

RHODE ISLAND DEPARTMENT OF ELDERLY AFFAIRS
STATE PLAN ON AGING
OLDER AMERICANS ACT OF 1965 As Amended
October 1, 2007 – September 30, 2011

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Letter from the Director

I. Verification of Intent

The Rhode Island State Department of Elderly Affairs State Plan on Aging (“State Plan on Aging”) is hereby submitted for the State of Rhode Island and Providence Plantations for the period October 1, 2007, through September 30, 2011. Included are all assurances and plans to be implemented by the Rhode Island Department of Elderly Affairs under provisions of the Older Americans Act of 1965, as amended through Public Law 109-365, enacted October 17, 2006, (the “Act”).

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

The State Plan on Aging for Federal Fiscal Years 2008 through 2011, hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

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

Corinne Calise Russo, MSW
Director
Rhode Island Department of Elderly Affairs

Date

I. Executive Summary

This State Plan on Aging is submitted in compliance with Section 305(a) (1)(A) of the Older Americans Act of 1965, as amended through Public Law 109-365, enacted October 17, 2006. The Department of Elderly Affairs (“DEA”) is the designated State Agency on Aging for the State of Rhode Island and has chosen to continue to designate Rhode Island as a single planning and service area. This State Plan on Aging includes all assurances for state agencies and area plans as detailed in the Older Americans Act as amended. This State Plan on Aging will cover the federal fiscal years from 2008 through 2011. **Amendments to this Plan will appear in bold and underlined type on pages 4, 8,10,11,14,18,23,24,34,35,37,46,48,49,50,51,52,53,56,57,58,66,67,68,69,70, 71,72,73,74,75, and 78.**

Created in 1977, the Rhode Island Department of Elderly Affairs is the:

“principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop, and implement innovative programs to insure the dignity and independence of elderly persons,”

Rhode Island is home to 197,574 persons over the age of sixty (60). This constitutes over eighteen percent (18%) of the population, ranking Rhode Island sixth in the United States for percentage of population over the age of sixty (60). As discussed below in the Statement of Need, Rhode Island leads its New England neighbors in percent of population over the age of sixty (60) (see Table 1 within document).

Rhode Island has no official rural areas. According to the Federal Information Processing Standards (FIPS) codes, four (4) of Rhode Island’s five (5) counties are “metropolitan” (Bristol, Kent, Providence, and Washington); and Newport County is “non-metropolitan”, being an “urban population of twenty thousand (20,000) or more, adjacent to a metropolitan area”. None of the five (5) counties in Rhode Island meet the new definition of a completely rural area (see the web site of the Economic Research Service of the U.S. Department of Agriculture, August 21, 2003). Despite the federal designation of our state as totally non-rural, DEA continues to pay special attention to a number of areas where the population resides primarily on farms or large plots of land. This segment of Rhode Island elders faces particular challenges, such as transportation.

Mandated assurances of compliance with provisions of the Older American Act can be found attached hereto as Appendix D.

Goals for the Rhode Island Department of Elderly Affairs’ State Plan on Aging consistent with our ambitious mission and vision for a comprehensive system of home and community based services for FFY 2008 through FFY 2011 are as follows:

1. To enable elders to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including but not limited to, supports for family caregivers.

2. To empower older people to stay active and healthy through Older Americans Act services, including but not limited to evidence-based disease and disability prevention programs.
3. To ensure the rights of older people and prevent their abuse, neglect and exploitation.
4. To empower older people and their families to make informed decisions about, and be able to easily access, existing home and community-based options.
5. To ensure that elders and adults with disabilities have the transportation available to them needed to maintain an active and engaged life in the community.

Objectives to support these Goals are detailed in **Section XI** below.

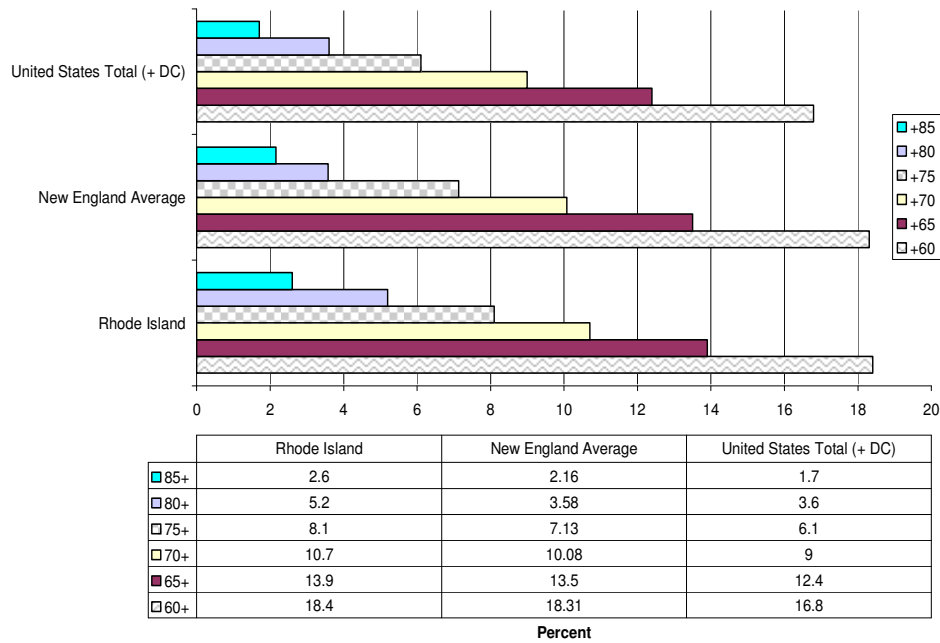
Finally, the Rhode Island State Plan on Aging provides a review of how DEA will provide both mandated and additional services to Rhode Island elders and adults with disabilities. For example, under the State Plan on Aging the Rhode Island Department of Elderly Affairs through its grantee agencies will continue to ensure that priority is given to services for low income minority elders and those in economic and social need. Item “C” (5) in Appendix D, # IV “Assurances”, assures the Administration on Aging (AoA) and the citizens of the State of Rhode Island that DEA will, to the best of its ability, implement the provisions of the Older Americans Act of 1965, as amended through Public Laws 109-365, enacted October 17, 2006.

III. Statement of Need

The Rhode Island Department of Elderly Affairs (“DEA”) has taken the lead in building a collaborative relationship between the Aging Services Network, sister state agencies, elder advocates, and consumers to strengthen and develop programs and resources to enhance the lives of Rhode Island elders. The Department’s continuing leadership, visibility and strategic management of resources will ensure that the needs and issues of Rhode Island’s elders are addressed. DEA will continue to focus on strategies that enhance partnerships, integrate programs, and leverage funds to minimize service gaps and provide needed service enhancements that support elders, adults with disabilities and their caregivers. Maturing baby-boom cohorts, sharp declines in mortality, and dramatic increases in the minority and adults with disabilities community will exacerbate the challenges faced by a full range of social institutions and human service programs.

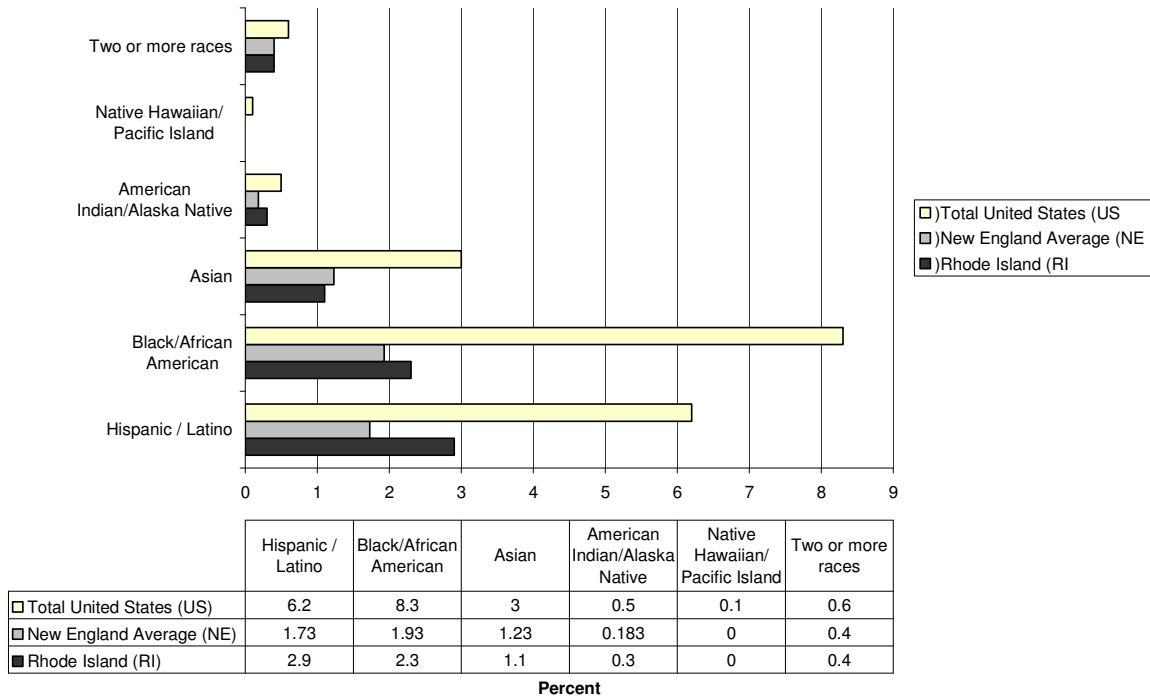
Rhode Island has 197,574 citizens sixty (60) years of age or older – over eighteen percent (18%) of the population. The state ranks sixth in the nation in the percent of persons over age sixty-five (65), with persons age seventy-five (75) and older being the fastest growing cohort. Census data supplied by AoA in November 2006 states that 86,855 Rhode Islanders are age seventy-five (75) and older.

Table 1: Selected Age Group Percentages for Rhode Island, New England, and United States 2005 est.



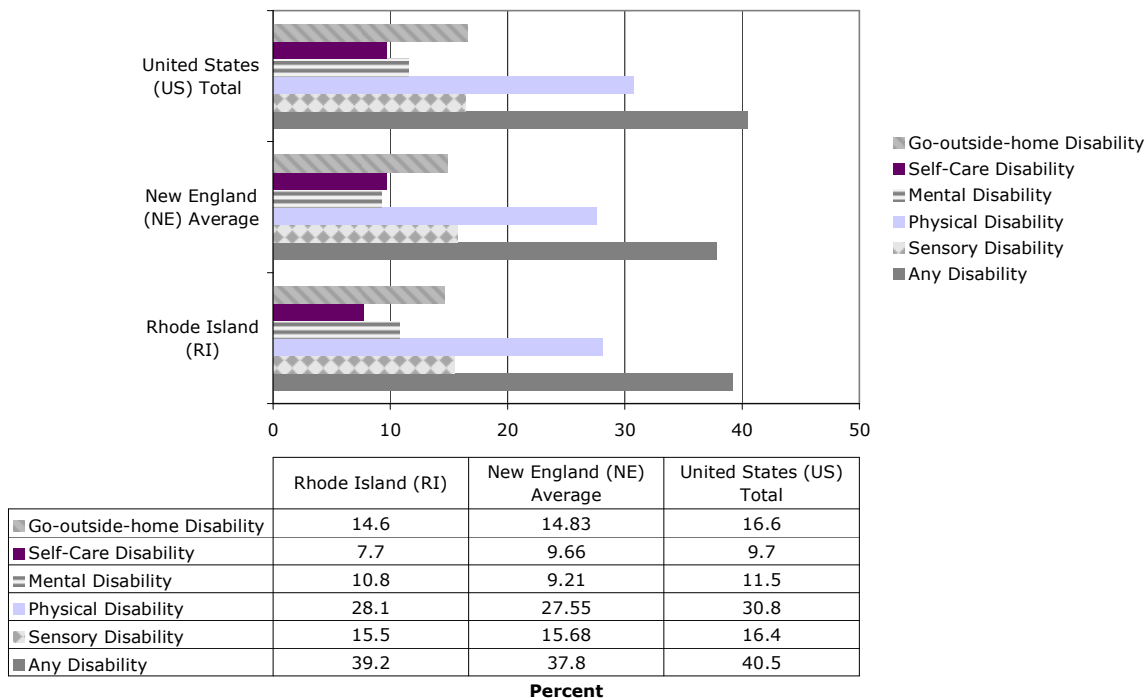
Trends indicate continuing expansion within Rhode Island’s minority groups; particularly, in the African American, Hispanic and Asian communities.

Table 2: Percent of Minority Persons 65+ in RI, NE, and US 2005 est.



Adults with disabilities who receive services from sister state agencies are eligible for DEA services when they reach age fifty-five (55). As with the State of Rhode Island’s aging population, Rhode Island’s community of adults with disabilities is large and growing. There are approximately 116,000 adult Rhode Islander’s with disabilities, representing twenty percent (20%) of the population.

Table 3: Persons 65+ with Disabilities in RI, NE and US 2005 est.

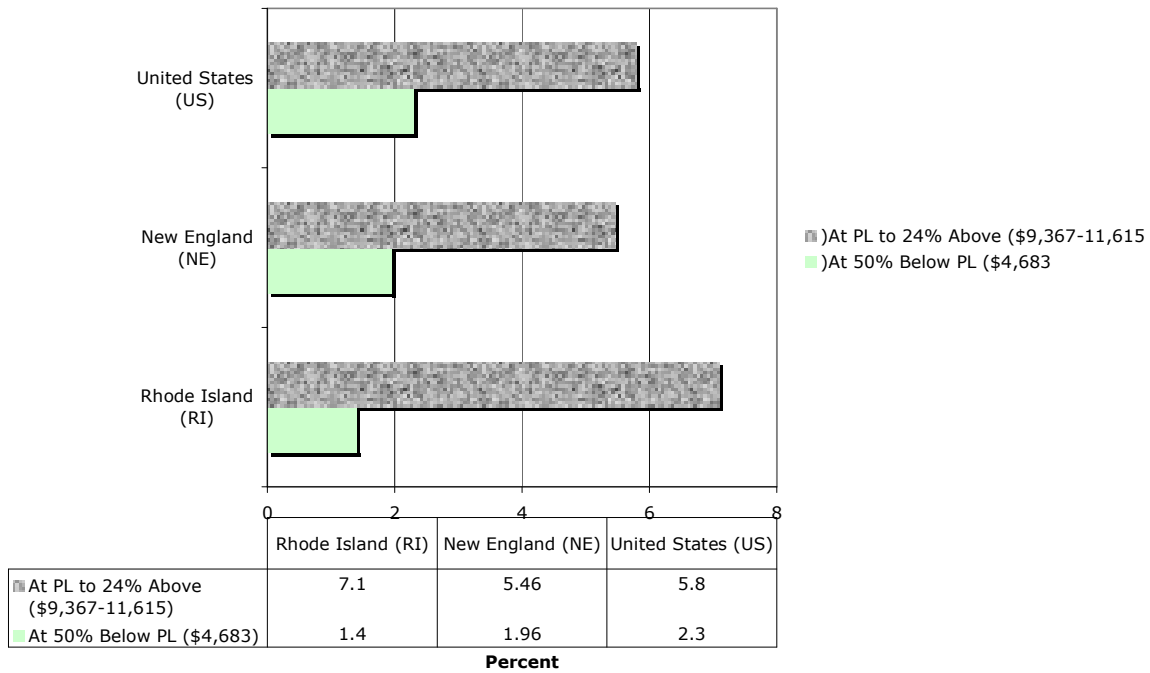


For persons sixty-five (65) and over, approximately forty percent (40%) live with disabilities. While some access Medicaid for their health and community support needs, they clearly represent a significant portion of Rhode Island’s population and will bring to the long term care support system a number of needs. We anticipate a growing demand for supportive services to assist with developmental disabilities, behavioral and mental health services. The chronic illnesses and disabilities of these individuals become more challenging as they age and acquire additional age-related illnesses and disabilities. The cost of care increases and provides programming challenges to the traditional elder services system.

Traditionally, strategic state plans on aging have been written with a fictional elderly person in mind. This elder person is a good natured individual who has always been a productive citizen. Instead of specifically planning for elders with long-standing behavioral and other challenges, ex-offenders, and persons who find the American culture somewhat alien, long term care plans have treated this increasing population as exceptions. In fact, meeting the needs of the “exceptions” occupies so much time and resources that meeting the needs of the fictional elders falls short.

A number of Rhode Island elders are poor. As their need for medical care increases with age, these individuals will place a strain on Medicare and other social security programs.

**Table 4: Persons 65+ at Selected Poverty Levels in RI, NE, US
2005 Poverty Level (PL)=\$9,367**



We are well aware of the challenges posed by the more vocal and assertive “Baby Boomers” and are taking steps to develop programs and services they will find useful. Many of these individuals have pensions and other resources. Given the longer life expectancy, DEA will work with this population to develop partnerships in which the cost of programming is shared between the government and those it serves.

DEA has recently revised the Co-Pay Program under the Global Waiver. Now considered a program eligible for federal cost sharing, the Co-Pay Program has been redesigned to provide services to non-medicaid eligible seniors over the age of 65 whose income does not exceed 200% of Federal Poverty Limit. These seniors must meet the functional requirements for the program as well.

Rhode Island’s Cash & Counseling Program, *Personal Choice*, is one example of a successful partnership between clients and the state. Individuals make decisions about how to spend the Medicaid dollars for which they qualify. The Independent Transportation Network, now under study for adoption in Rhode Island, allows individuals to pay for transportation anywhere they want to go or to barter rides by driving or having a friend or relative drive for others.

Rhode Island’s Pharmaceutical Assistance to the Elderly Program (RIPAE) and its Home & Community Care Co-Pay Program require small contributions from recipients based on their individual or couple membership income. DEA is researching the possibility of cost sharing in the Home and Community Care Program.

A health prevention partnership has begun in Rhode Island by the Department of Elderly Affairs between the Department of Human Services, the Department of Health, the Department of Mental Health, Retardation and Hospitals and the Gerontology Center at

Brown University. The Stanford University Chronic Disease Self-Management Program (CDSMP) was launched in 2006 to teach elders and others with chronic illnesses and disabilities how to manage their conditions. Data gathered in several nations that have adopted the CDSMP show fewer emergency room visits, fewer physician office visits and higher health status self-ratings.

Details of the development of these innovative programs can be found in the Objectives and in various text in following sections of the within State Plan on Aging.

IV. Mission Statement

The Rhode Island Department of Elderly Affairs adopted the following Mission Statement and Guiding Principles in March, 2007:

To ensure excellence in service, advocacy and public policy dedicated to the needs of older Rhode Islanders, their families, caregivers and adults with disabilities through a single, visible and responsive agency.

We seek to accomplish our mission by ensuring that programs and services are user-friendly, consumer-directed and delivered in the least restrictive environment.

