Medicaid, and other social security programs.

Success in our work would not be possible without many partners across government, community, and business. Through the 2020-2024 State Plan on Aging, DEA will continue to foster collaboration and partnership to benefit Rhode Islanders.

At the same time, we will remain engaged with those we serve, refining goals and success measures as required, to ensure our work remains relevant and responsive to people’s needs and preferences.

We believe helping older adults stay connected to the people, homes, and neighborhoods that bring joy to their lives for as long as possible is central to responsible stewardship of available resources.
Engagement

In 2018, we partnered with organizations across the state to convene seven focus groups – in addition to a formal public hearing – to inform the 2020-2024 State Plan on Aging. We engaged over 100 people across senior and community centers, assisted-living facilities, and advocacy organizations, doubling our in-person reach from 2015.

We also, for the first time, conducted a statewide survey to solicit feedback on people’s experiences, service gaps, and priorities over the next four years. Over 700 responses were collected. The input received through the survey and community meetings confirmed what we also heard through the Inspired Living in Rhode Island forums: people desire to age in community and need help in connecting to other people and services and affording to live independently as they age. Major themes included:

- Access + affordability of reliable transportation
- Feelings of social isolation + loneliness
- Value of health + wellness programs
- Desire for stronger supportive communities

Our work will continue to be guided by robust community outreach through 2023.
Anchoring Values

Our work is guided by a ‘people first’ philosophy and anchored in five core values. Through 2023, we will continue to build on our legacy of advocacy and service to elders and adults with disabilities in Rhode Island.

- **Choice**: A person should be the primary author of his/her own life and have access to the information and supports needed to thrive.

- **Connection**: People should have opportunities to connect with each other, with help, and with their greater community. Our work should be coordinated to make this possible.

- **Equity**: All Rhode Islanders should be able to participate fully in society and benefit from available programs and services.

- **Safety**: Older adults and those with disabilities should have the opportunity to live with dignity, feel safe in their homes and communities, and know that their needs will be met.

- **Performance**: Those we serve benefit most when we are responsible stewards of resources: make smart investments in line with people’s needs and hold ourselves accountable to achieving established goals.

Our work is guided by a ‘people first’ philosophy and anchored in five core values.
At the center of our network is THE POINT – Rhode Island’s statewide, multilingual call and walk-in center for elders, adults with disabilities, and their caregivers. Co-located with Rhode Island 2-1-1, The Point staff help people navigate their short- and long-term options for healthcare, housing, respite support, food assistance, and more. The Point links people to in- and out-of network services and assists clients with benefits enrollment. Specialized services for adults with disabilities are offered through the Ocean State Center for Independent Living – and for veterans through the RI Serves network operated by DEA’s sister agency, the Rhode Island Office of Veterans Affairs.

As part of the 2-1-1 network, The Point also connects people to emergency services, including the BH Link – Rhode Island’s 24/7 crisis & triage center for people struggling with addiction and/or mental illness. DEA partnered with the state’s Department of Behavioral Healthcare, Developmental Disabilities & Hospitals to staff the Link with geriatric social workers who will serve as Senior Liaisons.

Under the 2020-2024 State Plan, we will further invest in our network, introducing more robust POINT services, such as person-centered options counseling and universal assessment, training and data collection protocols across partnering agencies. We will also introduce enhanced marketing and online tools and a more streamlined approach to service delivery.

Our vision for the future is to ensure there is ‘no wrong door’ in Rhode Island when seeking information or help with short- and/or long-term needs. Rhode Islanders deserve seamless connectivity to the right supports, at the right time. Our network will continue to evolve with this in mind.

Top 5 needs of THE POINT users:
- Health Information
- Utility Assistance
- Food
- Housing
- Transportation

Our Programs
We believe the best way to support people is to meet them where they are. In 2014, DEA began the process to build an Aging & Disability Resource Network (ADRN) to coordinate delivery of our services and to facilitate people’s access to information and assistance. The network, now comprised of 22 partners, is divided into six geographic regions to ensure elders, adults with disabilities, and their caregivers are connected to help in their own, or neighboring, communities.

The ADRN Regions:

1. Tri-County Community Action Program
   - Johnston Senior Center
   - Senior Services, Inc.

2. Westbay Community Action Program
   - Pilgrim Senior Center
   - West Warwick Senior Center

3. Tri-County Community Action Program
   - Westerly Senior Center
   - North Kingstown Senior Center
   - The Center, South Kingstown

4. Catholic Social Services
   - St. Martin de Porres Senior Center

5. East Bay Community Action Program
   - Bristol Senior Center
   - Leon Mathieu Senior Center
   - Progreso Latino

6. Child & Family Services
   - Dr. MLK Center
   - Portsmouth Senior Center
   - Edward King House

Our Programs

Our Programs

System Transformation
- Dementia-Capable
- Behavioral Healthcare

Integrated Services

Information & Assistance
- Intake & Assessment
- Options Counseling
- Benefits Counseling, Enrollment
- Crisis Intervention (BH, APS)
- Disability Resources
- Caregiver Support
- Marketing & Outreach

Elder Rights & Safety
- LTC Ombudsman
- Volunteer Guardianship
- Senior Medicare Patrol
- Prevention & Intervention
- 24/7 Intake
- Legal Assistance

Home & Community
- Case Management
- At-Home Support
- Medication Assistance
- Social Engagement
- Respite Services
- Health & Wellness
- Food & Nutrition
- Housing Security

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Our Initiatives

DOUBLED the number of R.I. colleges offering Nursing Student Respite Program, growing enrollment by 26%.

21% increase in new client contacts 2015-2018:

Piloted a program pairing 11 elders with high-schoolers in their neighborhood to increase socialization and help with chores.

SENIOR COMPANIONS achieved 9% annual growth in volunteers; 5% growth in clients served.

Exceeding CDM annual participation goal by 17%.

COMMODITY SUPPLEMENTAL FOOD PROGRAM: Added four new café locations. Now 63 meal sites.

Increase in new clients enrolled in volunteer guardian program between 2018 – 2019:

Automated Processes for Elder Safety investigators to more efficiently, accurately capture client interactions.

14% PERCENT.