The Guiding Principles for carrying out this Mission are a Consumer-Driven Agenda and an emphasis on Consumer Rights:

- Listen, respond and react to the needs of older Rhode Islanders, their families, caregivers and adults with disabilities with respect, courtesy, patience and dignity. Target services to elders in greatest need, and those who are frail and at-risk.
- Protect the rights and confidentiality of our consumers through adherence to laws, polices, and procedures. Ensure integrity of information and equitable access in a manner that is culturally sensitive and equitable.

Quality Assurance. Sustain and promote full adherence to the highest ethical standards and operating procedures in the development of policies and delivery of programs and services.

Partnerships. Foster partnerships that optimize all federal, state, and local resources to support a community-based system of care, seeking to refine and expand services reflective of consumer and caregiver needs.

Advocacy. Serve as an effective statewide advocate for the needs of older persons, their families, caregivers and adults with disabilities.

V. Organizational Structure

The Rhode Island Department of Elderly Affairs (“DEA”) was created in 1977 by Title 42 Chapter 66 of the Rhode Island General Laws, which prescribes the organization and function of the Department. The Department is a cabinet level agency, led by a Director

who is appointed by the Governor. A full time staff of 46.0 full-time equivalents (“FTE”) carries out the responsibilities of the Department with an annual budget of approximately forty-three (43) million dollars. DEA is charged with the role of advocate for elders and persons with disabilities.

See DEA organizational chart as Appendix B.

The DEA administers Older Americans Act funding under Title III for Senior Nutrition; Abuse / Protective Services; Information, Referral and Assistance, and the Long Term Care Ombudsman. Staff administers over one hundred (100) community-based grants to regional nutrition projects; senior centers; older volunteer programs; regional case management agencies; adult day program services and specialized programs for hearing and visually impaired elders. Staff also administers employment programs providing job development, job counseling, and training for older workers funded with Federal Title V monies and the Senior Job Bank and senior companion services. The DEA administers statewide health promotion/disease prevention activities for low-income minority elders through local senior centers and community-based agencies and continues its development of a Center on Diversity. In addition, staff is responsible for program monitoring, policy, planning and program development and providing technical assistance, informational resources to all community grant recipients and local municipalities in the development of local senior programming.

The Home and Community Services staff administers the Department’s Home and Community Care Program. It provides case management service; homemaker/home health aide; adult day services and respite services to eligible frail elders, their families and caregivers in order to keep them independent and living in the community while providing respite and support to family and friend caregivers. The National Aging Program Information System (“NAPIS”) is the tool used by staff to prepare and report annual program statistics to the Administration on Aging (“AoA”) of Older Americans Act (“OAA”) service activities. The SAMS client database, a product of Synergy, Inc., is utilized by adult day services providers and providers of case management services. SAMS supplies client and service delivery data vital to tracking service delivery and to monitoring and evaluating home and community care programs.

In cooperation with the Rhode Island Department of Human Services (“DHS”), DEA enrolls eligible individuals into the DEA Home and Community Care Medicaid waiver that offers both home care services and assisted living services. During the past two (2) years, DEA has also begun to enroll elders in Rhode Island’s Cash & Counseling Program, *Personal Choice*, again in cooperation with DHS and with the regional Case Management Agencies.

DEA administers the Rhode Island Pharmaceutical Assistance to the Elderly Program (“RIPAE”), the statewide specialized Paratransit Program for the Elderly and adults with disabilities (“Ride”), and the Elderly Housing Security Program. and Low Income Home Energy Assistance Program (“LIHEAP”). DEA is responsible for the statewide monitoring and provision of technical assistance to all agencies administering the LIHEAP. Title III program funds are awarded in compliance with Older Americans Act requirements to target low income, minority older persons. The Department is the state agency responsible for administering family support services

under the National Family Caregiver Support Program (“NFCSP”) enacted in the 2000 Older Americans Act Amendments. The NFCSP further enhances Rhode Island’s ability to develop initiatives that support informal caregivers’ access to information about available services, caregiver training, caregiver support groups, respite care and other supplemental services coordinated with agencies having working relationships and reputations for providing quality supportive services. All these above listed programs create a system of supports and services critical to elders, their families and caregivers in maintaining and supporting their independence with dignity.

VI. Background and Accomplishments

Background:

The focus of the Department of Elderly Affairs is the provision of a comprehensive network of community-based services to those sixty (60) years of age and older. DEA licenses the State’s nineteen (19) adult day services centers, provides pharmaceutical assistance, ~~monitors the delivery of the State’s heating assistance program~~, provides health insurance counseling (“SHIP”), care management, and respite, along with a variety of informational, assistance and referral services. The Department’s referral and assistance services include the Department’s Aging and Disability Resource Center (“ADRC”), known as THE POINT. The nutrition program provides over 1.2 million meals annually ~~and twelve thousand (12,000) elderly and handicapped Rhode Islanders are served through DEA’s paratransit program~~. Further, the State Unit on Aging provides housing security, legal information and assistance, senior Medicare Patrol and statewide Respite Care services.

Accomplishments:

During the past twenty-six (26) years, the Rhode Island Department of Elderly Affairs has worked diligently with sister state agencies, long-term care advisory groups and local municipalities to develop a compassionate network of grass roots programs to serve Rhode Island’s elders. Among the accomplishments of the Department since the last State Plan on Aging was approved for FFY-2004 through 2007, are the following items in the areas of Department Initiatives, Service Enhancements and New Programs:

DEPARTMENT ACCOMPLISHMENTS: FY 2004 through 2007

- Effective July 1, 2007, DEA will establish and implement a regional system of seven (7) community information specialist agencies, one (1) of which will be designated a statewide minority agency that will offer information, referral and assistance to older consumers, families, caregivers, professionals and adults with disabilities. Information resources, data collection and ongoing training will provide support for these agencies. Agencies have been designated to become a partner with Rhode Island's ADRC, ("THE POINT") network of services.
- Expanded Ombudsman Services to include Assisted Living Facilities and Home Care Agencies and facilitated legislative changes to the DEA enabling statutes to support and enhance ombudsman service provision.
- Led transformation of DEA Elder Mental Health Task Force into the Elder Mental Health Coalition, thereby expanding scope of work and target audience.
- Conducted site visits and assisted all nineteen (19) Adult Day Services Programs to maintain licensure.
- Improved access to health education and prevention screenings for elders who traditionally do not access health services through the development of Health Promotion Grants to community agencies serving minorities.
- Established with the Rhode Island Department of Human Services a cost allocation plan for Medicaid allowable expenditures.
- Obtained three (3) years of Federal Advanced Performance Outcome Measures Project ("POMP") grant funding from the Administration on Aging. Participated with nine (9) other states in developing measures designed to demonstrate nursing home diversion and quality service delivery in various Older Americans Act programs.
- Revised and promulgated rules, regulations and standards for certification of Rhode Island's six (6) regional case management agencies.
- Implemented, with the Rhode Island Department of Human Services, an incentive payment plan for home care services that rewards agencies that demonstrate adherence to quality standards.

DEPARTMENT ACCOMPLISHMENTS: FY 2004 through 2007

- Increased access for elders and their caregivers to information, referral and assistance regarding legal services through outreach, training, and responding to individual caller inquiries.
- Provided Home and Community Care Services to over three thousand (3,000) low income elders annually through state-funded and Medicaid waiver programs, including the DEA Community Waiver that provides home care and assisted living.
- Implemented a two hundred (200) person Assisted Living waiver for Medicaid eligible adults in FY2000 and secured CMS approval to extend waiver through FY2007; program currently filled with waiting list of seventy (70).
- Provided aging network professionals with “Elders at Risk” training in the appropriate use of emergency mental health services.
- Increased placement of individuals trained under the Senior Community Service Employment Program (“SCSEP”) from twenty percent (20%) to thirty-three percent (33%).
- Began in 2003 to publish the annual *Pocket Manual of Elder Services* and the *Information Monthly* in Spanish, as well as English, with total distribution of approximately fifty thousand (50,000) per issue.
- Provided caregivers over the age of sixty (60) with respite through placement of children they are raising in summer camp and school vacation programs through KIDKAMP Connection scholarships to the children.
- Developed, funded and implemented an After Hours Emergency Response Program for Elders in Crisis in cooperation with a community social services agency and public safety personnel to ensure that vulnerable elders have access to protective services twenty-four (24) hours a day, seven (7) days a week.
- Legislature passed law to add representatives from the Fire Chiefs’ Association and the State Fire Marshall’s Office to the membership of the legislatively established Citizens’ Commission for the Safety and Care of the Elderly which supports training programs for public safety personnel who serve and educate vulnerable elders.
- Developed a strong working relationship with the newly established Elder Abuse Unit within the Department of Attorney General in an effort to increase prosecutions in cases of elder abuse and exploitation.

DEPARTMENT ACCOMPLISHMENTS: FY 2004 through 2007

- Built the National Family Caregiver Program—“Partners in CaRling”—on a foundation laid by home care and respite services funded by the state and by an Alzheimer’s Demonstration Grant to support caregivers of elders and grandparents and other relatives raising grandchildren.
- Developed a network of community-based support services for families caring for victims of Alzheimer’s disease. Funded by the Administration on Aging, this demonstration project expanded respite care, developed curriculum for certified nursing assistant (“CAN”) training, provided safety assessments and developed a model for consumer/family-directed respite care.
- The statewide guardianship program, implemented in early 2001 in cooperation with Rhode Island Family Court is now being led by a recently hired, highly qualified Legal Services Developer. This individual has refined program direction, implemented program enhancements and instituted increased monitoring and reporting.
- The DEA Legal Services Developer is integrally involved in tax lien abatements, assisting elders to maintain residency in their homes by avoiding unnecessary sale of their residential properties. The Legal Services Developer assists the Housing Security for the Elderly Program in performing compliance reviews and interpretation and revision of the housing security rules and regulations for elders residing in designated public/private housing. **The RIDEA is in the process of hiring a Senior Housing Specialist and expects this position to be filled by mid September 2009. The new hire will be responsible for all issues related to the Housing Security for the Elderly Program, and will include performance of duties related to the Legal Services Developer as is related to housing issues.**
- Rhode Island’s State Pharmaceutical Assistance Program (“SPAP”): RIDEA received a two (2) year grant from CMS (1.9 million each year) directed at Rhode Island Pharmaceutical Assistance to the Elderly (“RIPAE”), our SPAP program members educate them and provide technical assistance in enrolling elders into the new Medicare Prescription Drug Plan (popularly known as Part D). Funds were used to educate community counselors including SHIP volunteers; and to develop educational materials and a mass advertising campaign. In addition, community partner grants provided help to elders and family members with questions and those needing hands-on assistance. Finally, some funds were used to conduct a complete re-certification of every person on RIPAE. Over sixteen thousand (16,000) freshly certified individuals joined RIPAE, of whom over seventy-five percent (75%) also became members of a Medicare Part D program.

- Revised HIPAA-compliant policies and procedures on confidentiality for DEA employees and all grantees and contractees; and provided in-service training on implementation of these policies and procedures. Worked with Protective Services to revise and promulgate policies and procedures related to abuse, neglect and self-neglect.

DEPARTMENT ACCOMPLISHMENTS: FY 2004 through 2007

- Developed DEA Training Academy which presents training sessions on a monthly basis to aging network staff on various topics.
- Developed and promoted new reverse mortgage legislation.
- Developed a consultation resource with the Department's attorney regarding legal issues and interventions that affect Protective Services clients. Drafted and promoted state legislation to add self-neglect to Rhode Island's elder protective services statute.
- **ADRC:** The Rhode Island Department of Elderly Affairs has received funding to establish an Aging and Disability Resource Center ("ADRC") in Rhode Island called THE POINT. The first grant cycle enabled the Department to establish a high quality Information and Referral ("I & R") system providing accurate and timely information on a wide variety of programs. This Department effort has included a dedication to serving caregivers of this community and developing outreach strategies, such as web based mechanisms, which respond to current approaches to information gathering. The Rhode Island Department of Elderly Affairs was awarded funding for a second cycle that will the Department to expand programs by creating "store front" centers around Rhode Island that will facilitate the needs of those who choose to "walk-in" or who need face to face assistance.
- **SHIP:** The Rhode Island Department of Elderly Affairs has received funding for our State Health Insurance Program ("SHIP") for over a dozen years. A Request for Proposal was circulated and a consulting firm was identified to develop a strategic program that includes the development of detailed training materials, certification procedures to advance the coordination, training and deployment of SHIP volunteers and other providers in the community.
- **SMP:** The Rhode Island Department of Elderly Affairs for the first time applied for and was granted funding by the AoA for the State Medicare Patrol ("SMP") program. The purpose of this long standing federal initiative is to educate Medicare consumers about fraud and abuse and help them report Medicare fraud and abuse. This program is now being managed in concert with our SHIP program and provides an important new state-wide effort directed at the State's elders and disabled individuals.
- **Medicare Part D Outreach:** The Rhode Island Department of Elderly Affairs received a grant from the National Center for Older Americans in outreaching

minority and other hard-to-reach populations as part of the national Medicare Part D outreach effort. This program was directed at persons who may or may not have benefited from the SPAP program outlined above.

VII. Key Stakeholders and Consumer Input

The Rhode Island Department of Elderly Affairs continues its long-standing practice of working collaboratively with a wide range of community organizations, institutions of higher education, advocates and sister state agencies to enhance services to elders.

Collaboration ranges broadly from program planning to service coordination to consultation and technical assistance. The Department relies on its partners throughout the State to continuously inform its efforts and support it in making changes that benefit Rhode Island's older citizens and adults with disabilities.

In developing the State Plan on Aging for FFY 2008 – 2011, the Rhode Island Department of Elderly Affairs reviewed the past four (4) years' work of numerous planning initiatives and specialized task forces, as well as standing consortia, advisory committees and stakeholder organizations.

The following are brief descriptions of the Rhode Island Department of Elderly Affairs' major partners whose efforts and suggestions have helped to frame this State Plan on Aging (FFY 2008 – 2011):

A. Elder Advocates

Coalition for Diverse Elder Services: In 2001, the Rhode Island Department of Elderly Affairs convened this coalition of forty-five (45) organizations to assist the Department in addressing and mobilizing programs and services that are accessible and responsive to elders who are members of Rhode Island's minority communities (the "Coalition"). The Coalition members include, but are not limited to: the Rhode Island Indian Council, the Center for Hispanic Policy and Advocacy, Senior Action in a Gay Environment, the Vietnamese Society of Rhode Island, the Cambodian Society, the Cape Verdean American Community Development Association, the Haitian Community, the Rhode Island Black Nurses Association and French Speaking African Countries.

The Coalition is focused on program development, policy planning and advocacy within the framework of elder minority constituent needs. Two (2) successful efforts of the Coalition's collaboration with the present development of the Rhode Island Department of Elderly Affairs' Center on Diversity are: Provided technical assistance to Progreso Latino, a community-based service provider, in designing a nutrition demonstration program and helped secure ninety thousand dollars (\$90,000) in funding for the Latino Elder Nutrition Wellness Meals Demonstration Program; and assisted the Hope Alzheimer's Adult Day Services Center to obtain ten thousand dollars (\$10,000) in funding to design a program to attract and serve Latino elders and their families.

Rhode Island Advisory Commission on Aging. The Commission was created by state law (R.I. Gen. Laws § 42-66-7) and is within the Rhode Island Department of Elderly

Affairs and is comprised of twenty-five (25) members. The make up and appointment of Commission members is as follows: four (4) Commission members are from the general assembly, twenty-one (21) Commission members are appointed by the Governor, thirteen (13) Commission members are elderly consumers representing elder Rhode Islanders. A critical issue currently being studied by the Commission is that of elderly drivers, with the goal of creating a viable policy that protects the independence of elders while safeguarding the motoring public at large.

Rhode Island Forum on Aging. The Forum on Aging (“Forum”), a sub-committee of the Advisory Commission on Aging, is comprised of the President of each elder advocate group. The Forum conducts and coordinates educational sessions and meetings on a variety of aging issues to elders statewide. It also disseminates informational materials on aging issues in order to better educate, increase public awareness on aging and health issues, and to improve the quality of lives of all elder Rhode Islanders. The Forum promotes the delivery of improved programs and services for elders, and lobbies the state legislature for appropriate legislation and funding for elder services.

The Silver Haired Legislature. The Silver Haired Legislature was established in 1981 to provide Rhode Island elders with a practical knowledge of, and hands-on experience with, the process of state government, and, in particular, with the Rhode Island General Assembly. A mono-cameral body, the non-partisan, non-profit Silver Haired Legislature is composed of seventy-five (75) elders representing each Rhode Island legislative district. The Silver Haired Legislature meets regularly and convenes in general session each November to debate issues, develop resolutions and recommend legislation to state and national officials. Throughout the year, the Silver Haired Legislature remains in contact with the leadership of the Rhode Island General Assembly.

The Long Term Care Coordinating Council. The Council was established in 1987 to bring together leaders from the private and public sectors to coordinate the state’s long term care agenda. The work of this thirty-five (35) member committee includes the development of a Long Term Care Plan for Rhode Island and a set of goals and objectives for implementation of the State Plan on Aging. The Rhode Island Department of Elderly Affairs staff participates in the efforts of the Long Term Care Coordinating Council (“LTCC”), provides information and technical support as needed, and participates in subcommittee activities. The goals and objectives of this group parallel those of this State Plan on Aging.

Alliance for Better Long Term Care. This non-profit organization provides ombudsman services to Rhode Island elders under contract with the Rhode Island Department of Elderly Affairs. The Alliance for Better Long Term Care (“Alliance”) is also a vocal advocate for elders in the various long term care settings, including nursing homes and assisted living facilities, and in situations in which a licensed home care agency is delivering services within a private home.

Home and Community Care Advisory Committee. This twenty-three (23) member advisory group, mandated by Rhode Island General Laws § 42-66.3-8, was established for the purpose of advising the Director of the Rhode Island Department of Elderly Affairs about the needs and concerns of home and community care services care recipients. Prescribed membership on this Advisory Committee includes representatives

of the Governor's Commission on Disabilities, several state agencies, certain provider groups, AARP and several members appointed by leaders of the Rhode Island State Legislative Assembly. Among the issues recently addressed by the Advisory Committee is the implementation of a cost sharing system for home and community care services. Each year the Advisory Committee calls the public's attention to the excellent work done by both professional and family caregivers through an awards ceremony at the Rhode Island State House during Older Americans Month.

Elder Mental Health Coalition. The Elder Mental Health Coalition is comprised of representatives of the Department of Elderly Affairs, the Department of Mental Health, Retardation and Hospitals, the Department of Human Services, the Department of Health, Rhode Island Community Mental Health Organizations, mental health advocacy groups and consumers. The mission of this Coalition is to promote collaboration between aging and mental health service providers, coordinate shared training, identify system issues and challenges in the field of elder mental health and advocate on behalf of elders and their caregivers.

Gray Panthers of Rhode Island. The Gray Panthers advocate for affordable health care, housing and transportation for elders, as well as a variety of other programs and services of interest to the elderly and to adults with disabilities.

Senior Agenda Coalition of Rhode Island. The Senior Agenda Coalition of Rhode Island brings together several groups that advocate for elder issues such as pharmacy assistance, the Senior Nutrition Assistance Program, transportation and energy assistance.

Governor's Commission on Disability. During the past four (4) years, the Department of Elderly Affairs has worked closely with this Commission that advocates for persons with disabilities. The Commission was consulted extensively in the development and implementation of the Aging and Disability Resource Center ("ADRC"). In recent years, the Department has conducted some of the annual statewide hearings held by the Commission to determine the needs of individuals with disabilities. The Department is actively seeking adults with disabilities to serve on various planning and implementation committees.

Department of Elderly Affairs' Guardianship Committee. Over the past four (4) years the Guardianship Committee has met routinely to discuss issues relating to guardianship of elders and disabled. The Guardianship committee is comprised of representatives from Department of Elderly Affairs, Department of Human Services, Mental Health Retardation and Hospitals, the Long Term Care Ombudsman, Alliance for Better Long Term Care, Butler Hospital, Rhode Island Psychiatric Association, Probate Judges, Probate Bar, Rhode Island Disability Law Center (the state designated Protection and Advocacy System), Case Management Agencies and the Volunteer Guardianship Program. This Committee has been developing a better tool to be utilized by physicians in determining whether an elder or disabled person is competent under the State's guardianship statute. In addition, this Committee is reviewing data and considering the feasibility of an Office of Public Guardian or Conservatorship. This Committee is instrumental in organizing and facilitating an annual conference for the aging network on guardianship issues.

AARP. During the past four (4) years the Department has routinely received input from this organization that serves over one hundred and eighty-five thousand (185,000) elderly members in Rhode Island. The Department of Elderly Affairs seeks representation of AARP members on a variety of committees and requests input from AARP staff in program development. This organization has been instrumental in working with the Department to expand transportation options in the State and is a partner in the development of the Independent Transportation Network (“ITN”).

In 2003, Rhode Island’s Governor created a major partner for the Department of Elderly Affairs and clearly signaled his interest in services to the elderly and adults with disabilities by designating the Director of DEA the co-chair of this new executive cabinet.

The Governor’s Chronic and Long Term Care Cabinet. Governor Donald L. Carcieri created this Cabinet of Department Directors via Executive Order 03-15 dated October 3, 2003. The Cabinet meets bimonthly in an open meeting. It is co-chaired by the Director, Department of Elderly Affairs, and a member of the Governor’s Senior Staff. The Cabinet is charged with developing a strategic plan to effectively coordinate state-administered programs supporting the needs of Rhode Island elderly and adults suffering with chronic or disabling conditions. The Cabinet considers the implications of an increased demand for services, the availability of providers, the quality of care rendered, the effectiveness and efficiency of delivery systems, the availability of improved processes and new technologies, and other matters involving the interaction of government, employers, consumers, health care professionals and other providers of related services included insurers.

The Cabinet collects and assesses information on state policies and private industry practices affecting the organization, financing, and delivery of health and related social services in Rhode Island to elderly and adults suffering with chronic or disabling conditions, giving particular consideration to the impact of these policies and practices on their health and the State Budget.

The Cabinet provides the Governor with advisories from the information collected and assessed. In preparing these advisories, the Cabinet: 1) uses existing information, both published and unpublished; 2) undertakes, through appropriate departments or agencies or in collaboration with the provider community, original research and experimentation, where existing research is inadequate to develop useful and valid assessments; and 3) adopts procedures allowing any interested party to submit information with respect to issues under consideration by the Cabinet.

The Cabinet meets regularly, holds public dialogue sessions and commissions written input from departments of government as well as from existing committees, commissions, and other expert bodies. The Cabinet meeting agendas address program initiatives and challenges faced in the long term care area. Members of the public are invited and encouraged to speak about their concerns in long term care.

B. State and Local Partners

The Rhode Island Department of Elderly Affairs works closely with provider organizations that meet on a frequent basis. The following organizations provide the Rhode Island Department of Elderly Affairs with advice and input on the needs and concerns of Rhode Island's elders and keep the Department informed of barriers they face in delivering contracted services to elders. These partners also suggest innovative, new ways to deal with barriers to service delivery and are the source of many creative suggestions for addressing practical problems in real time.

Among DEA's state and local partners that represent industries delivering elder services are:

- The Rhode Island Adult Day Services Association
- The Rhode Island Partnership for Home Care
- The Rhode Island Association of Senior Center Directors
- The Rhode Island Regional Case Management Agencies
- The Rhode Island Council of Community Mental Health Organizations
- The Rhode Island Health Care Association
- The Rhode Island Association of Facilities and Services for the Aging
- The Rhode Island Assisted Living Association
- The Rhode Island Chapter of the Alzheimer's Association
- The Rhode Island Regional Community Information Specialists
- THE POINT
- The Rhode Island SHIP/SMP Volunteers
- State Directors for Title III Nutrition Services Agencies

C. Professional Organizational & Educational Institutions

Quality Partners of Rhode Island. Quality Partners of Rhode Island is a not-for-profit healthcare quality improvement organization funded by Medicare. Quality Partners works in voluntary partnership with hospitals, long-term care facilities, home health agencies, and physician offices to improve healthcare for all citizens in Rhode Island and across the country. The Rhode Island Department of Elderly Affairs and the Rhode Island Department of Human Services work cooperatively with Quality Partners of Rhode Island in the development of nursing home quality indicators.

The Rhode Island Department of Administration, Office of Library & Information Services. This sister state agency works cooperatively with the Rhode Island Department of Elderly Affairs to make a variety of information services available to elders in user-friendly formats. Persons who have a visual impairment or physical disability that hinders them from using traditional library materials may borrow books and magazines in large print, Braille, or talking books on cassette or disk free of charge through Talking Books Plus.

TechACCESS of Rhode Island. This organization enables persons with disabilities to try out computers, software, and other assistive and adaptive equipment.

Colleges and Universities. The Department of Elderly Affairs collaborates with colleges and universities across Rhode Island in a variety of ways, including promoting opportunities for elder citizens to continue their education:

- Rhode Island residents age sixty (60) and older may take courses at state colleges and the University of Rhode Island without paying tuition on a space-available basis. Students must have a household income less than three (3) times the federal poverty limit.
- The Elderhostel program gives persons age fifty-five (55) and older the student experience of taking courses, living in a dorm, and participating in campus life for about six hundred dollars (\$600) per week.
- The Pocket Manual of Elder Services, published annually by DEA in English and in Spanish and distributed to approximately fifty thousand (50,000) individuals, directs elders to the programs described above; suggests they contact local private colleges and universities and their local school department to find out about adult education programs; and that they contact churches, senior centers, libraries and other organizations in their localities that sponsor lifetime learning groups.

The Rhode Island Department of Elderly Affairs also consults with Rhode Island colleges and universities to access valued expertise on demonstration programs, research projects and specialized community grants. A current example is a geriatric nutritionist from University of Rhode Island (“URI”) Department of Nutrition is the consultant to the Department’s Advanced Performance Outcome Measures Project (POMP). Now in its third year, this geriatric nutritionist trains surveyors to administer the Nutrition survey instruments being field tested and assists the Department in interpreting survey data. Current research being conducted by the Geriatric Nutritionist and URI graduate students also seeks to demonstrate the benefits of congregate and home-delivered meals in nursing home diversions.

The Department of Elderly Affairs enjoys collegial relationships with the Gerontology Program at Rhode Island College, the Department of Nursing and Allied Health Professions at the Community College of Rhode Island, the University of Rhode Island and the Center for Gerontology and Research at the Brown University Medical School. The expertise and insights of staff at these institutions are called upon by the Department informally, as well as formally, in an ongoing manner. Student interns from the Health and Physical Education program and Masters in Social Work students at Rhode Island Colleges serve as interns to the Department’s professional staff.

D. Consumer Input

In preparing the State Plan on Aging the Department held four (4) public hearings in different regions of the State of Rhode Island. These public hearings were advertised in the Providence Journal Bulletin on April 21, 2007, and held at four (4) different senior centers around the state on April 30, 2007, May 1, 2007, May 3, 2007 and May 4, 2007. The Department accepted written comments were accepted through May 11, 2007, and encouraged individuals to present both written and oral comments at the public hearings. A total of sixty-three (63) people attended the four (4) hearings and eleven (11) gave oral testimony.

The public comments primarily centered on two (2) topics: senior centers and nutrition programs. The majority of comments made about senior centers noted that they were mentioned significantly fewer times in the present goals and objectives than they had been in the current State Plan on Aging (2004-2007). The Department agreed to adopt and include language in the State Plan on Aging, provided by the state organization of senior centers to correct the oversight.

Three (3) individuals commented on a recent reorganization of the SHIP program that was designed to increase efficiency and reduce costs, asking that the former system provide SHIP workers in most senior centers as was the original intent of the federal program.

Five (5) persons urged that the nineteen (19) Community Information Specialists, most of whom are located in senior centers, be continued rather than regionalizing the system. This regionalization proposal is designed to better reach various groups of minority elders and to be more efficient and economical. With the development of THE POINT, Rhode Island's ADRC, these information specialists are partnering with THE POINT and the SUA. In addition, several storefronts that provide drop-in, face-to-face counseling are being opened strengthening consumer accessibility to the aging information network.

Two (2) nutritionists spoke about the need to hire a registered dietician at the State Department of Elderly Affairs. They described the important role played by proper nutrition, especially among economically challenged elders who may have the congregate or home-delivered meal they receive as their only meal of the day. They noted that Rhode Island has not yet adopted the new dietary guidelines for the elderly. In addition, they noted that many meals served at congregate sites are too high in fat, salt and sugar and too low in foods that provide some vital minerals and vitamins. Finally, meal portions are very large, a problem given obesity levels among elders.

Director Russo agreed to look into the fact that current federal dietary guidelines have not been mandated by DEA. She stated that it is the role of DEA to assure that the latest guidelines have been implemented. Under the Advanced POMP, DEA has been working cooperatively with a nutritionist at the University of Rhode Island. The Nutritionist has reviewed the current status of the nutritional content of congregate meals and made a proposal to DEA for improving congregate meals participation in Rhode Island. DEA is currently planning a comprehensive session to implement the new dietary guidelines with the State's nutrition projects.

At the Public hearings Director Russo also discussed Rhode Island's evidence-based disease and disability prevention program, *Living Well Rhode Island*, and noted that learning and committing to good dietary habits and exercise is an integral part of the Stanford Model training that is being offered statewide to both elders and adults with disabilities.

Two (2) individuals discussed the importance of protective services. Director Russo noted The Department's legislative bill to make self-neglect a part of the DEA abuse law is being favorably received by the Rhode Island Legislature. DEA is also trying to gain legislative support for an Office of Public Guardianship. In addition, DEA has just implemented an after-hours emergency response system.

Five (5) persons urged that the nineteen (19) Community Information Specialists, most of whom are located in senior centers, be continued rather than regionalizing the system. This proposal is designed to better reach various enclaves of minority elders and to be more efficient and economical. With the development of THE POINT, Rhode Island's ADRC, these information specialists are partnering with THE POINT and the SUA. In addition, several storefronts that provide drop-in, face-to-face counseling are being opened strengthening consumer accessibility to the aging information network.

VIII. Direction

The highest priority of the Rhode Island Department of Elderly Affairs will continue to be, to capture longer-term opportunities, while remaining responsive to the current demographic scene. A major change in Rhode Island's current demographic scene has been a jump of ninety percent (90%) in the minority/ethnic population over the age of sixty-five (65) between 1990 and 2000, ranking Rhode Island sixth in the United States. The challenge to the Rhode Island Department of Elderly Affairs will be to educate majority population service providers to be culturally and linguistically sensitive, so they can work more effectively with minorities to create accessible and acceptable services for minority elders.

Rhode Island, like other regions of the United States, is experiencing a growing elderly population that is well informed about long term care issues and determined to have a voice in building their long term care system. Increasing costs associated with long term health care, a shrinking population of younger adults from which to draw an adequate long term health care work force, and the changing role of Medicaid are realities that challenge the Department of Elderly Affairs and its partners.

The Department of Elderly Affairs is taking a proactive stance in planning for services to the Baby Boomer generation. More emphasis is being placed on reaching individuals who are not eligible for Medicaid. Cost sharing for home care and adult day care, innovative living arrangements, long term care insurance, and reverse mortgage reform legislation to protect the interests of elders are examples of new initiatives under development in Rhode Island.

The Department of Elderly Affairs is affirmatively reaching out to and has been actively collaborating with the State Mental Health Authority to coordinate mental health services for the aged and disabled and increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services. More emphasis will be placed upon developing and encouraging collaborative relationships between the Department, our case management agencies and the community mental health centers and other behavioral health organizations. The Department will be working to develop more opportunities for elders and disabled to access mental health treatment in the least restrictive environment.

Under the auspices of the EOHHS and in cooperation with DHS, DEA is actively involved in the development of the Global Waiver. This program is being developed to change the way the elderly and disabled receive services with the goal of enhancing opportunities to remain independent while becoming more cost effective.

A. Medicaid Long Term Care Reform

The role of the Department of Elderly Affairs in Long Term Care Reform was strengthened by the creation of the Executive Office of Health and Human Services (“EOHHS”). EOHHS was originally created by Governor Donald L. Carcieri via Executive Order 04-03 dated March 4, 2004 and Executive Order 05-21, issued December 1, 2005, adding the Secretary of Health and Human Services to the Governor’s cabinet. In 2006, pursuant to Rhode Island General Laws section 42-7.2-1 et seq. the EOHHS was authorized by statute to develop a consumer centered system of publicly financed state administered health and human services that supports access to services and protects the State of Rhode Island’s most vulnerable citizens. The EOHHS by statute leads the State’s five (5) health and human services departments including the Department of Elderly Affairs, to improve the efficiency, coordination and quality of health and human services policy and planning, budgeting and financing.

Under EOHHS’ statutory oversight and coordination the Department of Elderly Affairs and the four other (4) departments responsible for administering the publicly-financed health and human services programs provide direct assistance and support services to more than two hundred and forty-eight thousand (248,000) individuals and their families. This is at a cost of over 2.7 billion dollars per year. The Secretary of EOHHS is also statutorily charged with taking the steps necessary to lead these five (5) Departments in improving the economy, efficiency, coordination, and quality of the administrative services and human resources management; communication with and responsiveness to consumers, state and federal policy-makers, and the network of public and private providers that play an essential roles in the delivery of services.

Both by Statute and Executive Order the EOHHS is the lead authority in the State’s Long Term Care Reform and the coordination of the administration and financing of all services authorized under the State Medicaid Plan.

In July, 2009, the state of Rhode Island entered into a “new age” in Long Term Care planning with the advent of the “Global Waiver”. The Global Waiver changes the way disabled and elderly Rhode Islanders receive services. These services will be designed to further enhance the participant’s opportunities to optimize their health and remain independent. By providing additional services, the individuals receiving support under the waiver have a customized “plan of care”, catering especially to their needs which are “cost effective, person centered, and opportunity driven>” Individuals who cannot function outside of a nursing home will be given the opportunity for placement after a careful screening and discussion of alternatives. The result should be a well-balanced system which meets the needs of all needing long term care.

The position and role of the Department of Elderly Affairs in EOHHS assures the Department a place at the Long Term Care Reform table. The following is a review of the steps taken during the past several years in the area of Long Term Care Reform:

Past Systems Reform Efforts (Shared Vision) The Living RIte plan for long term care system change began with the adoption of a shared vision for long term care on October 29, 1998: *"Rhode Island will have a dynamic long-term care system that supports high quality, independence, choice, and coordination of services with the necessary public and private funding."* In order to develop this consensus vision statement, representatives from the three (3) initial stakeholder groups (consumers, community based providers, and nursing facility providers) came together in a series of retreats. Once the vision was agreed upon, the group set system goals to meet this vision in the issue areas of political advocacy, service delivery, finance and payment, quality, information and referral, and data and information systems. These goals are as follows:

1. Establish an understandable, easily accessible, coordinated delivery system that is driven by individual assessments and sound service coordination, and within which the supply of services is based on consumer choice and need.
2. Create a financial system that provides the reimbursement necessary to support the development and maintenance of a necessary supply of quality services based on acuity, quality incentives, outcomes and consumer satisfaction with innovative use of all funding.
3. Long-term care is a political hot button issue.
4. Establish a long term care management information system that collects, compiles and disseminates accurate information from multiple data sources and encompasses quality measures, services, delivery, demographic and financial data, provider performance and consumer satisfaction measures in order to support ongoing improvement in the long term care system.
5. Adopt and continuously evaluate a uniform set of quality principles, measurements, and improvement goals that continuously tracks consumer outcomes.

Despite significant state leadership changes, the vision and system goals have provided a framework within which improvements in components of the system have been achieved as is detailed in subsequent sections. The major weakness of the shared vision and system goal development was a shortage of representation from the disability community. Therefore, the first step of the stakeholder process will be to revisit and update the vision and goals as needed.

Progress with System Reform (Access to Services)

Rhode Island's Department of Elderly Affairs received a grant to develop an Aging and Disability Resource Center in 2003. This center "THE POINT" opened in the fall of 2005 to provide information and resource referrals across systems to elders and adults with disabilities.

The Executive Office of Health and Human Services (EOHHS) offers an opportunity for cross departmental uniformity in access to programs. Currently, each State Department, Departmental division and agency has its own system of access. Access reform will now be led beyond any one (1) particular State Department. Through the leadership of EOHHS the Department of Elderly Affairs and sister Health and Human Services

Departments will conduct extensive evaluations of the relative strengths and weaknesses of the existing delivery and access systems. Streamlining and creating consistent access to services is one of Rhode Island's most significant needs and one of the primary target goals of this proposal. The Department of Elderly Affairs received a continuation project grant for THE POINT that will work as a perfect adjunct to strategic plan development in the area of access to services.

Progress with Consumer-Directed Services Rhode Island received a Robert Wood Johnson Foundation Cash and Counseling grant in 2004 to develop and implement a new statewide cross-population consumer-directed program. The Personal Choice Waiver began in March 2006 and is replacing the old consumer directed PARI Waiver. Personal Choice is open to any adult who would otherwise qualify for nursing facility services. The Home and Community-Based Services Waiver for Individuals with Mental Retardation and Developmental Disabilities #0162.90.R2 (“DD Waiver”) and state-funded program also offers participants the option for budget and employer authority over services. Approximately one hundred (100) of the three thousand (3,000) adults with developmental disabilities participating in the DD Waiver exercise this option. Furthermore, DEA manages a respite program that offers budget and employer authority to participant families.