Responses to statewide survey + listening sessions convened to solicit feedback + inform policies and investments.

700 25%.

CHOICE

ADRN Enhancement

Website Redesign

Strategic Marketing Plan Development + implementation

Caregiver State Plan Development + Implementation

CONNECTION

HCC Co-Pay Expansion

Age-Friendly Designation

Supportive Communities Expansion

ETP: Awareness Campaign

EQUITY

Special population outreach + engagement

ADRD: network integration + training projects

Chronic disease management (CDM) program expansion

Senior center service evaluation

HEIF: Food insecurity data + SNAP outreach

Benefits Enrollment Project

Behavioral Health/OSR Link elder liaison

SAFETY

Volunteer Guardianship Program Expansion + Outreach

Elder Abuse Awareness Campaign + Summit

Elder Abuse Task Force + Recommendations

Implement new client management system

Enhance training opportunities (APS, Ombudsman) + protocols

PERFORMANCE

Universal data collection protocols/system

Success measure development

LEAN training + implementation

Engagement strategy development + implementation
To accelerate progress, we established strategic focus areas* to direct our work over the next four years. These areas were informed by community feedback and the state’s broader efforts to strengthen services and supports for elders and people with disabilities.

* SMART goals for each focus area are included in the Appendix, page 20.
A person should be the primary author of his/her own life and have access to the information and supports needed to thrive.

**Strategic Focus Areas**

1. **ADR Network Enhancement**: Strengthen the aging and disability resource network by introducing new technology, improving training, better coordinating service delivery, and standardizing processes across partners.

2. **Service Promotion + Utilization**: Develop and implement a robust marketing communications plan to promote available services and increase utilization.

3. **Caregiver Supports**: Embrace a whole-family approach, improving resources available to caregivers and connecting families to information and training opportunities.

**Success Measures**

Success is people knowing where to go for information and help with short- and long-term needs, connecting with the right support at the right time, and being satisfied with the quality of their experience, as measured by:

- Customer satisfaction scores
- Utilization rates across programs, including call center
- Achievement of program-level targets
- Unique visits to web portals
- Participation rates for Family Caregiver Alliance + related programs

Melva Higgins, 95, shares a special moment with her daughter, Beth, and great granddaughter, Caitlin.
Supportive Communities: Promote development and success of community networks that help older adults and those with disabilities participate in the community and access resources.

Waiver Programs: Continue to exercise and expand authorities under Rhode Island’s Comprehensive 1115 Waiver for Medicaid and non-Medicaid-eligible persons that help people age in place.

Coordinate Efforts: Further integrate service delivery for DEA programs and support broader State efforts that benefit older Rhode Islanders.
Strategic Focus Areas

1. Health & Wellness: Continue to collaborate with partners on health promotion and quality-of-life initiatives – especially for high-risk populations.


3. Behavioral Healthcare: Support the State’s broader efforts to tackle the addiction crisis in Rhode Island and strengthen the behavioral healthcare system for all populations.

4. Alzheimer’s Disease: Support work under the 2019 Update: Rhode Island State Plan on Alzheimer’s Disease and Related Disorders to strengthen resources available to those with Alzheimer’s and related dementias, their families and caregivers.

5. Diverse Populations: Collaborate with state, community partners to better connect ethnic and cultural minority populations with programs and supports.

Success Measures

Success is ALL older Rhode Islanders and adults with disabilities feeling included and having their needs met, as measured by:

- Diversity trends across Community Living programs
- Participation rates for programs that target diverse populations
- Food insecurity rates among older adults + adults with disabilities
- Referral rates for respite + dementia programs
- Hotline + walk-in utilization rates for BH Link
Safety

Older adults and those with disabilities should have the opportunity to live with dignity, feel safe in their homes and communities, and know that their needs will be met.

Strategic Focus Areas

1. Legal Help: Work with Rhode Island Legal Services and the Rhode Island Bar Association to promote and provide legal help to older adults with social and/or economic needs.

2. Protection: Strengthen protections and rights for elders and those with disabilities by promoting ombudsman program and collaborating with partners on stronger laws and policies.


Success Measures

Success is older Rhode Islanders and adults with disabilities feeling safe, reducing incidents of maltreatment and self-neglect, and ensuring families know their rights and where to go for help when abuse and/or neglect is suspected, as measured by:

- Participation in Volunteer Guardianship Program
- Utilization rates for Elder Abuse Hotline
- Founded abuse/neglect, referral + recidivism rates
- Participation rates of Elder Rights & Safety clients in Community Living programs

Shirley Howell, 89, visits with her granddaughter and first great grandchildren (twins), Rose and Oren.
Performance

Those we serve benefit most when we are responsible stewards of resources: make smart investments in line with people’s needs and hold ourselves accountable to achieving established goals.

Strategic Focus Areas

1. Data & Technology: Improve collection and use of data to inform operations and policy-making by investing in technology and enhancing, streamlining client management systems and processes.

2. Community Investments: Adopt active contract management principles to increase value, align investments with goals, track progress, engage partners, and maximize available resources.

3. Continuous Improvement: Adopt LEAN principles and promote professional development opportunities for all employees.

4. Engagement: Be intentional about soliciting feedback from each other and those we serve on an ongoing basis and sharing insights with local and national partners.

5. Volunteerism: Continue to promote and increase volunteerism across core Older Americans Act programs.
We strive to empower all older Rhode Islanders and adults with disabilities to age healthfully and happily.

As we move ahead, DEA will continue to focus on advancing meaningful programming, advocacy, and policy to benefit older Rhode Islanders and adults with disabilities. Our work is anchored in our values of choice, connection, equity, safety and performance – and made possible by many partners.

We look forward to continuing to work with our federal partners to bring quality services and supports to older Rhode Islanders and to further the great work accomplished together – in Rhode Island and across the nation – under the Older Americans Act.

In the spirit of continuous improvement, we invite you to be in touch with questions and/or suggestions.
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<td>34</td>
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Appendix
Demographics – 65 years or older

R.I. Population
U.S. Census Bureau 2017 est.
1,056,138 total 170,144 65%

2040: 1 in 4 residents will be 65 or older
R.I. 85+ population is largest in U.S.