Progress with System Reform (Quality Management) Rhode Island has used the Center for Medicaid Services (“CMS”) Quality Framework to develop and implement quality management plans for all six (6) of the 1915(c) Home and Community-Based Waivers. The Rhode Island Department of Health (“DOH”) is statutorily responsible for licensure and incident investigation, as well as remediation within home health and assisted living services. The Department of Health works closely with waiver administrators and the state long term care ombudsman. In addition, each operating agency works with the Medicaid waiver staff in implementation of their quality management plans.

The most developed and advanced of these quality plans at this time is DD Waiver quality plan. This quality plan applies to not only Medicaid funded programs and services but all programs for adults with Developmental Disabilities. The quality plan for adults with developmental disabilities incorporates multiple performance measures that go beyond CMS assurance requirements to capture rich participant experience data. A dynamic cross stakeholder Quality Consortium meets quarterly to evaluate findings and plan for programmatic change to accommodate identified need.

The quality plans for the Aged and Disabled, Elder, Assisted Living and Habilitative Waivers are at a more rudimentary phase. These quality plans identify and remediate problems in the context of CMS required waiver assurances, but do not yet fully incorporate continuous quality improvement principles. These quality plans have been primarily designed and implemented by State department staff as a management tool.

Progress with Information Technology: Rhode Island has several information technology projects in progress that are anticipated to result in further streamlining long term care systems access and management. An Advanced Planning Document has been approved by CMS to implement a "Choices MMIS Module". This module is essentially a data warehouse that will house eligibility, claims, assessment and tracking information across home and community-based support, general medical and primary care case

management (“PCCM”) programs. The Choices MMIS Module is expected to be operational by late fall 2007.

Rhode Island is making a concerted effort in strengthening the Aging Network in working with the SAMS/Synergy System to insure more accurate and reliable reporting for the AoA NAPIS report. Extensive training in the Aging network continues to ensure the success of the most viable NAPIS data for Rhode Island.

Finally, a comprehensive information, resource and eligibility screening web based application called “Ask Rhody” was implemented in September 2006. It is a significant infrastructure component for "no wrong door" system access. Anyone with web access may use this tool, and information is continuously updated by Crossroads Rhode Island.

Rebalancing Funding: Effective July 1, 2006, as part of the Rhode Island Perry-Sullivan Act, Rhode Island General Laws section 40-8.9-1 et seq., nursing home facility service funding was reclassified from a separate budget line item, and combined with home and community based services funding in the Medicaid budget. Rhode Island, like many other states, has seen continuing decreases in nursing facility bed days. Prior to this new legislation, any such savings from the reduction in nursing home days were diverted into the state General Fund and were not realized or utilized by elders or disabled in less restrictive settings. As such, as of fiscal year 2007, any nursing facility savings can be utilized and will be available for home and community-based services for elders or adults with disabilities.

Pursuant to Rhode Island General Assembly Joint Resolution 05-R 384 in 2005, the Rhode Island Department of Human Services commissioned a study on Home and Community Based Long-Term Care by the University of Maryland Baltimore County (“UMBC”) Center for Health Program Development and Management. Encompassing statewide leadership and key stakeholder interviews, research, and data analysis, this study resulted in several funding recommendations. These include:

- 1). The state should pursue an approach to community-based rate setting that removes methodological institutional biases;
- 2). The state should have comprehensive resource mapping done of all funding sources for programs in order to efficiently and effectively consolidate and manage resources;
- 3). The long term care management should be consolidated either through one (1) state department or a contracted entity; and
- 4). The state should approach service delivery coordination as a systems level issue instead of its traditional “siloeed” approach.

The Elder Medicaid Waiver was expanded in late 2005 to allow for additional assisted living slots.

Progress with Housing Initiatives

Housing remains a very significant barrier to community living. However, there have been several collaborative initiatives in Rhode Island between service agencies and Housing and Urban Development (“HUD”) funded entities. The "Home of My Own"

program is a low-income mortgage guarantee program that was developed in collaboration with Rhode Island Housing and the Department of Mental Health, Retardation and Hospitals.

The Rhode Island Independent Living Commission is made up of consumer, housing, independent living center and service provider personnel. This Commission developed and obtained funding for three (3) accessible subsidized housing complexes that were geared specifically to adults with disabilities.

The Rhode Island Division of Developmental Disabilities has provided capital funds for development of several subsidized apartment complexes for persons with developmental disabilities in which certain certified service providers are contracted to meet the support needs of individual disabled residents.

There are additionally at a minimum twenty-five (25) subsidized apartment complexes that include meal sites and Resident Service Coordinators provided through the Department of Elderly Affairs. These Resident Service Coordinators receive monthly training in order to better serve the elder and disabled residents of their respective housing complexes.

Finally, Rhode Island Housing offered reduced interest funding and mortgage guarantees to three (3) new assisted living residences in which approximately one hundred and fifty (150) Medicaid waiver participants and multiple low income persons above the Medicaid income limit reside at any given time. The low income mortgage program standards were developed as a collaborative effort between consumers, service providers, Rhode Island Housing and state Department staff.

The Rhode Island Housing Resources Commission (“HRC”) was created by legislation in 1998 as the planning and policy, standards and programs state Commission for housing issues. The Commission's purpose is to ensure that all Rhode Islanders have access to safe and affordable housing. It is a twenty-seven (27) member Commission, representing a wide range of constituents, including government representatives, providers and advocates. The commission has representatives from the long term care home and community-based sector. Although housing availability continues to be a significant challenge, and has contributed to delays in institutional discharges, the Housing Resources Commission has effectively consolidated statewide resources to begin to address the problems.

Progress with Real Choice Systems Change Grants

Rhode Island has received five (5) systems change grants to date. The first grant awarded in 2001 to the Department of Human Services’ Center for Child and Family Health was to develop a Personal Assistance Services and Supports (PASS) program for children with special health care needs. A Real Choice Systems Change Infrastructure Grant was awarded in 2002 to the Department of Human Services’ Center for Adult Health. This project featured development of the statewide web-based Resource Directory and Benefits Screener (Ask.Rhody), a survey of elder Rhode Islanders with disability needs by Brown University, analysis of Medicare/Medicaid data, purchase of consumer tracking software, and a statewide conference held in the fall of 2005 on home and community-based options.

A Real Choice Systems Change Nursing Facility Transition Grant (“Nursing Facility Transition Grant”) was also awarded in 2002, to the Department of Human Services Center for Adult Health with several areas of focus:

- 1). Develop a system to transition people with multiple complex needs from institutional settings;
- 2). Develop a referral system between state long term care PASSR reviewers and the transitional program; and
- 3). Develop and implement a day program for persons with severe cognitive disabilities, such as brain injuries.

Over five hundred (500) people were assisted with transitioning to less restrictive settings. Approximately a third (1/3) of these people received assistance with household furnishings and/or a security deposit and many more received adaptive equipment or home modifications.

The day program developed through this Nursing Facility Transition Grant was loosely based on a clubhouse model providing services to adults with significant cognitive disabilities. This day program met all Department of Elderly Affairs Adult Day Care licensing standards and opened in March of 2006. This is the first and only program of its kind in Rhode Island, and currently has over thirty (30) clients enrolled attending two (2) or more days a week. Several of these clients have already transitioned from institutional settings, and it is anticipated that many more will be diverted. This day program is overseen by a licensed neuron-psychologist. The day program has contracted with the Vocational Rehabilitation Department to provide early vocational training in addition to life skills development.

There have been some positive systems outcomes that can be attributed to the success of this Nursing Facility Transition Grant. For example, the Department of Human Services is conducting a forty-five (45) day post admission review on nursing facility residents in which likelihood of improvement exists to assist them in accessing and choosing less restrictive community services on the continuum of care. This initiative recognizes that there are many elders and disabled adults who remain eligible for nursing facility level of care, who if the opportunity, may choose to access less restrictive community based services. The Department of Human Services outreaches such individuals by mailing them a brochure developed under the Nursing Facility Transition Grant. This brochure describes community-based service options at the time of initial client review.

Finally, the Department of Human Services received two (2) Respite Feasibility Grants – one (1) for adults and one (1) for children in 2003. Both projects have been contracted with a project management firm Affiliated Computer Services (“ACS”) and have to date resulted in system evaluations and stakeholder workgroup development of recommendations for needed action. Two (2) 1915(c) waivers are in final development for a children's respite program. On the adult side, respite was added as a service in the renewal request for the Elder 1915(c) Waiver this year, and the Health and Human Services state agencies and stakeholders are currently developing workable program standards for adults with disabilities.

Progress with Other System Reform Grants

The Rhodes to Independence (“RTI”) initiative was begun in 2000 upon initial award of a Medicaid Infrastructure Grant under the Ticket to Work Legislation. The RTI mission is to support the competitive employment of people with disabilities. Rhodes to Independence operates under the auspices of the University Of Rhode Island College Of Pharmacy. The Steering Committee for this project includes diverse representation of consumers, advocates, employers and state agency personnel including the Rhode Island Department of Labor and Training. Current workgroups include Housing, Transportation, Diversity, Youth in Transition, and Healthcare. In addition, the project has worked with employers to support the Rhode Island Business Leadership Network. A key outcome of this project has been the implementation of a Medicaid Buy-In for working adults with disabilities under authority of the Balanced Budget Act in January of 2006.

A series of Traumatic Brain Injury Infrastructure Grants have been awarded to the Rhode Island Department of Human Services by the Health Resources and Services Administration (“HRSA”) since 1999. These projects have resulted in cross agency infrastructure development for individuals who have a full range of potential functional disabilities – physical, sensory, cognitive and/or behavioral. With the development of a strategic plan, the Department of Human Services decided to take a multi-faceted approach. These projects provide comprehensive information for professionals, policy makers, survivors and families of people with brain injuries. These Grant funded projects serve to enhance existing delivery system competency by serving those with brain injuries wherever services exist, and developing new and/or local service models in areas where none exist.

Project outcomes include the following:

- 1). Statewide Resource Center which has been utilized more than 100% in each year since its 2002 inception;
- 2). Provider training videos (with pre and post-tests) developed, presented and distributed for future use in the areas of behavioral health, vocational rehabilitation, direct support services, case management, substance abuse and general community organizations (such as faith-based settings, coaches, and clubs);
- 3). Technical assistance for the development of the Nursing Facility Transition Grant day program;
- 4). Licensing in 2005 of residential services provider and facility specializing in brain injury;
- 5). Development and promulgation of licensure standards for agencies and facilities providing supports and services to adults with traumatic brain injuries; and
- 6). Legislative allocation of an annual state fund to the Department of Human Services for brain injury service and supports development.

In 2003 the Department of Elderly Affairs received an Aging and Disability Resource Center Grant (“ADRC”). Entitled "THE POINT", the ADRC opened in 2005 and now has both ADRC funded and Department of Human Services staff on site.

THE POINT is developing expanded functions through its continuation funding awarded in 2006. Specifically; the expansion of disability and educational resource centers, development of walk in centers and enhancement of information technology infrastructure.

Other Barriers to Reform One of the most significant historical barriers has been the "siloed" authorities within State Government. Although everyone acknowledges the need for systems reform, no one to date had a model that was acceptable to all concerned, or the authority to force change and reform. We believe that the creation of the Executive Office of Health and Human Services now provides the State of Rhode Island with the statutory authority to move forward. The history and focus of this Office are detailed on page 24 of this State Plan on Aging.

Medicaid Service Changes

There have been no reductions in services or eligibility standards in state plan, home and community-based waivers, or any other services for adults with disabilities or elders in the Medicaid program over the past five (5) years (other than pharmacy service changes mandated by Medicare Part D implementation for persons who are dually eligible). The following expansions have occurred:

Medicaid State Plan:

- 1). A new Rehabilitation Option section service of sub-acute rehabilitation services for adults with brain injuries was added in 2000;
- 2). A new eligibility category of working adults with disabilities was added in January 2006 pursuant to the BBA; and
- 3). Medicaid state plan personal care services were added for the working adult with disability eligibility group in 2006. Although these services did not require a Medicaid state plan amendment, the state plan Adult Day Care Service licensure regulations were evaluated and amended to reflect the needs of younger adults with disabilities.

Home and Community Based Waivers:

- 1). Participation of adults with developmental disabilities in Developmental Disabilities Waiver program has increased more than one thousand slots (1,000) over the last few years. The Developmental Disabilities Waiver renewal submission in 2006 included the request for added vehicle modifications, private duty nursing, and a consumer directed option that allows for budget and employer authority,
- 2). The new Personal Choice Waiver implemented in 2006 features employer and budget authority; enables access by any adult meeting a nursing facility level of care; has raised slots from eighty (80) to one hundred and fifty (150); and replaces a consumer-directed program that only allowed employer authority; and

- 3). The Habilitative Waiver is designed for individuals with adult onset cognitive and/or medical disability meeting a long term care hospital level of care. This was instituted in 2001 and features a full scope of habilitative, rehabilitative, nursing and supported employment services, with most participants coming from long term state hospital placements.

In the summer of 2006, the Rhode Island Department of Human Services convened a large stakeholder group to review the history of Medicaid Long Term Care Reform and to introduce the specific requirements flowing from the recently enacted Perry-Sullivan Act. R.I. Gen. Laws section 40-8.-1 (2006). The Perry-Sullivan Act Law requires that any and all monies not spent in the institutional sector of Medicaid in a given year be made available to the community sector of Medicaid. In order to realize this basic rebalancing of the long term care system in Rhode Island, it is necessary that the real costs of service delivery in the community programs be formalized. As such, work needs to be done to improve access to long term care, to insure quality service delivery and to make client assessments uniform across the system. Below is a table summarizing the three (3) stakeholder groups and their major tasks. This work parallels and is supported by the Real Choices Federal Grant awarded to the Department of Human Services:

**Rhode Island Real Choice Systems Transformation Project and
Perry/Sullivan Long Term Care Service and Finance Reform Act Workgroups**

1. ACCESS	Provide Awareness	<ul style="list-style-type: none"> • Develop Medicaid Long Term Care eligibility screener • Integrate with THE POINT • Web Application
Improved Access to Long Term Support Services		
	Streamline Eligibility	<ul style="list-style-type: none"> • Uniform Application and initial assessment/reassessment tool • Evaluation existing tools and data elements • Long Term Care pilot of assessment tool/refine • Medicaid office as initial intake point/determine staffing • Linkages to Choices Module
	Target Imminent Risk for Admission	<ul style="list-style-type: none"> • Develop discharge packets/information • Distribute to physicians/ER • Electronic applications • Examine presumptive eligibility
2. QUALITY	Comprehensive Quality Management Strategy	<ul style="list-style-type: none"> • Convene a workgroup • Identify program participant outcome indicators • Establish an initial baseline assessment • Survey of Consumers
Design Comprehensive Quality Management Systems		
	Develop and Distribute Quality Management Reports	<ul style="list-style-type: none"> • Distribute reports to consumers, families, stakeholders • Research and Evaluation reports on findings from focus groups • Post on the Website • Publish article in journals
	Evaluate Quality Management Strategy	<ul style="list-style-type: none"> • Identify protocol
	Evaluate Program and Participant Outcome Indicators	<ul style="list-style-type: none"> • Develop new data source for quality of life and quality of service indicators • Identify core data set • Annual Report to monitor trends
3. FINANCING	Effective Payment Methodologies	<ul style="list-style-type: none"> • Resource Mapping • Personal Choice expansion • Private-Public financing (Assisted Living Waiver) • Nursing Home Transition • Managed Care capitation rates
Create a System that more Effectively Manages the Funding for Long Term Supports		

B. Medicare Modernization Act (“MMA”)

DEA continues to work with community partners such as United Way/211. THE POINT and our regional POINT centers, senior centers, SHIP counselors, and our information network to educate seniors, families, caregivers and adults with disabilities regarding the Medicare Part D program, the Low-Income Subsidy Program, and Medicare benefits. DEA has conducted several trainings regarding MMA programs and benefits through aging network training Academy training sessions throughout the year and has worked with CMS on these programs.

DEA also works with United Way/211 to accomplish community outreach for Medicare Part D and other Medicare programs. United Way/211 is also a community partner for the SHIP program.

During the past two (2) years, the Department of Elderly Affairs and its community service providers have assisted over nineteen thousand (19,000) Rhode Islanders with information about Medicare Part D, to navigate the myriad requirements of this new initiative, and to understand how it interfaces with Rhode Island’s Pharmaceutical Assistance Program for the Elderly (“RIPAE”). The staffs of the ADRC (THE POINT), Department of Elderly Affairs, Information Specialists and SHIP (“Information Network”) were available for both face-to-face and telephone assistance. Many Department of Elderly Affairs staff assisted elders in completing the Medicare Part D application.

In assisting elders and disabled with Medicare Part D, the Rhode Island Department of Elderly Affairs partnered with the Department of Human Services and Rhode Island Pharmacy Association to conduct state wide training for state pharmacists. DEA and DHS issued written guidelines to state pharmacists on how to process RIPAE, Part D, and Medicaid claims during the transition to Medicare Part D. DEA issued written guidelines and directions to state pharmacists for processing RIPAE claims for clients who have RIPAE and Part D plans. DEA assisted and supported state pharmacists in completing re-certification applications and provided several written guidelines to pharmacists as to the processing of RIPAE claims for persons with Part D plans. DEA instituted a hotline and held public meetings to assist elders, disabled and their caregivers in maintaining pharmaceutical benefits.

DEA reached out to Rhode Island elders and disabled through the state pharmacies by requesting the pharmacies to provide elder clients with RIPAE applications. This was to ensure that clients remained certified for RIPAE. DEA directly contacted the pharmacies through various electronic message boards (described below) instructing them to inform elders on RIPAE that a new RIPAE card was required with the next prescription refill.

All notices to pharmacies were posted on the DEA web site under “Important Messages for Pharmacists,” the Department of Health pharmacist web site and were distributed to members of the Rhode Island Pharmacy Association through a collaborative effort with the Association President. Also, DEA Customer Information, Referral and Assistance (“CIRA”) and THE POINT staff handled

hundreds of one-to-one telephone calls from pharmacists and constituents regarding Medicare Part D and RIPAE coverage. To date the Information Network continues to inform the public about the MMA, including both prescription drug benefits and prevention services. Technical assistance and on line services are available in all thirty-nine (39) cities and towns across the State of Rhode Island.

As a result of the Department's outreach, education and work on issues surrounding elder participation in the Medicare Part D program, Rhode Island was nationally recognized as a state with eighty percent (80%) participation of elders eligible for coverage under Medicare Part D. This percentage exceeded the national average and is a direct result of the concerted effort by the Department of Elderly Affairs to educate and advocate for Elders.

C. Evidence-Based Prevention of Disease and Disability for Elders and Adults with Disabilities: Translating Research into Practice

Vision: “Rhode Islanders with chronic health conditions and disabilities will be empowered to maintain functioning and social participation as valued members of the Rhode Island community.”