Population shifts
• Between 2010 and 2040, Rhode Island’s older population is expected to increase by 75 percent, while the increase in the state’s total population is expected to be two percent.
• Rhode Island’s population of minority older adults is expected to increase to nearly 14 percent, from 5.2, by 2030. An estimated 14 percent of the state’s population is of Hispanic descent. Over 13 percent of older Rhode Islanders speak a language other than English at home.

Demographics
– 65 years or older

**Sources:**
• U.S. Census Bureau: American Community Survey 2013-2017 5-Year Estimates; Census 2000 Summary File 1 and 2010 Census Summary File 1, Census 2000 Redistricting Data (Public Law 94-171); Rhode Island Division of Planning: Rhode Island Population by Age and Sex, 2000-2010, Rhode Island Age Profile, May 2010, Race and Ethnicity by County Subdivision; AARP Public Policy Institute: Valuing the Invaluable, 2015 Update; Age Friendly Rhode Island: Older Rhode Islander Quick Facts, January 2019
**Appendix**

**Demographics – Adults with Disabilities**

- Nearly 140,000 Rhode Islanders have a disability, increasing 4 percent between 2015 and 2017 and representing 13 percent of the community-dwelling population.

- As Rhode Island’s population ages, the number of people with disabilities is expected to increase. Today, the rate of Rhode Islanders with disabilities is slightly higher than the national estimate.

- Nearly 92 percent of Rhode Islanders with disabilities are age 18 or older; some 40 percent are 65 or older.

### Adults with Disability

<table>
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<tr>
<th>Age</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>18 to 34 years</td>
<td>12.7%</td>
</tr>
<tr>
<td>35 to 64 years</td>
<td>39.6%</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>15.2%</td>
</tr>
<tr>
<td>75 years and older</td>
<td>24.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>54.0%</td>
</tr>
<tr>
<td>Male</td>
<td>46.0%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Diversity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (one race)</td>
<td>83.6%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>6.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.7%</td>
</tr>
<tr>
<td>Two or more ethnicities</td>
<td>2.9%</td>
</tr>
<tr>
<td>Hispanic (any race)</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

### Disability Type

- 26.1% Hearing
- 14.8% Vision
- 35.6% Cognitive
- 49.1% Ambulation
- 36.7% Independent living
- 19.3% Self-care limitation

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**Source:**
*U.S. Census Bureau/ American Community Survey 2015-2017 5-Year Estimates*

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**R.I. Population**

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Disability Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,056,138</td>
<td>138,199</td>
</tr>
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</table>

**RIers with Disability:** 13% of state population vs. 12% nationally
Appendix

SMART Goals by Strategic Focus Areas

For each anchoring value and focus area, we’ve established a set of measurable goals. These goals are outlined on pages 22 to 26 – along with the Older Americans Act (OAA) focus area they support.

OAA Focus Areas

- Core Program – Title III
- Core Program – Title VII
- ACL Discretionary Grant
  A. State Health Information Program
  B. Senior Medicare Patrol
  C. Medicare Improvements for Patients & Providers
  D. Lifespan Respite
  E. Elder Justice
  F. Alzheimer’s Disease Program Initiative
- Participant Directed
- Elder Justice
Choice

A person should be the primary author of his/her own life + have access to the information, supports needed to thrive.

Network Enhancement:
Strengthen service delivery by further enhancing, coordinating programs and standardizing processes across partners.

- In October 2019, procure performance-based contract with Point partners, coordinating and strengthening delivery of ADRC, SHIP, SMP, MIPPA, APS services for all elders and adults with disabilities.
- Standardize screening and assessment, training, and data collection protocols across network partners by 2020 – to support consistent, robust options counseling.
- In 2020, strengthen the provision of person-centered counseling and connection to resources for all DEA populations

Service Promotion + Utilization:
Develop and implement a robust marketing communications plan to promote available services and increase utilization.

- By year-end 2020, redesign DEA’s official website to provide more robust information about available resources and programming.
  In 2019/20, develop and implement a media strategy to promote programs and initiatives across target audiences; activities will include partner outreach, social media, earned and paid media, special events, and collateral development.
- In 2020, host Rhode Island’s first statewide conference on aging to raise awareness and foster conversation about programs and issues affecting older Rhode Islanders and adults with disabilities.

Caregiver Supports:
Embrace a whole-family approach, connecting families and caregivers to information and support.

- In 2020, release Rhode Island’s first caregivers strategic plan – with the goal to develop robust supports and tools for all caregivers.
- As part of ADRN enhancement, in 2020, strengthen coordination of services under Carebreaks, Lifespan Respite and Alzheimer’s programs.
- Grow and sustain participation in the Respite Nursing Student Workforce Initiative to 80 students annually; expand partnership to all six of Rhode Island’s nursing programs by 2023.
- Continuous: grow awareness and engagement in statewide Caregiver Alliance.
Connection

People should have opportunities to connect with each other, with help, and with their greater community. Our work should be coordinated to make this possible.

1. Age-Friendly Designation:
   Work toward an ‘Age Friendly’ Rhode Island with our partners to promote livable communities for all ages.

   - Continue to collaborate with Age Friendly Rhode Island and the City of Newport on a county-wide ‘Age Friendly’ designation
   - Continuous: Partner with the Rhode Island Department of Health on ‘Age Friendly’ initiatives through Health Equity Zones

   In 2020, work with the Rhode Island Department of Environmental Management to formalize “age-friendliness” as a criterion for new municipal recreation grant awards

2. Supportive Communities:
   Promote success of community networks that help those we serve participate in the community and access resources.

   - As funding allows, continue to invest annually in programming at senior, community centers in all 39 cities and towns
   - By 2023, expand Students for Seniors program to ten more communities
   - Support the success of programs funded under Rhode Island Medicaid ‘Money Follows the Person’ grant program
   - Continuous: Promote expansion of Village networks across the state
   - Continuous: Promote programs such as PACE that support elderly Rhode Islanders to access services and avoid social isolation

3. Waiver Programs:
   Exercise and expand authorities under state’s Comprehensive 1115 Waiver that help people age in place and stay healthy.

   - In 2020, expand the income limit of DEA’s Home & Community Care Co-Pay program from 200 to 250 FPL
   - In 2020, exercise the state’s new authority to offer home-delivered meals as a “preventative services” for all Medicaid LTSS clients
   - Continuous: Work with Rhode Island’s Executive Office of Health & Human Services to exercise waiver authority for respite services

Coordinate Efforts:
Further integrate service delivery for DEA programs and support broader State efforts that benefit older Rhode Islanders.

- Establish regular cross-unit meetings to review caseloads, explore synergies, and address service gaps
- Establish regular network partner meetings to review operations, progress toward goals, and explore opportunities for improvement
- In 2020, support launch of an Independent Provider program
- By 2023, support development of a ‘fully functional’ ADRC/NWD
- Continuous: Work with the General Treasurer Office to expand financial counseling services for elders and adults with disabilities
- Continuous: Support cross-agency efforts to improve transit options for elders and adults with disabilities
- Continuous: Partner with the Department of Labor & Training, others to strengthen the healthcare workforce and employment opportunities for elders and adults with disabilities
- Continuous: Partner with Veterans Services, others to strengthen housing supports for seniors and adults with disabilities
**SMART Goals – by Strategic Focus Area**

**Equity**

All Rhode Islanders should be able to participate fully in society + benefit from available programs and services.

1. **Health & Wellness:**
   Continue to collaborate with partners on health promotion and quality-of-life initiatives – especially for high-risk populations.
   - In 2020, develop sustainable chronic-disease education programs with partners
   - In 2020, implement evaluation tool for senior centers to measure value + impact
   - By 2022, make health and wellness a required activity for Title IIIB grants
   - Continuous: Partner with the Department of Health, others to offer health promotion programming to older adults and people with disabilities

2. **Food Security:**
   With Rhode Island’s Hunger Elimination Task Force, strengthen elders and adults with disabilities’ access to healthful foods.
   - In 2020, with partners, collect state-level data on food insecurity among seniors and adults with disabilities; use insights to inform interventions
   - By 2021, expand Bristol Health Equity Zone partnership to three additional communities
   - Continuous: Promote a robust mix of meal programs; explore partnership with the Department of Education to offer intergenerational café program
   - Continuous: Collaborate with the Department of Human Services to promote SNAP participation among older adults

3. **Behavioral Healthcare:**
   Support efforts to tackle the addiction crisis and strengthen the behavioral healthcare system for all populations.
   - Over the next four years, partner with the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, others to support elder liaisons at BH Link – Rhode Island’s 24/7 crisis & triage center for people struggling with mental illness or addiction
   - Continuous: Participate on the Rhode Island Elder Mental Health Advisory Council
   - Continuous: Support work of the Overdose Task Force and cross-agency behavioral healthcare team to improve access to treatment and erase the stigma associated with mental illness and addiction

4. **Diverse Populations:**
   Collaborate with state, community partners to better connect target populations with programs and supports.
   - In 2020, implement the Benefit Enrollment Program, targeting Spanish/Portuguese-speaking communities in three core communities
   - Continuous: Expand engagement with and services to aboriginal and tribal communities in Rhode Island
   - Continuous: Collaborate with Veterans Affairs to ensure aging and disabled veterans are connected to DEA programs
   - Continuous: Work with partners to better understand needs of and provide resources to older LGBT+ community

**Alzheimer’s Disease:**
Support work under the Alzheimer’s State Plan to strengthen resources for those with Alzheimer’s and related dementias, their families and caregivers.
- By 2020, work with Catholic Social Services to train 16 leaders to deliver Powerful Tools for Caregivers workshops (8 bilingual)
- As part of ADRN enhancement, by 2021, ensure all network partners receive “dementia-capable” training

**SMART Goals – by Title**

| Title III | Participant Directed |
| Title VII | ACL Discretionary Grant |
| Elder Justice | |
Safety

Those we serve should have the opportunity to live with dignity, feel safe in their homes and communities + know that their needs will be met.

1. Legal Help:
   Work with Rhode Island Legal Services and the Rhode Island Bar Association to promote and provide legal help to older adults with social and/or economic needs.
   - With Rhode Island Legal Services and community partners, conduct 24 outreach events annually to raise awareness about available services.
   - Continuous: train all elder rights & safety staff, including Long-Term Care Ombudsman, on available legal services and how to access them.
   - Over the next four years, increase the number of volunteer guardianships by 30 percent by expanding the eligible population to veterans, state hospital residents, and developmental disability community.
   - Continuous: Coordinate legal support services with the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals and the Disability Law Center.

2. Protection:
   Strengthen protections and rights for elders and those with disabilities by promoting ombudsman program and collaborating with partners on stronger laws and policies.
   - In 2019, initiate roll out of new tracking system for adult protective services that integrates with DEA’s case management client tracking platform + automates intake process.
   - Continuous: Participate on the Rhode Island Elder Abuse Multi-Disciplinary Team to regularly review open cases and discuss needed reforms to increase the number of successful convictions.
   - Continuous: Participate on the Rhode Island Senate Task Force on Elder Abuse and Financial Exploitation and support resulting policy recommendations.
   - Continuous: strengthen training across – and coordination of – legal services, under the Legal Services Developer requirement of OAA.

3. Promotion:
   Raise awareness about elder abuse and neglect prevention, Rhode Island’s mandatory reporting laws, and the Elder Abuse Hotline, 401.462.0555.
   - In 2020, implement a robust outreach strategy, as part of DEA’s broader marketing plan, to highlight the agency’s elder justice work.
   - Over next four years, host an annual Elder Rights & Safety Summit, bringing together government and community leaders, older Rhode Islanders, community advocates and caregivers to review laws and practices and discuss system gaps.
   - Continuous: Collaborate with the Rhode Island Attorney General and others to educate and provide training to community partners and providers regarding elder abuse, self-neglect and financial exploitation.

SMART Goals – by Strategic Focus Area

- Title III
- Participant Directed
- Title VII
- ACL Discretionary Grant
- Elder Justice

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Those we serve benefit most when we are responsible stewards of resources: make smart investments in line with people’s needs, and hold ourselves accountable to achieving established goals.