Mission: “Engage, educate, and empower Rhode Islanders of all ages and cultures to manage their lives in the face of chronic health conditions and disabilities.”

Rhode Island was funded by the Agency for Healthcare Research and Quality, the Administration on Aging, the Centers for Disease Control and Prevention, the National Institute on Aging and the Centers for Medicare and Medicaid Services to send a five (5) person interagency team to a workshop in Atlanta in February 2006. The Rhode Island Team comprised representation from the State Unit on Aging, Rhode Island Department of Elderly Affairs, the Department of Health and the Brown University Center on Gerontology.

Training consisted of presentations on evidence-based disability and disease prevention research and on the experience of several states including Maine, North Carolina and Washington that began projects last year. Delegates from the fourteen (14) new states were given time and technical assistance to build their teams into functioning entities committed to a common agenda. The teams also set priorities for implementing an evidenced based disability and disease prevention program for elders in their home states. Rhode Island's team agreed to replicate the Stanford Model for Chronic Disease Self-Management; include a sixth team member from the Department of Mental Health, Retardation and Hospitals; secure support of the various Department Directors, the Executive Office of Health and Human Services; and seek funding to support the program. In 2006 the Rhode Island Team received funding to join a learning network with other states via teleconferencing and annual meetings. The Department of Human Services advanced available dollars to contract with Stanford University to train seventeen (17) Master Trainers in Rhode Island in October 2006. The Department of Elderly Affairs has awarded two (2) ten thousand dollar (\$10,000) grants to aging community services providers to purchase educational materials and other items related

to the Chronic Disease Self-Management Program (“CDSMP”). Both agencies have Master Trainers.

The MHRH representative has been replaced. The new MHRH representative will be instrumental in working with one (1) of the community agencies that received a Title IIIID grant. This agency will be expanding the CDSMP training to its mental health client population.

The interdepartmental committee will continue to serve as the Policy Steering Committee and will meet quarterly. Selecting data to be collected by all programs for monitoring and evaluation purposes is a major task recently undertaken by this group. The Department of Human Services has set up a database to receive data from all trainings. Plans to monitor classes are being made in order to meet the stringent requirement of fidelity to the Stanford Model.

Courses are currently underway across the state; and, to date, attendance and participation has been excellent. Once a Master Trainer has conducted two (2) classes, she or he will receive final certificate from Stanford University. The next major step is to begin the recruiting of Peer Leaders.

D. Cash and Counseling Program

Staff of the Rhode Island Department of Elderly Affairs sat as members of the five (5) work groups convened by the Rhode Island Department of Human Services in preparation for filing a 1915c Medicaid Waiver to create Rhode Island’s Cash and Counseling Program. *Personal Choice* was chosen as a program title. Lists of allowable and disallowable items were drafted by the work groups.

With input from consumers, the work groups drafted specific service components to the Program: Assessment, Plan/Budget Development and Consumer Training; Personal Care Assistance Monitoring; Ancillary Services and Supports; Structure of Assessment, Plan Development and Consumer Training; Structure of Personal Care Assistance Budget and Monitoring; Structure of Ancillary Services and Supports; and Monthly Consultant Service Fee. A Request for Proposals in accordance with State budgetary guidelines was utilized to select a fiscal intermediary for the program.

Several community agencies serving elders and adults with disabilities, including an agency under contract with the Department of Elderly Affairs to provide case management to elders, were recruited to do outreach and enroll consumers in the *Personal Choice* program. Rules were drafted and promulgated and a variety of standard documents were prepared for use by all agencies and individuals playing a role in the implementation of the *Personal Choice* program.

Major policy decisions, such as recruiting consumers with severe dementia, were made and promulgated during this process. For practical reasons, it was decided to first recruit from persons already enrolled in the PARI Waiver, a Waiver that is being phased out. However, any interested and qualified elders who applied are allowed to join.

The Department of Elderly Affairs has been intricately involved in the development and implementation of the *Personal Choice* program. Department staff attended the national conference of Cash & Counseling Programs in Annapolis, Maryland regarding this program.

E Home & Community Care Services to Frail Elders who do not qualify for RI Medicaid

Cost-Sharing Options. **Over the past two (2) years, the Department of Elderly Affairs has become increasingly aware of the service needs and preferences of elders who require assistance with personal care and IADLs on a daily basis and whose financial resources prevent their being eligible for Medicaid. While many of these persons cannot afford to pay the full cost of home care, respite and adult day services, they can pay some portion of the costs incurred by the State.** While many of these persons cannot afford to pay the full cost of home care, respite and adult day services, they can pay some portion of the costs incurred by the State.

In recent months, the Department of Elderly Affairs Home and Community Care staff has researched various cost-sharing plans in effect in our neighboring New England states. At this time, Rhode Island has cost-sharing in its Pharmaceutical Assistance for the Elderly (“RIPAE”) program, in its co-pay program that funds home care and day care; and in its respite programs. These programs are state and federally funded. In addition, most of the nineteen (19) licensed adult day care programs have a sliding fee private pay scale.

The Department of Elderly Affairs has concluded that a study group comprising of service providers of home care and adult day care should be convened to discuss the range of cost-sharing income levels. One caveat necessitated by the budget crisis being faced both in Rhode Island and at the federal level, is that large enough payments be garnered from participants to allow the programs to continue to function with level funding. This is a major challenge with the growing elderly demographic.

Other Options for Elders who do not qualify for Medicaid. In addition to cost-sharing, the Department of Elderly Affairs is exploring replicating a new transportation program that would be entirely funded by the RIDers. It is called the ITN Model and was first developed and implemented in Portland, Maine. This model is described under the Paratransit section below.

In hopes of reaching elders who do not qualify for Medicaid, the Department of Elderly Affairs has also reached out to the local chapter of the AARP to work together on such initiatives as the Medicare Modernization Act (MMA) and Long Term Care Insurance.

Conversations are taking place concerning universal design for community housing to support keeping elders and adults with disabilities in the community. Ideas for creative ways to assist families to support an elder or adult with disabilities to live together with them in the community, such as low interest loans to retrofit the house to accommodate the individual or assistance with property taxes are being explored. The Department is considering and developing new strategies concerning new configurations of housing for nursing home eligible persons. New concepts of how to provide a twenty-four (24) hour

nursing presence while individuals live in small apartments arranged around a courtyard are being considered. One theme runs throughout these discussions: Elders and adults with disabilities should simply be asked what they want and need to support them to remain in the community. They must be treated as individuals. They must be afforded choice.

In the context of *Money Follows the Person*, the State of Rhode Island applied twice for this federal grant. DEA was not included in the development of these two (2) grant applications and unfortunately Rhode Island was not awarded the grant. In the future DEA intends to aggressively pursue federal funding opportunities under the *Money Follows the Person* initiative by working closely with the Executive Office of Health and Human Services and sister state agencies to develop a grant proposal that includes the needs of elders and adults with disabilities.

Many elders find after they retire that either boredom or a shortfall in funds means they need to return to the work force or to engage in meaningful volunteer work. The Department of Elderly Affairs is working with the Rhode Island Department of Labor and Training to develop retraining programs for elders who need to either refresh their job skills or learn new ones. Also DEA is committed to strengthening the roles of the Title V AARP back to work programs.

F. Aging and Disability Resource Center (ADRC)

In October 2003, DEA received a three (3) year federal grant to establish a resource center to better coordinate the services and supports available to seniors and adults with disabilities by providing a single, consumer focused entry point into the larger long term care system. THE POINT serves primarily as an expert resource, referral and assistance center, recognized throughout the State of Rhode Island.

Throughout its four (4) years of design and implementation, the Rhode Island ADRC has been guided by an interdepartmental work group comprising the Department of Elderly Affairs, the Department of Human Services, the Department of Health and the Department of Mental Health, Retardation and Hospitals. This work group meets monthly and is chaired by the Director of the Department of Elderly Affairs. Initial charges of this work group were:

- Marketing
- Branding
- IT development
- Website
- Design
- Development and implementation of the ADRC

THE POINT provides information and assistance to link elders and adults with disabilities to community resources. In addition to this population; family, friends, caregivers, professionals, individuals of target group populations and the general public can access all the services provided by THE POINT. Representation and advocacy of

clients to obtain and retain the level of benefits to which they are entitled is one of the overarching goals of THE POINT.

Staff with special training in Alzheimer's disease and related dementias and staff from the Rhode Island Department of Human Services are available at THE POINT to answer questions and provide referrals for consumers. In addition, individuals have access to a newly developed web-site with information regarding THE POINT and all services provided. This web-site also includes information on publicly funded programs available to seniors and adults with disabilities.

Early Development of THE POINT. An initial plan to house the ADRC in a renovated building on the John O. Pastore Center in Cranston, Rhode Island a site within ten (10) miles of fifty percent (50%) of Rhode Island's elders, is still in the design stage with money for an architectural study submitted by Governor Donald L. Carcieri in the State Fiscal Year 2008 budget. Forced to develop a virtual ADRC instead of a literal site with access to staff to serve both elders and adults with disabilities, DEA partnered with a community agency to develop, what is commonly known now as THE POINT.

Prior to 2003, DEA had recognized the importance of having information, referral and assistance services available to elders across the State of Rhode Island. Grants were made directly to nineteen (19) agencies, many of which are senior centers, to hire an I&RA specialist. The Department of Elderly Affairs provided intensive monthly training in a variety of topics. In addition, the Department of Elderly Affairs has a staff of I&RA workers within the Department.

With the advent of federal ADRC funding and the work load of Medicare Part D initiation on the horizon, DEA contracted for one (1) year with six (6) community agencies to provide additional I&RA services. Working together, the Department assisted and/or enrolled approximately nineteen thousand five hundred (19,500) people in Medicare Part D. The Department of Elderly Affairs also conducted a recertification process for the Rhode Island Pharmaceutical Assistance for the Elderly program. This process recertified seventeen thousand (17,000) enrollees.

During the past year, DEA contracted with its first two (2) community services providers to create satellite sites for THE POINT. One contractor is a major provider of services to adults with disabilities and the other is the 211 service provider for Rhode Island, a multi-service agency that is the primary provider of services to the homeless in the State.

On July 15, 2006, the Department of Elderly Affairs submitted a grant proposal to expand the services currently provided by THE POINT. The continued objectives are to streamline access to public benefits through the internet by providing one web-based application for all programs, professionally training specialists to assist clients in the simplified procedures and the establishment of walk-in sites throughout the state. THE POINT will continue with promotion of partnership activities, including, but not limited to: outreach and educational activities with concentrated efforts to reach seniors and adults with disabilities in minority communities and to increase the visibility of THE POINT and the excellent services it provides to the citizens of the State of Rhode Island.

The POMP Customer Satisfaction Survey was administered to a stratified random sample of callers to THE POINT. The response was outstanding with very high customer satisfaction and high performance by POINT staff. Callers were seldom put on hold and most reached a person on the initial call. Few calls that went into voice mail were promptly returned.

The Aging and Disability Resource Center (“ADRC”) grant is funded under Section 411 of the Older Americans Act and Section 110 of the Social Security Act. The ADRC program is administered by the Federal Administration on Aging (“AoA”) and the Centers for Medicare and Medicaid (“CMS”). This Aging and Disability Resource Center grant has been awarded for the period October 1, 2006, through September 30, 2008.

Currently, THE POINT has begun working with the Executive Office of Health and Human Services (“EOHHS”) and the Department of Human Services (“DHS”) toward larger systems reform. The overall goal of this effort is to coordinate the health care services and community-based programs administered by three (3) different cabinet level state departments (DEA, DHS, MHRH) for forty-eight thousand (48,000) elderly and adults with disabilities in Medicaid. Specific project goals include the:

- Creation of ten (10) satellite ADRC’s across the state;
- Reduction of waste and abuse under Medicaid;
- Improvement of coordination of care through care management programs and other steps to prevent complications and duplicative or unnecessary services;
- Implementation of performance based payment programs to provide rewards and support for high quality care; and
- Implementation of programs to promote personal control over services with greater emphasis on prevention.

Secured federal grant funds have permitted the three (3) above referenced Departments the opportunity to begin the reform of the long term care service delivery system across the service continuum.

G. Senior Medicare Patrol

Established in 1997, the Senior Medicare Patrol is a nationwide program. The Rhode Island Department of Elderly Affairs received its first grant for the FFY 2006-2007.

Health care fraud, waste and abuse affect every American. This is just not a matter of dollars and cents; it is equally important because it affects the quality of services provided. Medicare/Medicaid fraud is when an individual or organization intentionally misleads the consumer in order to gain money or benefits. Medicare/Medicaid abuse is when a provider supplies services or products that are medically unnecessary or do not meet professional standards.

The goal of the Rhode Island Senior Medicare Patrol Program (“RISMP”) is to provide a comprehensive, coordinated statewide information and referral system regarding Medicare/Medicaid fraud in Rhode Island. RISMP works with partner agencies to attain a variety of goals including empowering Medicare/Medicaid beneficiaries (including non-

English speakers) to recognize and report alleged Medicare/Medicaid fraud, waste and abuse. Under the RISMP program Medicare/Medicaid beneficiaries will be educated through a volunteer program to about Medicare/Medicaid fraud, waste and abuse.

The Rhode Island Senior Medicare Patrol program goal is to reduce the amount of money lost yearly to instances of fraud, waste and abuse. The attainment of this goal will ultimately improve the quality of care and services for all Medicare / Medicaid recipients and most importantly, stop the victimization of our elderly and adults with disabilities.

H. S.H.I.P.: Senior Health Insurance Program

The Senior Health Insurance Program (“SHIP”) Program consists of a network of full time Community Information Specialists (“CIS”) and part-time SHIP volunteer counselors who have been trained by the Rhode Island Department of Elderly Affairs to provide information, counseling and assistance regarding health insurance and benefits to seniors and their family members. Currently, the counselors work primarily in senior centers. DEA will be developing new partnerships and placing SHIP counselors in other locations to better serve seniors, including community hospitals and retail pharmacies.

The goal of the SHIP Program is to provide Rhode Island elders with access to accurate, unbiased health insurance information, counseling and assistance free of charge through a network of trained health benefit counselors. The Rhode Island SHIP program is structured through a central office, regional organizations, individual agencies (frequently senior centers) and individual counselors (paid and volunteer).

SHIP Services include information about: Medicare Parts A, B, and D, Medicare Supplemental Insurance, Medicare Advantage and Medicare Prescription Drug Plans (PDPs), and Long Term Care Insurance. The program counsels seniors on many topics including: how to compare health insurance options (Medigap, Medicare Advantage and PDPs); how to check for duplicate coverage; how to locate a “Medicare Participating Provider.” Further, Rhode Island SHIP provides assistance with application process for public benefits; filing claims for reimbursement of out of pocket payments; starting an appeal or using an HMO grievance process; contacting Social Security or the insurer to get up to date information.

I. Emergency Preparedness Plan

The Rhode Island Department of Elderly Affairs has a responsibility to ensure that Rhode Island’s elder and adult disabled populations have adequate access to available state and community emergency preparedness, response and recovery services. Elders and the adult disabled are vulnerable, special populations who need extra support to successfully respond and recover from disaster and emergencies. To fulfill this responsibility, the Rhode Island Department of Elderly Affairs participates in state wide collaborative planning and response efforts.

1. On-going State Level Coordination/Collaboration

To facilitate coordinated planning and response, the Director of DEA is a member of the Rhode Island Emergency Management Advisory Council (“RIEMA Council”), chaired by the Lieutenant Governor Elizabeth Roberts.

This group meets on a monthly basis to confer on emergency planning and management issues that require cross-departmental collaboration.

In addition, the Department of Elderly Affairs provides state agency support under Emergency Support Function (ESF) # 7, Resource Support of the Rhode Island Emergency Preparedness Plan. DEA is charged, along with other state agencies, to provide logistical and resource support to other organizations in an emergency or disaster.

This involvement at the state level provides the opportunity for elder and disabled needs to be addressed in any state wide long range planning or coordination of specific response activities to an event. RIEMA has plans in place to activate whatever command structure and resources are necessary to address the unique needs of any type of disaster. Because of overlap in target populations, DEA is cognizant of the necessity of working closely with DOH and MHRH.

2. Special State Level Work Groups

a. Rhode Island Department of Health (“DOH”)

The DEA Director recently participated in a DOH sponsored effort to address the emergency preparedness needs of Rhode Islanders with disabilities and chronic illnesses. The work group addressed issues of: involving more disabled in emergency planning; forming a state registry for those needing assistance during a disaster; getting information to this hard to reach population during a disaster regarding preparedness and recovery; promoting individual responsibility and capacity to care for themselves before, during and after a disaster; and increasing community awareness of the needs of these populations in an emergency situation. It is the intent of the DEA Director to continue to work closely with DOH in the area of emergency preparedness.

b. Rhode Island Emergency Management Agency (“RIEMA”)

Again with participation from DEA, a RIEMA-sponsored Special Needs Work Group has been charged with contributing an annex to the state plan that specifically addresses the needs during a disaster of the frail elderly, medically compromised, chronically ill, and disabled – including those with severe and persistent mental health needs and developmentally disabled. This is an on-going group that will attempt to resolve and address, among other issues, difficult registry issues and define operational procedures for disseminating information to special needs populations before, during and after an emergency.

3. Inter-Departmental Planning

In preparation for the possible advent of the Pandemic Flu, the Governor Donald L. Carcieri requested in November of 2005 that all state departments develop a Continuity of Government (“COOP/COG”) Plan. In response to the Governor’s request, the Director of DEA convened and led a work group comprising of the Assistant Director of Community and Planning Services, the Assistant Director of Finance and Contract Management, the State Aging/Disaster/EMP Officer, the

Coordinator for Community Planning and Development and the Chief of Policy and Planning that developed the COOP/COG for the Department.

The DEA COOP/COG is designed to ensure that the essential functions of DEA continue to operate and that vital programs and services also continue to be provided to elders and adults with disabilities served by the Department in the event of a natural, human caused, technological, national security emergency or pandemic. The DEA COOP/COG includes procedures for continuing the essential functions of the Department, identifies key leadership staff with delegated authority and those individuals in orders of succession, identifies an alternate facility and/or “virtual office” with IT communication, the securing of vital documents and records and provides the schedule for training and exercises to ensure that DEA staff understand the COOP/COG and the role(s) each is to play in the event the emergency plan is activated.

Under the COOP/COG, DEA will also provide information to elders and their families and to adults with disabilities and their families on how and where services will be provided. The COOP/COG also provides guidance to vendors/contractors and sub-grantees in the continuation of services and funding for service provision.

4. Pandemic Influenza Plan

In preparation for a pandemic outbreak of influenza the State of Rhode Island has developed a Pandemic Influenza Plan that identifies vulnerable populations and strategies to ameliorate the impact of a pandemic outbreak of influenza on elders and disabled. Elders and disabled are more vulnerable than others to infectious illness, to disruptions in regular services (public and private), and to the loss of work or business income. Factors impacting the vulnerability of elders and disabled to a pandemic outbreak of influenza include:

C. Elders or disabled individuals, who live in group quarters such as nursing homes or assisted living facilities, are especially vulnerable to exposure to a pandemic infectious illness. Strategies to address this vulnerability include isolation protocols, reducing crowding in congregant settings by having staggered meal schedules and visitation hours and establishing special rules of hygiene for residents.

D. Elders and disabled individuals who depend on public transportation are especially vulnerable to exposure as many elderly and disabled people are on low incomes and do not own cars. Suggested strategies to address this issue include avoiding overcrowding of public transportation by spacing bus routes by running additional buses on crowded runs and establishing special rules of hygiene for passengers.

E. Disruption of services to elders and disabled individuals

1. Elders or disabled individuals who depend on frequent appointments for medical care or mental health services are vulnerable to the loss of these services for the duration of a pandemic. The Department of Mental Health,

Retardation and Hospitals has developed a COOP/COG plan for all clients including elderly and disabled individuals who use mental health services regularly. This will allow for the development emergency care plans and emergency support networks.

2. Elders and disabled individuals who require frequent refills of prescription drugs are vulnerable to disruption in pharmacy services. They include the chronically ill (including those with chronic mental illness). DEA will be working with the DOH and MHRH to develop COOP/COG plans that provide for the development of Continuity-of-Operations plans for all retail pharmacies, focusing on the continuity of prescription services and the availability of essential over-the-counter medications and the availability of three (3) month or four (4) month refills of regular medication for chronic illnesses

3. Elders and adults with disabilities who depend on public stipends are vulnerable to delays in disbursement. The DEA will work with sister state agencies to COOP/COG plan for all essential state, municipal, and private social services.

4. Elders and adults with disabilities who depend on public transportation are vulnerable to cutbacks in service and elimination of bus routes. They include people with disabilities and people of low income who do not own cars. DEA will work with MHRH and RIPTA to assure the implementation of COOP/COG plans for public transportation services. The strategies to be implemented will include the development of emergency schedules to balance the needs of riders with the loss of drivers, development of a roster, the development of a roster of former drivers who will be cross trained to maximize the number of substitute drivers immediately available for duty during an influenza pandemic and at the earliest signs of an influenza pandemic an accelerated vehicle maintenance program to minimize the need for regularly scheduled maintenance during a pandemic.

5. Elders and adults with disabilities who depend on meal sites for proper nutrition are extremely vulnerable to closures. They include people of very low income, especially people who are homeless and people with disabilities who live alone. Strategies to minimize the impact of closed meal sites include the substitution of take-out meals for sit-down meals to simplify preparation, distribution, and clean-up, and to minimize client-to-client contact.

6. Elders and adults with disabilities who depend on home nutrition services (such as *Meals on Wheels of Rhode Island*) for proper nutrition are extremely vulnerable to delays in service or the loss of service. They include the homebound, most of who are very frail elders. Strategies to minimize the impact on elders and adults with disabilities during a pandemic include the development two (2) day nutrition packages. This would also include slitting clients into two (2) groups, one to receive meals on Monday, Wednesday, and Friday, the other to receive meals on Tuesday, Thursday, and Saturday (or according to a similar “split” schedule). In addition, mini three (3) day stockpiles of preserved minimal preparation meals for use during service disruptions could be distributed.

7. Elders and adults with disabilities who depend on home health services are vulnerable (some extremely vulnerable) to delays in service or loss of service, and may require transfer to skilled nursing facilities. They include the chronically ill homebound, most of who are very frail elders, and elders recovering from surgical procedures. DEA and DOH through the COOP/COG will develop plans to offset staff attrition, cut the average number of visits per client by developing alternate care plans for *selected* clients, incorporating “family” caregivers (family members or friends), just-in-time training and printed instructions for simple home-care procedures, customized supply kits, and telephone consultations.

8. Elders and adults with disabilities who reside in nursing homes and assisted living facilities or receive adult day care services are vulnerable to staff attrition, and may require transfer to larger group facilities or day services with reduced staff-to-client ratios. They include people who are elders and adults with disabilities. DEA will work with DOH and MHRH to assure the development of COOP/COG plans for all such facility placements.

In the event of a disaster or emergency, the Director of DEA will set in motion the COOP/COG for the essential DEA administrative staff. A “virtual office” utilizing the GETS or WPS IT systems will be utilized to establish contact that will also include email online systems. The essential staff will have access to cell phones and be able to contact management and support staff as needed. Laptop computers will be essential for a “virtual office” and will be requested for essential staff.

J. Program for All-Inclusive Care for the Elderly (“PACE”)

In 2002, Rhode Island began to seriously plan for at least one PACE. A large committee of stakeholders comprising consumers, service providers, professionals, state department staff, advocates and others was divided into work groups and charged with meeting the challenge of creating this program. By intensive, systematic work, the Group was able to garner the support of key administrative agencies. An advertisement was placed in the newspaper for letters of intent from consortia with the ability to amass a million-dollar contingency fund.

A team made up of DEA and DHS staff reviewed the letters of intent and issued a comprehensive RFP. Only one (1) consortia, CareLink of Rhode Island, an organization of nursing homes, home care agencies, adult day care centers and a mental health center responded. Over the next eighteen (18) months the small staff committee worked with the applicant and with a professional consultant experienced in setting up and administering PACEs in Wisconsin and New Mexico to complete an extensive application to the Centers for Medicare and Medicaid Services (CMS).

Licensed as an adult day care center, PACE of Rhode Island was approved by both the state of Rhode Island and CMS to open its doors in November 2005. Enrollment has grown steadily to about seventy (70) persons today. CMS approved the site to receive funding.

PACE of Rhode Island receives a special negotiated rate from the Rhode Island Department of Human Services that must cover all services for all consumers. In return, clients must utilize the physicians and other services of PACE. PACE will pay for either long or short term nursing home care.

A major issue confronting PACE is transportation. The RIDE Program does not have adequate funding to accommodate all PACE clients who need transportation to and from adult day and to and from medical appointments. In addition, RIDE drivers are not trained to serve as members of the treatment team, as required by PACE. Steps are now being taken to work with PACE to assist with either purchasing its own vans or contracting with a van service.

K. Advanced Performance Outcomes Measurement Project (POMP). The following objectives were achieved, however, funding for this project was not received for FFY 2009-2010 program enhancement or continuation.

In FFY 2000, Rhode Island received its first competitive Performance Outcomes Measurement Project (“POMP”) grant from AoA. In collaboration with AoA, Westat and several other states and Area Agencies on Aging across the country, Rhode Island began to test survey instruments designed to identify and quantify outcome measures that can be used to demonstrate to the United States Congress and state legislative bodies and governors that Older American Act program and services benefit elders and their families. Surveys and supporting documents have been developed and tested for: Caregivers, Case Management, Homemaker Services, Information and Assistance, Senior Centers, Transportation and both Home Delivered and Congregate Meals. In addition, information about consumers is being gathered using these scales in conjunction with the surveys: physical functioning, social functioning, emotional well-being and demographic characteristics.

POMP was successful in developing customer satisfaction surveys in the areas listed above. These surveys were revised and perfected and, indeed, this work continues. Areas in which survey instruments and supporting documents needed to scientifically administer the surveys and analyze the results can be found on the AoA POMP website: gpra.net.

Despite the success of POMP, a number of individuals working on the project wanted to move beyond customer satisfaction to isolate true performance outcomes that can be defended scientifically. In FFY 2005, Rhode Island and nine (9) other states were awarded three (3) year Advanced POMP grants.

During the past three (3) years, with significant support from Westat, states have searched for variables that delay or prevent entirely the placement of elders into nursing facilities. Westat has analyzed three (3) years of Rhode Island client data and documented success in nursing home diversion: Of the elders who used DEA services and entered nursing homes, sixty one percent (61%) were eighty five (85) years old or older, compared to thirty- nine percent (39%) for the population as a whole who entered nursing homes during the same time period. In addition, elders who use one (1) service

delay institutionalization by eight (8) months, while those using three (3) or more of the DEA community services delay institutionalization by twenty-six (26) months.

DEA POMP staff is also reviewing the results of the first assessment administered to persons entering Medicaid-funded nursing homes to get a picture of the characteristics of people entering these facilities. They will be compared with a group of persons who are nursing home eligible but still living and being served in the community, the Medicaid waiver clients.

DEA is in the process of preparing a grant application for an Advanced POMP for FFY 2008 and FFY 2009. This would allow the work under the current Advanced POMP to expand and enable the Department to further examine how best to delay and/or divert Nursing Home admissions. In addition to nursing home diversion, Rhode Island has been conducting surveys of congregate meal site participants. This work is being performed by University of Rhode Island undergraduate and graduate students under the supervision and direction of a faculty member nutritionist. The intention is to eventually isolate nutrition variables that are related to increased risk of nursing home placement. The Department is in the process of initiating a voucher system through a restaurant program as an alternative to traditional congregate meal sites.

In expanding the Advanced POMP initiative the Department will be measuring the effectiveness of the Stanford chronic Pain self-Management Program (“SPSMP”) over a two (2) year period. This initiative will enable the Department to measure the effectiveness of training elders to self manage pain through a variety of approaches. It is anticipated that this Advanced POMP Initiative will reduce the incidental use of emergency room visits for pain management by elders.

L. Preparing for Baby Boomer Generation Preferences and Needs

The Department of Elderly Affairs (DEA) sent several staff to the AoA Summit in Washington, DC in early December 2006. These staff participated in the *Choices for Independence* sessions and came away with an understanding of the new programs that AoA is developing for the Baby Boomer Generation and their families.

The four (4) pillars for *Choices for Independence* are: Aging & Disability Resource Center; Cash & Counseling; Evidence-based Prevention of Disease and Disability; and Programs and Services for Individuals who are nursing home eligible but who do not qualify for Medicaid.

Elsewhere in this Plan, DEA has described its work on each of these four (4) pillars. In addition, DEA is very aware of these pillars and the shift in philosophy that they represent. This awareness informs DEA’s planning efforts and impacts selection of members for groups designed to advise DEA on its future direction.

A reality underlying *Choices for Independence* is the fact that enough resources—both fiscal and work force—will not be available to serve the huge demographic of elders who were born between 1946 and 1964. Strain being placed on Medicare and Medicaid by younger citizens with disabilities and by undocumented aliens of all ages is exacerbated by not enough young workers to contribute to the Social Security Systems.

Three (3) strategies are in play in *Choices for Independence* to address these harsh realities:

1. Increased choice on the part of consumers and their families with a requirement that they pay some portion of the cost of services and programs they receive;
2. Increased emphasis on prevention and early intervention so that illnesses related to aging will be less severe; and
3. Mandated increased collaboration with other agencies within the federal Department of Health and Human Services, such as CMS, CDC and AHRQ, and between aging and health agencies at the state and local levels.

IX. Rhode Island's Continuum of Home and Community Care and Related Services

As of July 1, 2009, responsibility for Transportation Services has been transferred to the Rhode Island Department of Human Services per Budget Article 15,

A. Transportation: Specialized Paratransit Services

The Department of Elderly Affairs recognizes that transportation is critical to the ability of both elders and adults with disabilities to access necessary community services maintain their independence and access a variety of community based services. DEA has designed a comprehensive transportation program to make public transportation available to both elders and persons with disabilities by funding both fixed route bus service and paratransit service.

The Department of Elderly Affairs funds a statewide paratransit service which provides elders of sixty (60) and older door to door transportation. DEA also manages the "Inter-modal Surface Transportation Account" generated from a dedicated one (1) cent per gallon of the Rhode Island gasoline tax. These funds are primarily utilized to support the Rhode Island Public Transit Authority's ("RIPTA") no fare and reduced fare fixed route service for elders and persons with disabilities. In order to provide statewide Para transit service a statewide brokered paratransit program ("Ride") contracts with carriers who actually transport the elderly and disabled and provides a centralized scheduling system that aims to insure the most effective utilization of paratransit resources.

The DEA Paratransit service program provides transportation for the service categories: Nutrition (congregate meal sites), Adult Day Care, and special medical appointments, general medical appointments, INSIGHT

vision program, and DHS low-income disabled individuals and Medical Assistance recipients, for medical treatment. Transportation to kidney dialysis is a top priority. Service is generally available Monday-Friday from 7:00 am to 5:00 pm.

Funding is by dedicated revenue raised from a one (1) cent per gallon gasoline tax, which became effective on July 1, 1993 (“Tax Monies”). Based on an estimated SFY 2006 annual revenue projection RIPTA was authorized and allocated funds to provide the following transportation services:

1. Adults with Disabilities (ADA) transportation and fixed route elderly/disabled bus services in accordance with Rhode Island General Laws § 39-18-4 (g)(I); and
2. Specialized Paratransit services for the elderly (“RIDE”).

These services are funded by the Tax Monies and through the DEA Budget. With the cooperation of DHS, additional Title XX funds are earmarked for this transportation program through Medicaid reimbursements. The increases in hourly costs and calculation of billable hours have significantly increased the overall cost of the transportation program.

The need remains for paratransit rides to other destinations that are vital to maintain the social contacts of individuals. Such rides need to be available to the elderly and disabled in the evenings, holidays and on weekends. The Rhode Island Developmental Disabilities Council noted in its annual report entitled Vital Signs: 2005-2006, that transportation remains a key issue for Rhode Islanders with Disabilities. Most depend on public transportation for health care appointments, work and leisure activities like bowling, movies and dining out. Of the two hundred and thirty two (232) individuals surveyed by the Developmental Disabilities Council via telephone in 2003, ninety-one percent (91%) stated that “being able to get a ride where you need to go” was important to them. Similarly, elders and their caregivers repeatedly voice the same concerns.

Future Trends and Goals. Over the past few months, DEA and some of its elder advocates have studied the successful ITN transportation program initiated in Portland, Maine. Individuals can purchase rides or earn vouchers for rides by either driving someone themselves or having a younger family member drive someone else. Friends of the elderly can purchase vouchers for rides as well.

Driver insurance and other issues remain to be solved before this innovative program can be replicated in Rhode Island. However, it is clear that on demand transportation will remain a key issue in supporting people to stay in the community. Rhode Island will continue to work towards full compliance with the requirements of the Olmstead Decision and Title II of the Americans with Disabilities Act.

B. Housing Security and Residential Services. Achieved and continues with proposed program regulation revisions to ensure public security while satisfying program intent. New hire starting in September 2009 to fill vacancy of Senior Housing Specialist position that occurred in February 2009.

General Description: Under Rhode Island General Laws section 42-66.1 et seq., entitled the Security for Housing for the Elderly Act, the Rhode Island Department of Elderly Affairs is charged with statewide monitoring and assessment of over two hundred (200) public and private elderly housing complexes designated by the federal government as housing for the elderly in Rhode Island. Promulgated Rules and Regulations enable the Department to administer on-site compliance reviews to insure the health, safety and welfare of elderly citizens who are residents in housing for the elderly. A grant program, through a Request for Proposal (“RFP”), has also been established to assist both public and private housing complexes to secure funding to increase security measures in the form of security guard personnel and high tech security equipment such as cameras, VCRs and keyless entry systems. Ongoing resident security, educational programs, and a safety and security plan are also required from the over two hundred (200) public and private housing complexes.

Expenditures: Over the last four (4) years, the Rhode Island Department of Elderly Affairs has awarded competitive grants to successful applicants in the amount of over nine hundred thousand dollars (\$900,000), all of which is state general revenue funding.

Development: The Housing Security Program has developed into a viable and visible mechanism in insuring the health, welfare and safety of all older residents residing in designated housing for the elderly in Rhode Island. The Department, through recent revisions in its Rules and Regulations Governing Security for the Elderly, has redesigned, modernized and streamlined its compliance assessment process in order to more comply with its statutory mandate to protect the health and safety of the elderly. DEA has established a more aggressive mechanism for necessary corrective action for those complexes not in full compliance with the above referenced Rules and Regulations. The enhancement of the “Security Guard Certification School” has seen tremendous advances over the past several years in terms of “certifying” more individuals who have been trained and educated in key areas affecting safety provisions for elderly residents. The Department of Elderly Affairs has also taken a more active role in its participation in the Housing Resource Commission (“HRC”).

The major charge of this Housing Resource Commission is to develop and promulgate state policies and plans for housing and performance measures for statutorily mandated housing programs. The Rhode Island Department of Elderly Affairs has a key staff person on the Commission to share information and to assist in developing statewide policy for Rhode Island’s housing industry. Within the past several years, the “Security Journal” has also emerged as an effective information, education and management tool geared to housing managers, owners/directors of private/public housing and Resident Service Coordinators. The Security Journal is designed to inform and educate individuals on key areas of safety such as fire safety, falls prevention, personal security issues and other health and safety concerns that will assist the older resident in living a more independent and dignified lifestyle.

Future Goals: DEA will continue to build upon partnerships in the community to further secure the safety of all older persons residing in both public and private housing. Already started, DEA has built strong relationships with police and fire departments in many of the State's local municipalities. A stronger relationship has and will continue to become more viable with all public and private housing complexes. By working closely together as a unit, all involved parties can insure safer environments for their older residents. An "Annual Report" to the Rhode Island General Assembly will be introduced within the next few months to highlight and showcase the many successes of the Housing Security Program. This Annual Report will educate our General Assembly as to the critical importance of continued and enhanced funding for this program as it concerns our older consumers. Undoubtedly, the next few years look extremely promising as partnerships continue to grow and visibility of safety issues comes to the forefront. It will continue to be the goal of the Department of Elderly Affairs to establish community living situations which ensure the maintenance of an elders' dignity and independence in a safe and comfortable living environment. **Achieved and continues with proposed program regulation revisions to ensure public security while satisfying program intent.**

C. Legal Services. Achieved, however, position vacated in June 2009. New hire (September 2009) (Senior Housing Specialist) will be responsible for 2, 3, and 7 below as is related to Housing Securities Program.

DEA recently modified the responsibilities of the Department attorney to include certain administrative roles, as well as to meet the federal requirement under the Older Americans Act of 1965 as amended. These responsibilities include:

1. Serving as an attorney in the state office by providing legal advice and services to older consumers their families and caregivers;
2. Serving as a hearing officer as assigned;
3. Conducting legal research;
4. Providing legal opinions to agency staff and senior management;
5. Assisting in the drafting of rules and regulations for matters affecting older consumers;
6. Preparing detailed reports and recommendations on legal matters; and
7. Coordinating activities with other legal counsels, community groups and agencies and other state departments.