1. **Data & Technology:**
   Improve collection, use of data to inform decisions; streamline client management systems and processes.
   - In 2020, implement adult protective services client tracking system to automate intake process, better monitor cases, and support richer program integration.
   - In 2020, shift all network partners to a single case management system.
   - Review data, success measures quarterly during cross-unit meetings to continuously improve operations.

2. **Community Investments:**
   Actively manage contracts/investments to increase value, align with goals, track progress, and engage partners.
   - By January 2020, train key staff in active contract management.
   - In 2019/20, identify dedicated resource to manage DEA’s investments portfolio and work with partners.
   - Promote investments through agency marketing plan, placing at least one media profile per quarter.
   - Continuous: Adopt success measures across focus areas and contracts; require regular reporting on progress.

3. **Engagement:**
   Solicit feedback from each other and those we serve on an ongoing basis; sharing insights with local, national partners.
   - In 2020, implement internal engagement strategy to promote information sharing and feedback loops to better coordinate work.
   - Require partners to conduct annual customer satisfaction surveys.
   - Collaborate with partners to host quarterly town halls.
   - Meet regularly with stakeholders – seniors + disability community.
   - Serve on Rhode Island’s Congressional senior advisory councils to encourage ongoing dialogue around national and local issues.

4. **Volunteerism:**
   Continue to promote and increase volunteerism across core Older Americans Act programs.
   - Over the next four years, increase the number of male senior companions by 200 percent – with a focus on veterans.
   - Host annual volunteer recognition event and promote work of volunteers as part of agency’s marketing communications plan.

**SMART Goals – by Strategic Focus Area**

**Continuous Improvement:**
Adopt LEAN principles and promote professional development opportunities for all employees.
- Offer LEAN 101 training to all employees; by 2023, complete process mapping exercises in each unit and implement recommendations.
- Host quarterly ‘Lunch & Learns’ to foster discussion and increase understanding of key topics.
- Promote OTD staff training opportunities.
- Host federally-required training opportunities for staff and partners.

**Title III**

- **Participant Directed**
- **Title VII**
- **ACL Discretionary Grant**
- **Elder Justice**
Since 2005, DEA has overseen Rhode Island’s Aging and Disability Resource Center (ADRC), known as The POINT. Funding for the ADRC is provided through Title III B of the Older Americans Act. The POINT is a “one-stop” call-and-walk-in center for information and assistance for seniors, adults with disabilities, their families, and caregivers.

The POINT is available 24/7 by phone and handles, on average, 4,500 in- and outbound calls per month. There are also six regional “POINTS” throughout the state to provide information and assistance at the community level. In recent years, The POINT’s role in delivery of information and referral services to older Rhode Islanders and adults with disabilities has markedly increased through participation in the State’s Medicare-Medicaid Financial Alignment Demonstration award.

In 2011, DEA integrated four federal programs: Medicare Improvements for Patients and Providers Act (MIPPA); Senior Medicare Patrol (SMP) and the State Health Insurance Assistance Program (SHIP). DEA refers to the combination of these programs as the “Integrated Services Grant” and contracts with regional POINT agencies to coordinate the delivery of all four programs.

DEA manages the Rhode Island State Health Insurance Assistance Program (SHIP), which provides one-on-one, personalized counseling about Medicare benefits and services. SHIP counselors and volunteers are available to answer questions and assist with Medicare-related questions. SHIP services include community outreach, information, education, and enrollment assistance.

Medicare beneficiaries are referred by SHIP counselors and volunteers to other programs and services, as needed. Between July 1, 2018 and December 31, 2018, Rhode Island SHIP counselors and volunteers assisted 8,640 beneficiaries. During the same time period, 412 outreach events were held.

During the 2018 Annual Election Period (AEP), 214 enrollment events were held. Through these events, counselors reviewed current plans with beneficiaries – while providing enrollment assistance for those electing to change their Medicare Advantage and Prescription Drug Plans (Medicare Parts C and D, respectively).

The SHIP partnership consists of 36 Volunteers, 43 paid Counselors, and eight In-Kind Counselors. All SHIP counselors and volunteers are trained and certified to ensure they provide relevant and timely information.

DEA oversees the Medicare Improvements for Patients and Providers Act program (MIPPA). This program is established through a grant from the U.S. Department of Health and Human Services, Administration for Community Living. DEA collaborates with its integrated partners to accomplish the goals of the MIPPA grant, including outreach and enrollment assistance to Rhode Island’s low-income Medicare beneficiaries who may be eligible for two primary Medicare cost-sharing programs: the Medicare Premium Payment Program (MPP) and the Low-Income Subsidy Program (LIS). DEA and its partners also coordinate outreach events to locate and educate Medicare beneficiaries, their families, and caregivers on the availability and benefits of these programs.

MPP is a RI Medicaid program, providing financial assistance for Medicare Parts A and B premiums, deductibles, co-insurance and copayments to eligible beneficiaries. LIS is a federal Social Security Administration program that provides financial assistance to Medicare beneficiaries for Part D premiums, deductibles, co-insurance and copayments. Both programs use income and resource guidelines as determined by the federal government and the state Medicaid Program.

DEA leverages federal data to locate low-income Medicare beneficiaries in each region of the state. Based on this data, DEA distributes MIPPA funds to its six regions, according to the percentage of low-income beneficiaries located in each area. Between April 1, 2017 and March 31, 2018, there were 203,875 Medicare beneficiaries in Rhode Island. Of this, 57,800 were considered low-income. During the same time period, the state experienced a year-over-year increase of two percent in the number of beneficiaries reached.

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Program Summaries (cont.)

The Medicare-Medicaid Enrollment Supports (MME) program provides one-on-one options counseling to beneficiaries who are dually eligible for both Medicare and Medicaid. Services are provided by DEA’s partner, the United Way of Rhode Island. MME is made possible through a Centers for Medicare and Medicaid Services (CMS) grant. Available options include, but are not limited to, Rhode Island’s Medicare-Medicaid Plan (capitated model), fee-for-service, and special needs plans.

Outreach events and presentations are coordinated and implemented by specially trained MME Counselors, who are also certified SHIP Counselors. Between April 1, 2018 and December 10, 2018, 23 outreach events were held and 488 clients engaged.