This federally funded position under the Older Americans Act of 1965 as amended is responsible for legal counseling and legal services development in the form of information, referral and assistance to elders, families and caregivers. This position is mandated by the Older Americans Act as part of our four (4) year State Plan to the

Administration on Aging. This function is contingent upon receipt of funding for the Rhode Island Department of Elderly Affairs under Title IIIB of the Act which includes the provision of legal services activities affecting older consumers.

This position serves as liaison to two (2) DEA grantees, the Rhode Island Bar Association and Rhode Island Legal Services. This position serves as a critical link to the State Attorney General's Office and in the community by performing educational talks and providing guidance in the valuable areas of Living Wills, Powers of Attorney, Social Security, Guardianship, Long Term Care Insurance, Property Taxes and Property Relief and many other social, health and domestic issues.

This position plays a key role in the administration of the Housing Security Program for the Elderly, including but not limited to, revision and interpretation of the housing security rules and regulations, policy and procedures, research, decision making and recommendations regarding compliance assessments as administered by DEA housing unit staff and key participation in the RFP process for the housing security grant program.

This position serves as consultant to Department staff on issues regarding guardianship cases and other protective service cases, as needed; provides training to staff within the Office of Elder Protection; advises Department staff with regard to media requests and responses; serves as Department liaison to attorneys, public safety personnel, and community agency personnel regarding issues that relate to the operations, staff, and services of the Office of Elder Protection and the Department of Elderly Affairs.

D.Senior Workforce Development

As of July 1, 2009, the responsibility for the Senior Workforce Development Program has been transferred to the Rhode Island Department of Labor and Training.

The Senior Community Service Employment Program ("SCSEP") authorized by Congress in Title V of the Older Americans Act provides work based training and employment opportunities for mature job seekers. Applicants must be fifty-five (55) or older, have a family income at or below one hundred and twenty-five percent (125%) of the poverty level, legally eligible to work in the United States, unemployed and in need of skills building. Preference is given to sixty (60) or older individuals, minorities, veterans, spouses of veterans, disabled and those most in need of a job. Participants are given training and job placement in non-profit or faith based host agencies. The placements are time limited one (1) to two (2) years maximum, with the intention of ultimately transitioning participants to unsubsidized employment.

DEA awarded the Cranston CAP Agency ("CCAP") the first RFP in 2004. It was contracted to operate the program from July 1, 2004 to June 30, 2005. The RFP was re-issued for a three (3) year period commencing July 1, 2006. The current contract's budget period is July 1, 2006 to June 30, 2007. Another RFP will be issued in the spring of 2009.

CCAP has successfully met the federally mandated Performance Measures including: Placement Performance Measure; Service Level Performance Measure; Retention Performance Measure; 1.3 Enroll Most in Need Performance Measure; Employer Satisfaction Performance Measure; Participant Satisfaction Performance Measure; Host Agency Satisfaction Performance Measure.

The National SCSEP program is undergoing a significant review and re-authorization which will include new performance measures. DEA plans to respond to the new RFP for the period commencing July 1, 2007. We hope to continue with the success to date and enhance the program by incorporating language and dollars for “on the job training” monies to allow us to help temporarily pay the salaries of graduates transitioning to full time private sector employment.

E. Home Care Services

Personal care services for community-dwelling elders are overseen by the DEA Home and Community Care staff. Case management agencies that are certified by DEA under its *Rules, Regulation and Standards for Certification of Case Management Agencies* and respond successfully to periodic Requests for Proposals (“RFP”), provide case management services to elders in the community. Currently there are six (6) regional certified case management agencies under contract with DEA.

Home care services are supported by the state-funded co-pay program which has two (2) annual income levels with separate amounts within each level for individuals and individuals who are a member of a couple. Home care and assisted living are also funded by the DEA Community Waiver. In all programs, homemaker services are offered only to individuals receiving personal care who need homemaking assistance.

The number of service units delivered in both home care and adult day care has risen steadily from SFY 2005 to the projected SFY 2008. For home care, 138,085 hours of home care in 2005, has grown to 240,602 for 2008. For adult day care, 33,305 days have grown to 56,200 for 2008. Adult day centers served approximately 1150 different clients in 2006 and case management agencies recorded services to 5,556 clients.

The assisted living component of the DEA Community Waiver has doubled in the past eighteen (18) months. Starting with a client base of thirty (30), it is projected to reach two hundred and forty one (241) by June 30, 2007. This has produced a significant shortfall in funding for the DEA Community Waiver during SFY 2007.

Significant changes in the administration of home and community care have taken place during the past eighteen (18) months. Routine service approval processes have been totally computerized, thus speeding up approvals for both new clients and service increase for existing clients. The approval of assisted living facilities to offer DEA Community Waiver services has been streamlined by initiating a formal two (2) signature memorandum of understanding. This document spells out exactly what rules apply to the program.

The SAMS client database that also records certain service delivery data has been expanded to all case management agencies and adult day centers. A number of issues

related to client confidentiality have been negotiated and easier access to the data of clients common to more than one (1) community agency has resulted.

F. Adult Day Services

In 1999, the Department of Elderly Affairs promulgated Rules, Regulations and Standards for the Licensing of Adult Day Services Programs. Prior to that time, a less stringent set of certification standards had been applied to these programs and facilities. DEA staff worked cooperatively with adult day centers to draft and develop the above referenced licensing Rules and to implement an inspection process that involves technical assistance as well as compliance with the promulgated rules and regulations.

Since the promulgation of the above referenced licensing Rules several new adult day centers have opened. Currently, there are nineteen (19) licensed adult day centers, including the PACE. All eighteen (18) of the non-PACE facilities now enjoy two (2) year licenses, the result of having had two (2) consecutive years with no significant deficiencies.

Throughout their existence, the eighteen (18) non-PACE adult day centers have struggled with inadequate funding. Under the new above referenced Licensing Regulations, they are required to have no less than a one (1) to nine (9) ratio of direct care staff to participants, to have a nurse on site and participating as a member of the inter-disciplinary team, at least one (1) certified nursing assistant (and many have only CNAs as program assistants) and to provide a meal and two (2) snacks, as well as to either arrange for, or provide, transportation to and from the center. Most adult day centers received grants annually from the Rhode Island General Assembly; all but two (2) have sliding fee scales for private pay clients; and all apply for private foundation support and conduct aggressive fund raising activities on a regular basis. In short the reimbursement the centers receive from the state for the co-pay and Medicaid participants is about half what they actually spend and it is only available for the days the participant actually attends the center. Some relief is expected through the long term care system re-balancing detailed above.

While only two (2) of the nineteen (19) centers openly advertise themselves as centers for persons who have Alzheimer's disease and related dementias, all nineteen (19) centers have a large proportion of participants with diagnoses of dementia, many in the latter stages of Alzheimer's disease. In addition, all centers treat people who suffer from cardiac conditions; Type II diabetes; a variety of neurological diseases, such as Parkinson's disease and ALS; depression and other psychiatric illnesses; substance abuse problems; mental retardation and many other conditions that require expert nursing care.

In an attempt to maintain financial viability, several adult day centers have formed cooperative relationships with community agencies serving adults with developmental disabilities. Others work closely with small assisted living facilities whose clientele are diagnosed with serious and persistent mental illness and substance abuse issues. Needless to say, as these individuals age out of a the traditional workshop program they develop the usual illnesses and disabilities associated with aging, conditions that exacerbate their ongoing behavioral and cognitive challenges.

One (1) large adult day center has devoted itself almost exclusively to individuals with mental retardation, mental illness and substance abuse problems. In addition, this program received funding to develop an excellent program for adults with brain injuries. This adult day center enjoys relatively fewer fiscal challenges, because they have a high number of clients most of whom are Medicaid eligible.

Legislation was recently enacted transferring the authority for licensing adult day centers to the Rhode Island Department of Health. At this time DEA staff is working with Health to assure that this transition, targeted for January 1, 2008, will be a smooth.

DEA staff will retain program authority for the adult day programs and services and continue to be responsible for contracts with the adult day centers. DEA meets regularly with the Rhode Island Association of Adult Day Services and directors of these programs meet at least quarterly with DEA Home and Community Care staff and case management agency supervisors.

G. Alzheimer's Demonstration Grant (ADDG)

In July 2004, the DEA received a three (3) year Federal grant to build on approaches to community based care for families dealing with the care of persons with Alzheimer's disease or related dementias. The *Partners in Care* grant is funded under section 398 of the Public Health Service Act (42 U.S.C. 398 et seq.), as amended by Public Law 101-157 and by 105-379, the Health Professions Education Partnership Act of 1998. The program is administered by the Federal Administration on Aging. This grant has been awarded for the period July 1, 2004 through June 30, 2007.

The focus of this project, entitled *Rhode Island Continuing Partners in Care* ("Partners in Care Project") is to build on the current available services, improve these services and develop new services to fill gaps in the care system. The Partners in Care Project focuses on services in community settings including: Increase respite care services for Alzheimer's families (Target 225 families); Develop rapid response respite to stabilize families in crisis (Target 20 families); Increased Certified Nursing Assistants serving minority and limited English speaking families (Target 60 families); Train Adult Day Center Staff on ADDG and related issues (Target 18 Centers)

The Department anticipates applying for a new cycle of three (3) years commencing July 1, 2007.

H. Respite Services, including National Family Caregiver

Families, not social service agencies, nursing homes or government programs, are the main stay underpinning long term care ("LTC") for older persons in the United States. According to the most recent National Long Term Care Survey, more than seven million (7,000,000) persons are informal caregivers – providing unpaid help to older persons who live in the community and have at least one (1) limitation in their activities of daily living. These caregivers include spouses, adult children, grandchildren and other relatives and friends.

The National Family Caregiver Support Project calls for Rhode Island, working in

partnership with community-service providers, to provide a program of family support services including: information to caregivers about available services; assistance to caregivers in accessing services; individual counseling, support groups and caregiver training; respite care to relieve caregivers; and supplemental services to complement care provided by caregivers. The Rhode Island Department of Elderly Affairs has responded to this national program by entering into several contractual relationships responding to the local needs of our state, including: Respite Care, Information and Referral, Case Management Assessment, Grandparent Support, Affordable Assistive Devices, Caregiver Information, Education and Training.

The Diocese of Providence, a faith-based organization, administers two (2) respite programs under contract with DEA. In addition, the Diocese has a grant directly from the Rhode Island General Assembly to offer respite care. Respite is defined as temporary care given inside or outside the home for elders who need help caring for themselves.

The first program, *Subsidized Respite Program*, provides relief to primary caregivers who live with someone fifty-five (55) years or older who is in need of personal care assistance. In-home respite, adult day services and overnight stays in assisted living or nursing care facilities are provided on a cost-sharing basis.

The second program, *Homemaking Program*, makes homemakers available for a reduced hourly rate to anyone fifty-five (55) years or older and handicapped or adults with disabilities of any age whose incomes are within the guidelines of the State's Pharmaceutical Assistance Program. This program recruits, trains and matches respite homemakers with eligible clients. Homemakers can provide assistance with home maintenance and companionship, but certified nursing assistants are required to do all personal care.

I. Congregate and Home Delivered Meals. Achieved and continues with additional funding provided by the ARRA Program for program enhancement. Funds, limited to December 2010 are distributed to six (6) statewide service provider agencies for Congregate Program services and one (1) agency that provides statewide Home Delivered Program services. The funds are obligated to the provision of additional meals and increasing staff.

Title III of the Older Americans Act is the authority under which Rhode Island operates an elderly nutrition program, more commonly known as the, "Ocean State Senior Dining Program". There is one (1) statewide provider of home delivered meals, *Meals on Wheels of Rhode Island*; and over seventy (70) statewide congregate meal sites housed in senior centers, elderly housing and community centers. There are five (5) regional congregate nutrition projects responsible for the administration and oversight of the Title III congregate program in terms of program operations, records and statistics, menu planning, volunteer recruitment, nutrition education and counseling and all financial related items in connection with their individual grant awards. *Meals on Wheels of Rhode Island* is the responsible administrative agency for the entire state for home delivered meals to homebound elders and disabled. The agency is also responsible for volunteer recruitment, nutrition education and sponsors many annual fundraising activities to increase meal service and avoid waiting lists for potential consumers. Nationally, over the past five years or so, the congregate meals program has experienced a decrease in meals

served due to a variety of factors, those being, a “younger” and more active senior population, seniors positioned better financially than in years past, and healthier seniors who find the senior center/meal site atmosphere unattractive. Conversely, the home delivered program has seen increased meals served and has leveled off due to older persons becoming frailer and at higher nutritional risk due to one or more health complications. Rhode Island continues to categorize its congregate and home delivered meal programs as critical to elders maintaining community living filled with dignity and independence.

Development: Both programs continue to provide and promote nutritional health maintenance for all eligible participants as mandated by the Older Americans Act. Both have aggressively increased the provision of nutrition information and education through the use of agency newsletters and informational talks on various health related topics. Nutrition Counseling through the use of the “Nutrition Risk Assessment” tool has seen moderate increases and will continue to increase in the years ahead. Last year, the congregate program served 495,083 meals while the home delivered program served 452,902 meals. (Title III only)

Program Participation/ ~~The past year’s overall participation total for the Congregate Program was 443,399, a decrease from the previous year total of 468,332. One example of a reason for this participation plummet may be due to a generation of eligible participants that are more active and less likely to gravitate toward a mealsite setting atmosphere. The RIDEA’s response to this decline has been the establishment of a Restaurant/Voucher program that is operated through a collaborative effort between the service provider agencies and restaurants such as Chelo’s, IHOP, and most recently Newport Creamery. The program uses vouchers to satisfy the “younger senior” or “Baby Boomer” generation that require a less “traditional” mealsite program setting. In addition, the program allows for the capacity to offer meals in the evening and on the weekends through frozen meals and take home meals. Several provider agencies have recognized the need for new and innovative ideas to sustain and increase program participation.~~

Future Goals & Trends: ~~The congregate meal providers throughout the state have recently been called upon to develop, with the guidance of the state agency, a strategic plan to increase meals served within the states’ to over seventy (70) meal sites. In an attempt to get away from the “traditional” meals served in settings such as senior centers, community centers and elderly housing, new and innovative ideas are on the horizon for the near future such as voucher/restaurant programs, evening meals, weekend meals, frozen meals and “take-home” meals. A more aggressive marketing campaign is also on the horizon in terms of “selling the congregate program” to the “younger seniors”, the new “Baby Boomers”. This will not be an easy task but a task that all Nutrition Program agencies continue on with enthusiasm and aggressive fervor while exploring the idea and the necessity to implement new dietary guidelines for Older Americans and will be implementing these guidelines through a statewide initiative that will enhance the nutritional value and reduce health risk issues in terms of the menus we prepare and the meals we presently serve.~~

To improve and enhance the operations and provision of Title III Nutrition Program services, the RIDEA staff is currently working toward revising and updating the Title III Nutrition Program Policies and Procedures. The existing regulatory document was last updated in 2002, with several sections not updated since 1987. The plan includes research of various states on their existing policies and procedures for administering the Title III Nutrition Program. To ensure conformity with federal laws, rules, regulations, and policies, staff will consult with AoA federal staff for direction and assistance with initiating, developing and implementing these changes. Also, staff will coordinate with the RI DOH staff to ensure compliance with state policies, methods and procedures. Included in the revision will be the section of Menu Policy and Procedures, Program Income Donations, Designation of Congregate/Home Delivered Meals, Removal of Meals from Mealsite, Freezing of Meals, Service Cancellation Policy, Home Delivered Assessment Program, Provision of Meals at Adult Day Care Centers, Prayer at Mealsites, Opening of New Mealsites, Under 60 Handicapped Meals Program, Reporting Forms, Evaluations, Assessments, Participant Intake Form, and other applicable standards of operations.

American Recovery and Reinvestment Act (ARRA) funds were awarded to the RIDEA for distribution to the six (6) Nutrition Program service provider agencies. ARRA regulations mandate that the funds be expended by December 2010. Each agency provided a detailed plan of what they will do to satisfy the requirements of the provision of additional meals and/or maintaining and/or hiring additional program staff.

Our statewide home delivered meals program continues to provide thousands of meals to at-risk, homebound elders while making provisions to avoid any kind of a waiting list. The home delivered program not only serves Title III eligible participants, but serves the states' disabled population and, through a state Medicaid Waiver, meals to those with low income and health related issues. The future looks bright for both the congregate and home delivered programs, but, this will not happen without a lot of hard work and dedication, something Rhode Island has always prided itself on when it concerns the provision of quality nutrition to all older Rhode Islanders.

J. Protective Services

During the past two (2) years, DEA has made strides in reorganizing protective services for elders by: drafting policy and procedures; promulgating rules, regulations and standards; clarifying roles and responsibilities of Protective Services staff and case management staff in coordinating services for clients; and working with the State Long Term Care Ombudsperson and with the Department of Attorney General.

Two (2) new staff members have assumed significant roles in Protective Services: a licensed Masters level Social Worker ("LCSW") became Assistant Administrator of the unit and a licensed attorney with a Masters level degree in Social Work has made herself available as a legal consultant to the Unit, in both administrative and client-related matters.

Development: In collaboration with a new Assistant Administrator for Home and Community Care Services, the Assistant Administrator for Protective Services drafted new policies and procedures to clarify the roles and responsibilities of protective services staff as they relate to: the investigation of allegations of abuse and neglect of elders; the guardianship process for elders who are determined to need a substitute decision-maker; the role of case management staff in the implementation and oversight of protective services designed to keep the elder safe in the community. Regularly scheduled meetings are held between the DEA Assistant Administrators and case management agency supervisors for the purpose of addressing: 1) specific concerns and challenges related to protective services clients; and 2) an ongoing review of changes in policy and procedures.

The Protective Services unit is in the process of establishing an electronic database. The conversion from paper files to electronic files began with the entry of information provided by individuals who call to report alleged abuse, neglect or self-neglect. In time, all individual client data will be computerized and will provide aggregate reports on such factors as: caseloads; client characteristics; recidivism; and trends in protective service issues.

Staff receives specialized training in how a case is prepared for criminal investigation and possible prosecution. The Protective Services Unit has established an effective working relationship with the staff of the Elder Abuse Unit, established in 2005, in the Rhode Island Department of Attorney General.

An ongoing challenge for the Department has been the lack of a response capability for elders who are in crisis at night and on weekends and holidays. Feedback from community public safety personnel about the need for social work intervention and crisis management during these time periods led the Department to draft a proposal to the Office of the Governor requesting support for the development of such a program. The *After Hours Emergency Response Program for Elders in Crisis* was established in 2006 to address the need for departmental response to elders in crisis at night and on weekends and holidays. The program provides a coordinator to respond to calls, determine the appropriate services needed, coordinate immediate services and/or short term placement in a facility, and, if appropriate, dispatch an on-call clinical specialist to the scene to assist public safety personnel and to provide clinical intervention, counseling, and crisis management. The Program is responsible for linkage to the Department of Elderly Affairs on the following business day to provide a detailed report of all emergency response activity and to transmit all appropriate referrals to the Department for investigation and/or case management.