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

In FFY18, 228 older Rhode Islanders participated in programming. The LWRI partnership includes the state Departments of Health, Human Services, Elderly Affairs, and AARP.

Senior Companion volunteers are people age 55 and older who provide companionship for frail older adults in the home, at day centers, or other community sites. Companions assist with daily tasks, helping those served to remain living in the community for longer. Companions may provide transportation to medical appointments, shopping assistance, meal preparation, and advocacy. They also provide respite to caregivers of frail elders. By remaining active and contributing to their communities, Companions benefit from the program along with the clients they serve.

In an average week, 80 Senior Companions visit with more than 300 seniors. Over the course of more than 45 years of service to Rhode Island’s seniors, volunteers have dedicated countless hours of friendship, compassion and a much-needed human interaction to those in need of a helping hand. In the past year, Companions have provided over 80,000 hours of companionship and dedicated service to their clients.

Established in 2001, the Volunteer Guardianship Program (VGP) connects elders who are unable to make healthcare decisions on their own – and who live in the community or in long-term-care settings – with volunteer guardians. Last year, 83 frail or homebound seniors participated in the program. Volunteerism increased on the year by 2.75 percent.
Respite Care

CareBreaks, funded by DEA and operated by Catholic Social Services of Rhode Island, is the state’s primary respite program. Through CareBreaks, families can access safe, affordable, temporary care for their loved ones, providing a needed break from caregiving duties. Services are coordinated through qualified home healthcare providers and are based on need.

Since 2003, DEA has also provided respite services to grandparents and older adult caregivers of youth age 18 and under through ACL’s National Family Caregiver Program. The grandparents respite program partners with community providers to offer after-school and summer-break programming. In FFY18, thanks to increased funding in the National Family Caregivers program budget, DEA expanded the grandparents respite program from one to four communities.

Additionally, since 2008, Rhode Island has been a recipient of ACL’s Lifespan Respite Care discretionary grant funding. Through this funding, DEA launched the Nursing Student Respite Workforce Initiative, training and pairing local nursing students with families in need of respite care. DEA now partners with four of Rhode Island’s six nursing programs as part of this effort, with curriculum and program support provided by academic staff.

Home & Community Care

DEA Home and Community Care programs are designed to assist functionally impaired seniors and adults with disabilities to meet a wide variety of medical, environmental and social needs. Based on eligibility, Home and Community Care programs may provide home health aide services, adult day services, Meals on Wheels home delivered meals, Senior Companion services, personal emergency response system, minor home modifications, and minor assistive devices or assisted living services. Programs offered share a common goal, for seniors and adults with disabilities to retain their independence by receiving services that allow them to live safely in their own home.

DEA works with a network of regional case management agencies and other senior organizations to assess individual and caregiver needs, develop person-centered care plans and provide ongoing support and advocacy for the individual receiving services and their caregivers.

Rhode Island Pharmaceutical Assistance to the Elderly

Established in 1985, the Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE) program provides financial assistance to eligible seniors for a variety of generic medications. To qualify for the program, applicants must be Rhode Island residents age 65 years or older or residents between the ages of 55 and 64, who receive Social Security Disability (SSDI) payments. Applicants must meet specific income guidelines and be enrolled in a Medicare Part D plan. Applicants cannot be enrolled in LIS. Eligible RIPAE members can purchase medications covered by RIPAE at the RIPAE discounted price during the deductible phase of their Medicare Part D plan.

RIPAE eligibility is based on four tiers of allowable income. Members that fall into the lowest income group also receive auxiliary benefits, including a monthly telephone bill discount, free entry into state beaches, a discount on their cable bill when an extended cable plan is purchased, and extra time to have emissions testing performed on a vehicle.

Senior Medicare Patrol (SMP)

Through the Senior Medicare Patrol (SMP) program, DEA and its partners assist Medicare beneficiaries, their families and caregivers in preventing, detecting and reporting cases of fraud or abuse.

Each year, Medicare and Medicaid errors, fraud, waste, and abuse cost taxpayers and the healthcare industry billions of dollars. Fraudulent claims mean less money is available for affordable healthcare, which is central to living well.

Through SMP, fraud alerts are routinely distributed to notify beneficiaries of the latest healthcare scams. In 2017, 82 SMP volunteers provided over 8,300 hours of service to more than 12,000 members of the community.
The DEA Elder Rights & Safety Unit is responsible for receiving and investigating reports of elder abuse, neglect, financial exploitation and self-neglect of Rhode Islanders age 60 and older. Excluding self-neglect, acts of alleged abuse include those by a family member, caregiver, or person with a duty to care for the elder. Abuse may include physical, emotional, sexual, financial exploitation, or abandonment.

The After-Hours Emergency Response Program for Elders in Crisis was established by DEA in 2006 to address the need for a comprehensive response to elders in crisis after DEA’s normal business hours and on holidays and weekends. When a call is made to the assessment team at the After-Hours Emergency Response Program telephone line, the call will be screened and if necessary, a clinical assessment and/or intervention will be conducted either by phone or in person. The assessment team will also take routine reports, such as allegations of financial exploitation or reports of elder self-neglect. All reports are forwarded to DEA the next business day for screening and potential intake.

In FY2018, there were 1,502 reports of alleged elder abuse and 1,359 reports of self-neglect made to DEA.

Rhode Island’s Legal Services Developer provides legal information, referral and assistance to elders, families and caregivers. The Developer liaises with DEA grantees – the Rhode Island Bar Association (RIBA) and Rhode Island Legal Services (RILS). RIBA runs a lawyer referral network for the elderly, which links older Rhode Islanders with attorneys who can assist with any legal matters. The fees charged, if any, are based upon the elder’s income level.

RILS assists low-income older Rhode Islanders with certain legal issues, such as landlord-tenant, foreclosures, and tax/public benefit issues. In 2009, RILS received a grant from the Administration on Aging to enhance the delivery of legal assistance to older adults in Rhode Island. Through this grant, RILS is able to have the attorney who heads the elder-legal protection work at DEA one day each week.

RILS and DEA collaborate on outreach and education activities.

In 2018, DEA received an elder justice innovation grant to enhance operations and services under the Elder Rights & Safety (ERS) unit. The grant, totaling $977,008, is being used to:
- Deploy a new technology platform for tracking, monitoring, and reporting investigations of abuse, neglect, and exploitation, self-neglect and early intervention;
- Strengthen behavioral healthcare supports for clients;
- Strengthen training for ERS staff;
- And hold the state’s first summit on elder rights and safety.

Federal law holds DEA responsible for assuring the provision of long-term care ombudsperson (LTCO) services to investigate complaints lodged by elders and/or their advocates against long-term-care facilities. DEA meets this responsibility through contracting for ombudsman services with the Rhode Island Alliance for Better Long Term Care.

Upon issuance of the Administration on Aging’s final rule regarding States’ Long-Term Care Ombudsman Programs, ACL’s review found DEA’s regulations to be consistent with the final rule provisions. DEA has worked with both ACL and LTCO to update policy and practice – and conduct trainings to ensure continued compliance with the final rule.

In 2018, the Ombudsman responded to more than 570 complaints.
On a bi-annual basis, DEA awards six public/private housing complexes with a grant to increase security measures that benefit older adults and those with disabilities. The money funds security guard personnel, high tech security equipment, and/or structural safety improvements.

Under state law, and promulgated regulations by DEA, recipients of housing security funding must submit an annual security plan to include programs for resident security, educational programs, and general safety measures. Over the last four years, DEA has awarded competitive grants to successful applicants in the amount of $340,000, all of which is state general revenue funding.

The Executive Office of Health & Human Services contracts with a transportation broker to provide transportation for Non-Emergency Medical Transportation (NEMT), and the Non-Medicaid Elderly Transportation Program (ETP). ETP is for individuals age 60 years and older who are not Medicaid eligible and who are not getting transportation from the RIPTA Ride Program or from the Americans with Disabilities Act (ADA) Program.

The ETP Program provides transportation to and from medical appointments, adult day care, meal sites, dialysis/cancer treatment and the Insight Program. The Program requires a $2.00 co-payment for each trip segment.

At the onset of each state fiscal year, the Rhode Island Governor and General Assembly allocate general revenue funding to support community/senior centers throughout the state. This funding was doubled in state fiscal year 2019 – from $400,000 to $800,000. DEA, tasked with administering these designated grants, allocates funding to each Rhode Island municipality based on its relative percentage of the overall population of adults age 65 and older. This formula utilizes the most recent data available from the American Community Survey, put out by U.S. Census Bureau on an annual basis.

Each year, DEA makes over 40 awards to RI municipal and non-profit senior centers from this fund.

The Governor’s Centenarians’ Brunch is held each year during the month of May. Annual surveys conducted by DEA have consistently located at least 125 persons who were 100 years of age or older, including those who would reach their 100th birthday during the year.

Each year, more than 50 Rhode Island centenarians attend the event, which is the highlight of the annual observance of Older Americans Month.
DEA partners with the R.I. Chapter of the Alzheimer’s Association (RIAA) to provide caregiver support programs – funded, in part by Title IIIB and Title IIIE. Programming includes a telephone helpline, outreach to hard-to-reach caregivers, a state-wide caregiver conference – as well as education opportunities and support groups.

In 2018, DEA received an Alzheimer’s Disease Program Initiative discretionary grant from the Administration for Community Living for Community Living for a total project cost of $848,925. As part of this award, DEA is working to ensure the state’s system of supports is dementia-capable. Efforts in this project will focus on workforce training and the provision of direct service to persons living with dementia and their caregivers. During the duration of Rhode Island’s next State Plan on Aging, it is expected that significant work towards improving dementia capability will be achieved.

Project partners under this award include Catholic Social Services of RI, the United Way of RI (operates the primary POINT), Alzheimer’s Association-RI Chapter, Rhode Island College, RI Geriatric Education Center through University of Rhode Island, Healthcentric Advisors, and Hebrew SeniorLife. The institutions of higher education will focus on training of direct service providers and target primary care practices to improve detection, identification, care planning, and referral of individuals diagnosed with dementia to community providers.

Additional partners will engage in training for both persons with dementia and their caregivers to help with disease management and coping mechanisms.

Through Title IIIB funding, DEA awards four-year grants to community providers that help accelerate progress toward the goals identified in Rhode Island’s State Plan on Aging – as well as address targeted community needs that benefit at-risk populations.

DEA uses RFPs to guide the application process to encourage those eligible Title IIIB activities identified as priorities on an ad-hoc basis. Under the current set of awards, DEA listed the following activities as a priority for the state:
- Assistance with transportation services for community members;
- Language translation services to assist older individuals with limited-English speaking ability to obtain services under Title III of the OAA;
- Services that support family members and other persons providing voluntary care to older individuals who need long term care services and other supportive activities that meet the needs of caregivers;
- Financial counseling, as requested;
- Pre-retirement counseling;
- Services that enable older individuals to attain and maintain physical and mental well-being through programs of regular physical activity, exercise, music therapy, art therapy, and dance movement therapy;
- Health and nutrition education services, including information concerning health promotion, as well as prevention, diagnosis, treatment, and rehabilitation of age-related diseases and chronic disabling conditions;
- Services that encourage and facilitate regular interaction between students and older individuals, including services for older individuals with limited English proficiency and visits in long-term care facilities, multi-purpose senior centers and other settings.

The 2019-2023 RI State Plan on Aging’s list of outcomes and objectives will impact the next round of awards under this program, set to renew in 2022.
In 2018, under Title IIIB, DEA launched a pilot program in collaboration with partners at East Bay Community Action Program (EBCAP) and the East Providence Senior Center, called “Students for Seniors.” This program is designed to foster intergenerational relationships. In addition to sharing social time together, the relationships formed could also lead to the students providing help with minor chore services at some point in the future. Through the initial six months of the program, nine high school students and nine older adults have identified common interests and are matched, sharing time together one day a week.

All participants have reported improved quality of life, and East Providence Senior Center reports the older adult participants are electing to participate in additional programs offered through the senior center.

In 2018, under Title IIIB, DEA launched a pilot program in collaboration with the Rhode Island Department of Health’s Bristol Health Equity Zone (HEZ), bringing nutrition education, socialization and fresh, locally-grown produce to older adults living in the community through meal preparation classes. The program also offers transportation to the classes and sends the participants home with a “meal in a bag” so they may replicate the recipe demonstrated.

The HEZ initiative encourages and equips neighbors and community partners to collaborate and create healthy places for people to live, learn, work and play. The Bristol HEZ is focused on: improving nutrition and access to healthy foods; promoting physical activity; facilitating community public health events; facilitating health literacy classes and health screenings; offering diabetes prevention programs; and, working with community providers to implement interventions that will improve local healthcare systems.

For the period October 2018 to February 2019, there have been 266 meals prepared by older adults as part of this initiative.

RHODE ISLAND’S “OCEAN STATE SENIOR DINING PROGRAM” consists of one statewide provider of home delivered meals, Meals on Wheels of Rhode Island (MOWRI) and six congregate meal providers, with more than 50 locations statewide. Meal site locations include senior centers, elderly housing complexes, and community centers. Provider partners include Blackstone Health Inc., East Bay Community Action Program, Meals on Wheels of Rhode Island, Narragansett Indian Tribe, Senior Services, Inc., and West Bay Community Action, Inc.

In 2014, meal sites began offering “café” menus – in addition to the traditional, hearty lunchtime meal. These menus include pub-style sandwiches and salad options to appeal to the increasingly active senior population. A restaurant voucher program is also available in select communities, allowing participants to enjoy a free meal at participating local eateries, including Chelo’s, IHOP, and Newport Creamery.

Food insecurity rates in Rhode Island are higher than national averages, reinforcing the importance of safety-net food and nutrition programs in the state. Last year, Rhode Island’s congregate meal program served 304,060 meals, while the homedelivered program served 236,768 meals (Title III only).
Appendix

Business Acumen & Partners

In line with our performance focus area, we will work with our partners over the next four years to improve their business acumen. Strengthening capacity across our network is key to best serving consumers.

Network Redesign:
Under Rhode Island’s new State Plan on Aging, the aging and disability resource network will be enhanced. More robust training opportunities, engagement, and streamlined processes across organizations will be introduced and help strengthen partners’ business acumen.

Data & Technology:
We work with all grantee agencies to improve their data collection and grant reporting and to help partners understand the importance of good data practices to their business. Beginning in 2019, we will pilot deployment of active contract management to partner organizations – in addition to introduce new technology that will enhance case management coordination across community living and elder rights & safety programs.

Interagency Coordination:
- Under the ACL Lifespan Respite grant, we are working to strengthen Rhode Island’s newly established Family Caregiver Alliance. With our partners, we will develop and implement a robust marketing communications plan over the next two years and increase engagement and coordination with state agency partners that serve caregivers across the lifespan.
- To maximize resources and enhance partners’ capacity, we are coordinating with state health and human service agencies who have a shared goal of developing and expanding community partnerships that help connect people with social supports. For example, we are working with Rhode Island’s Department of Health to 1) grow our state’s health equity zone initiative, which brings local organizations together to address community-identified needs, such as food access, housing, and/or transportation; and 2) expand evidence-based health and wellness programs across the state.
- To better promote socialization among homebound elders and intergenerational understanding, we are working with partners to grow the Senior Companion and Students for Seniors programs. Formal and informal community social supports have been identified as an important component to community living which our State Plan on Aging embraces whole-heartedly.
- Through public/private partnerships, such as Governor Raimondo’s Hunger Elimination and Overdose Prevention & Intervention Task Forces, we are supporting the state’s broader efforts to address critical issues, such as mental illness, addiction, and food insecurity. Our work centers around better coordinating programs and initiatives across the state that connect people with needed resources.
### FEDERAL FUNDS

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIIB - Supportive Services</td>
<td>2,700,000</td>
</tr>
<tr>
<td>IIIC1 - Congregate Meals</td>
<td>2,200,000</td>
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<tr>
<td>IIIC2 - Home-delivered Meals</td>
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<tr>
<td>IIID - Preventive Health</td>
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<tr>
<td>IIIE - Family Caregiver</td>
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<td>Total Title III</td>
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<tr>
<td>Ombudsman</td>
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<tr>
<td>Elder Abuse</td>
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<td>Total Title VII</td>
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<tr>
<td>Other Federal Funds</td>
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<tr>
<td>Senior Companion Program</td>
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<tr>
<td>Nutrition Services Incentive Program</td>
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<tr>
<td>MiPPA Medicare Enrollment Assistance</td>
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<tr>
<td>State Health Insurance Assistance Program</td>
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<tr>
<td>Senior Medicare Patrol</td>
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<td>Commodity Supplemental Food Program</td>
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<td>RI Respite Across the Lifespan</td>
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<tr>
<td>Elder Abuse Prevention Initiative</td>
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<td>Alzheimer Disease Program Initiative</td>
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<td>Benefits Enrollment NCOA Subaward</td>
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<tr>
<td>CNOM - Case Management</td>
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<tr>
<td>CNOM - Co-Pay Day Care</td>
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<td>CNOM - Co-Pay Home Care</td>
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<tr>
<td>Medicaid - Administrative Match</td>
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<td>Medicaid - Case Management</td>
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<td><strong>Total Federal Funds</strong></td>
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<td><strong>Total - All Funds</strong></td>
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### STATE FUNDS

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<td>Administrative Services</td>
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<td>Medicaid Administration</td>
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<td>CNOM - Case Management</td>
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<td>CNOM - Co-Pay Day Care</td>
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<td>CNOM - Co-Pay Home Care</td>
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<td>Community Service Grants</td>
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<td>In-Home Services for Elderly</td>
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<td>Protective Services</td>
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<td>Senior Companion Program Match</td>
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<td>Senior Medicare Patrol Match</td>
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<td>Volunteer Guardian Program</td>
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<td><strong>Total State Funds</strong></td>
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### RESTRICTED RECEIPTS

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**Notes:**
- Federal estimates based on FFY 2019 funding levels
- State estimates based on Governor's Recommended SFY 2020 funding levels