Future Goals and Trends: The number of reports to the DEA alleging elder abuse has increased slightly each year over the past five (5) years. The rate of recidivism remains static and continues to challenge Protective Service staff. By strengthening collaboration with law enforcement agencies, DEA hopes to see a decline in repeated reports of abuse, neglect and exploitation.

Financial exploitation of the elderly is increasing particularly with regard to mail fraud and telephone scams. DEA has taken several steps in the past five years to reduce the possibility of exploitation of elders: educational issues on consumer protection in the Department's periodical *The Older Rhode Islander*; seminars for seniors on identity theft,

scams and fraud provided by DEA Legal Services Developer at Senior Centers and Elderly Housing complexes; and strong collaboration with staff from the Department of the Attorney General has increased the number of criminal investigations of such cases.

A high profile case in the media recently focused public attention on the issue of elders who lose their homes at tax sales, often because the elder is unaware that the taxes were not paid or was confused by the notification process. The DEA Legal Services Developer reviews notices of such sales, submitted to the Department from each municipality, to determine if some of the affected elders need assistance in addressing the delinquent bill so that the elder can remain at home in the community.

During the past five (5) years, DEA has observed an increase in reports of elder self-neglect. Such individuals typically suffer from dementia or untreated mental illness and are unable to provide themselves with necessary food, water, and/or shelter, creating a serious risk to their health and safety. DEA works closely with case management agency staff and other community agencies to provide necessary services to these elders. However, in all cases, the right of the individual elder to refuse services, whether the issue is self-neglect, abuse, neglect or financial exploitation, remains paramount.

Rhode Island is one of only seven (7) states that does not address the issue of self-neglect in statute. DEA has introduced legislation in 2007 to add self-neglect to the Rhode Island protective services statute. DEA staff has worked closely with the Rhode Island Chapter of the American Civil Liberties Union and with the Rhode Island Disability Law Center to draft legislation that will assist the Department in providing services to vulnerable elders while protecting their rights to self-determination and to residence in the least restrictive setting.

K. Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE)

Rhode Island Pharmaceutical Assistance to the Elderly (“RIPAE”), a state-funded program, provides pharmaceutical financial assistance to approximately eighteen thousand (18,000) Rhode Islanders who are sixty-five (65) years old or older and SSDI persons fifty-five (55) years old and older. RIPAE pays a portion of the cost of prescriptions used to treat: Alzheimer’s, infections, arthritis, asthma and other chronic respiratory conditions; cancer, circulatory insufficiency, depression, diabetes, glaucoma, heart problems, cholesterol, hypertension, multiple sclerosis, osteoporosis, Parkinson’s disease, and urinary incontinence. RIPAE also covers prescription vitamin and mineral supplements for renal patients.

For those additional prescriptions not included above, RIPAE members receive the RIPAE discounted price. Coverage ranges from sixty percent (60%) to fifteen (15%) of the prescription cost based on income. RIPAE also helps members pay for eligible prescriptions in both the deductible and coverage gap for those persons who have Medicare prescription drug plans (Medicare Part D) who are not eligible for the low income subsidy (“LIS”). The number of individuals utilizing the program and the cost of the program has decreased dramatically since the advent of Medicare Part D. The Rhode Island General Assembly required that persons eligible for LIS become LIS members or lose RIPAE benefits.

L. Advances in Information Technology (IT)

In mid-2006, the following high-level DEA IT project plan was formulated.

Progress and Anticipated Future Efforts on DEA IT Goals by State Fiscal Year
August 4, 2006

 Accomplishments
 Anticipated Future Efforts
Now ↓

FY2005				FY2006				FY2007				FY2008			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
A. Integrated Quality Service - Analyzed, designed, documented, and trained users in the SAMS web-based case mgt system. Rolled out to 25 orgs. Designed and enhanced SAMS to allow DEA electronic authorizations. Designed and developed Protective Service SAMS system and rollout begun.								A. Extend Integrated Quality Service to other DEA programs. Finish rollout of Protective Services system. Continue support of SAMS web-based systems.							
B. Service and Financial Data Integration - Collaboration with DEAMgmt & Finance to combine service & financial data to enable better projections.								B. Implement agreed-upon system to track and project financial data. Work with system and improve as needed.							
C. Program Management - Institute SAMS system in Home & Community Care. Begin implementation of Protective Services system. Assist RIPAE in turnover of data to EDS from BioScrip.								C. Finish Protective Services Rollout. Support HCC & Protective Services systems. Improve as needed. Extend benefits to other DEA programs.							
D. Targeted Data Analysis - Utilize the existing electronic and paper-based systems to gather data for queries and reports. Use the SAMS, Call Tracker, and other DEA systems to provide management, service, and financial projection data. Analysis and design for performance outcome systems. Set up Respite data monitoring system.								D. Expand data analysis thru improved electronic tracking and training for data analysis people. Utilize other resources, existing and upcoming, to analyze data for DEAs needed purposes.							
Infrastructure - Upgraded client computers. Replaced old file server. Moved to current version of Groupwise email. See FY2007 DEA IT Goals report for more details. Compiled required HIPAA compliance IT data.								DoIT handles hardware and network support as well as provision of basic electronic needs such as stable internet/email, reliable backups, and network hardware upgrades as required. DEA handles internal training for DEA specific items and informs DoIT of its current or upcoming infrastructure needs. DEA also provides internal DEA specific software support.							

There has been a good deal of progress on the plan as summarized here in the following specific DEA IT projects:

- An IT staff member is continuously working with SAMS to keep the system current and its users satisfied.
- IT works continuously with designated Home and Community (“HCC”) staff members as concerns SAMS reporting responsibilities.
- IT staff member is overseeing CallTracker so DEA keeps getting data from Rhode Island’s information network. This involves troubleshooting of problems and combining data emailed in from THE POINT and the Regional Community Specialist Agencies.
- Staff runs reports from SAMS and CallTracker as requested by DEA management.
- ServFin, a multi-variate bimonthly projection of clients and program expenditures, is rolled out and being used by HCC. Periodic checks on its operation are made by IT staff to ensure the systems are meeting the objectives of the Department. IT stands ready to work with both DEA Fiscal and HCC to make

- changes necessary to keep things going smoothly and to make adjustments as required.
- Protective Services SAMS deployment is moving ahead with IT staff making measured progress in the implementation. Close attention is being paid to the details to insure a more consistent, reliable and accurate mechanism for reporting and analyzing data in the protective services area.
 - An all-day training of most of the Protective Service staff was recently conducted.
 - IT staff and DEA staff are investigating software that can assist THE POINT in the implementation of the new ADRC grant.
 - a. A short list of key DEA business needs has been drafted.
 - b. An analysis was completed of the twenty-seven (27) software vendors that have registered with the ADRC – to see which applications had the features that would satisfy DEA’s business needs. The analysis broke down the vendors into four (4) groups:
 - i. Top Tier to check out first,
 - ii. Second Tier to investigate if Top Tier vendors not acceptable,
 - iii. Third Tier vendors that probably will not be checked out, and
 - iv. Bottom Tier not to be investigated.
- A demo of one vendor, Synergy Beacon, is slated to occur very soon.
- IT staff meet on a bi-weekly basis to collaborate and work on current IT needs, to plan upcoming work and coordinate efforts and to continue knowledge transfer such as the transfer of responsibility for the ADRC website.
 - IT staff is working with Meals on Wheels (“MOW”) and Synergy to get the Home-Delivered Meals data so DEA can do analyses themselves throughout the year, rather than relying on a report at year-end from MOW. Synergy is expected to set up a web-based demo quite soon to show how they propose integrating the specialized home-delivered meal functionality within the SAMS agingnetwork.com web site now used by DEA. IT is also monitoring the progress of the Diocese of Providence to provide data to DEA for client and expenditure tracking on the Diocese’s plans to potentially acquire a new web-based client/case tracking system.
 - Advanced Performance Outcomes Measurement Program (“POMP”) data analysis continues. Several significant data trends have been reported to DEA management, including that the average age that DEA clients enter nursing home is much older than the average age of Rhode Island clients in general who enter the nursing home; and DEA clients who enter nursing homes have an unexpectedly high level of DEA Protective Service involvement..
 - Data analysis continues on:
 - i. 2003 to 2005 Department of Health MDS data for clients entering nursing homes in RI;
 - ii. Analysis of data from 2005-2006 from SAMS client, service, and assessment data;
 - iii. Integration of the Westat results into the Rhode Island DEA 2007 data analysis.
 - A draft of the DEA final report has been completed with the report due at the end of the federal fiscal year on September 30, 2007.

- DEA continues to participate in the Advanced POMP monthly teleconferences.
- DEA is hopeful that CMS will offer Advanced POMP for the next federal fiscal year since we hope to extend the grant for another year.
- IT staff offer advice and counsel on IT matters when requested. This includes ideas on DEA computers and IT hardware.

M. Access to Treatment for Coordinated Mental Health Care for Elders and Adults with Disabilities

The Department is working with the Office of Health and Human Services, Department of Human Services and the Department of Mental Health Retardation and Hospitals on an ongoing basis to insure that elders and disabled have access to mental health treatment. The following summaries areas for service planning:

1. **PLANNING AND SERVICE DEVELOPMENT:** The Department through the Elder Mental Health Coalition and in further collaboration with sister state agencies will continue to identify and advocate for elder access to mental health treatment. This work will include the identification of the program and service needs of older adults with behavioral healthcare needs who meet chronic, severe and persistent (“CSP”) and/or general outpatient (“GOP”) population clinical criteria. This will enable the Department to work with the State Mental Health Authority and the State Medicaid Authority to utilize services such as emergency intervention, outreach and crisis intervention to maintain current residency and to assist older adults with reintegration back to community living from hospitalization, nursing home facilities, prison or other institutional settings.
2. **INTEGRATION OF HEALTH AND MENTAL HEALTH:** Through the Elder Mental Health Coalition and in further collaboration with sister state agencies the Department will work on developing collaboration and/or integration through cross site consultation or co-location models for the coordination of services between case management agencies, Community Mental Health Centers (“CMHC”) and primary health care providers (“PCP”). This will include the sharing of multi-disciplinary expertise needed for staffing of complex older adult care needs. Integration includes other agencies serving older adults such as hospitals, home health care, long-term care and state authorities.
3. **WORKFORCE DEVELOPMENT:** The Department will work with the State Mental Health Authority to further the education and training on-going technical assistance for community mental health providers treating elders and adults with disabilities. This collaborative cross Department team approach will promote a multi-disciplinary focus in the evidenced-based and best practices of treatment specific to older adults. The Department and the State Mental Health Authority will examine whether training efforts may be leveraged with other funded training institutions such as the Geriatric Education Centers, suicide prevention resource centers, universities, medical schools as well as implementation of the SAMHSA

Older Adult Resource Toolkit to enhance screening, brief interventions, comprehensive interagency referrals and treatment.

4. **ACCESS, HEALTH SCREENING AND BRIEF INTERVENTION:** The Department will work with the State Mental Health Authority to establish opportunities for networking, care coordination and program development through the CMHC and Case Management Agency designated contact persons. Agencies will be encouraged and to utilize evidenced-based and best practices for outreach, screening, brief intervention and treatment specific to older adults.
5. **PHARMACY CALL CENTER:** The Department through the Elder Mental Health Coalition and in further collaboration with sister state agencies will establish relationships with the University of Rhode Island School of Pharmacy and specialized geriatric practitioner consultants for education, and clinical consultation to improve evidenced based pharmacology and to address medication misuse, medication interaction and medication side effects.
6. **PUBLIC HEALTH AND SAFETY:** The Department will continue to work on developing and implementing a state emergency plan for disaster preparedness that includes follow-up mental health services specific to older adults and adults with disabilities. Older adults and adults with disabilities are often fragile and ill equipped physically, mentally and emotionally to adjust to the onset of adverse events, change in conditions or disasters.
7. **PROTECTIVE SERVICES:** As a number of the protective service calls handled by the Department's Protective Services Unit concern elders with Behavioral Health issues the Department through the Elder Mental Health Coalition and in further collaboration with sister state agencies will be working to more effectively integrate state behavioral healthcare services with adult protective services. The behavioral health needs of elders will be considered in the context of the investigation and taken in to account in determining appropriate protective services for older adults identified and at risk of abuse, neglect, exploitation and self-neglect.
8. **PUBLIC AWARENESS & BEHAVIORAL HEALTH SERVICES:** The Department will enhance the use of THE POINT, ASKRHODY.ORG, Pocket Manuel of Elder Services and other public information programs to improve public awareness of how to access and the availability of behavioral health services.

X. Resource Allocation Plan

The Resource Allocation Plan is based on DEA's FY 2008 operating budget. It comprises a spreadsheet of estimated receipts and expenditures based on current levels for both federal and state funds. The spreadsheet is included as Appendix A.

XI. Goals & Objectives for FFY 2008 – 2011

The Goals and Objectives for the FFY 2008 – FFY 2011 build upon the outcomes of the collaborative work of the last four (4) years and provide the continued impetus for our key partners and stakeholders to create the service enhancement needed for a seamless system of long term supports responsive to the needs of Rhode Island’s elders.

Each goal outlines the issues and challenges faced by the aging network service delivery system and the objectives that will provide the service enhancement needed to change the current system.

STATE PLAN FOR SERVICES TO RHODE ISLAND’S ELDERS FY 2008 through FY 2011

GOALS AND OBJECTIVES GOAL 1

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

The vast majority of older Americans—eighty-four percent (84%) of those over age of sixty-five (65) and ninety five percent (95%) of persons over the age of eighty-five (85)—want to live out their lives in their own homes. A full range of affordable home and community-based services and living options are needed to prevent or delay institutionalization. Over eighty-five percent (85%) of the care of elders living in the community is now being provided by family caregivers. The National Family Caregiver Act, funded in 2000 by the Administration on Aging, recognizes that family members who care for elderly persons are the government’s most important partners in caring for older Americans. This Act funds programs to provide family caregivers with services and with the information they need to make informed decisions and to access services. Among the vital services that assist families to keep their elders living at home are: transportation, senior centers, respite care; adult day services; home care; congregate and home delivered meals; caregiver education; and caregiver support groups. As Rhode Island’s elderly population continues to expand and the pool of younger adults to provide care for them decreases, strategies to contain costs while facilitating consumer choice must be found. The Rhode Island Department of Elderly Affairs (“DEA”) will continue to advocate for expansion of cost effective home and community-based care, in partnership with sister state agencies and consumer groups. DEA will also continue to develop innovative ways to support family caregivers, including elders who are parenting relatives.

OBJECTIVES

1A. Senior Centers. Increase public awareness of the local, individualized services available through the senior center network, educating and linking older adults, families, caregivers and adults with disabilities to local, state and federal programs. **Achieved and continued with funding of \$40,000 to ten (10) statewide senior centers for delivery of Title IIIB services.**

1B. Respite Care. Promote expansion of respite care for family caregivers; and increase awareness of all available respite care services.

1C. Adult Day Services Program. Promote continuous quality improvement in Rhode Island's nineteen (19) licensed adult day programs and increase public awareness of the services they provide to elders and their caregivers.

1D. Home Care. Promote continuing development of performance standards for home care, including client satisfaction measures that will be linked to reimbursement rates.

1E. Family Caregiver Education. Assist caregivers to work more effectively with health professionals by providing "Train the Trainer" curricular modules on topics related to family caregiving (e.g., dysphagia) and on communication skills and assertiveness.

1F. Family Caregiver Supports. Promote development of innovative, culturally competent, community-based projects to address needs articulated by family caregivers, including elders who are parenting relatives.

1G. Integration of Family Caregiver Support Services and Protective Services. Meld these two (2) programs in a manner that enhances support to families in which a member is receiving DEA protective services.

1H. Assistance to Remain in One's Own Home. Increase awareness of energy assistance, property tax reduction, reverse mortgages, and other programs that make it easier for elders to remain in their own homes.

1I. New Community Living Options. Explore the feasibility of developing new non-institutional supportive living environments for elders including, but not limited to, adult foster care homes.

1J. Expand existing options through federally supported programs within the RI Global Waiver for non-Waiver individuals, to allow such individuals to remain in the community with necessary health care services. This will delay long-term care facility admission, as well as Medicaid enrollment, for this population.

1K. Develop and Implement Caregiver Preventive Health Programs. These programs will be designed to reduce stress and teach relaxation thereby improving the quality of life for caregivers and extending life expectancy.

1L. Transportation. Develop and implement flexible transportation for consumers living in the community and their caregivers. Transferred to DHS July 1, 2009, per Budget Article 15.

1M. Develop Additional Options for Alzheimer’s Clients and Their Caregivers. Develop new program initiatives for early Alzheimer’s clients through use of ADDG funds, Personal Choice funds and NFCSP funds.

1N. Mental Health Services. Increase and promote access to mental health services through outreach efforts and promoting collaboration between services for elders and the behavioral health providers.

**STATE PLAN FOR SERVICES TO RHODE ISLAND ELDERS
FFY 2008Through FFY 2011**

**GOALS AND OBJECTIVES
GOAL 2**

**EMPOWER OLDER PEOPLE TO STAY ACTIVE AND HEALTHY THROUGH
OLDER AMERICANS ACT SERVICES, INCLUDING EVIDENCE-BASED
DISEASE AND DISABILITY PREVENTION PROGRAMS**

The Department of Elderly Affairs will continue to work with the Rhode Island Department of Human Services and the Rhode Island Department of Health and the Rhode Island Department of Mental Health Retardation and Hospitals to develop and expand the Stanford University Chronic Disease Self-Management Program (“CDSMP”), *Living Well in Rhode Island* that began in 2006. Individuals with developmental disabilities; persons who suffer severe, debilitating trauma; those who suffer from serious and persistent mental and physical illnesses; and people who struggle with addiction to alcohol and other substances are living longer today because of better medical treatment and more humane social policies. They are now aging into the traditional long term care system. Economic resources will not be available to address the chronic health care needs of the expanding aging population if these needs continue to be as extensive and debilitating as they are for the present aging population. Self-management and prevention of further disability and disease are keys to preventing unnecessary institutionalization. DEA will promote the develop of additional evidence-based disease and disability prevention programs across Rhode Island, including programs designed to increase physical activity, prevent falls and prevent such diseases as diabetes, pneumonia and hypertension.

OBJECTIVES

2A. Support Master Trainers to Become Certified. Oversee the scheduling of CDSMP trainings and provide assistance to the seventeen (17) trained master trainers to achieve final certification from Stanford University. Seven (7) master trainers are currently certified and available to provide CDSMP trainings in Rhode Island.

2B. Fund Community Agencies to Conduct CDSMP Trainings. Utilize a portion of Title III OAA funds to support the purchase of books and other educational supplies and related expenses. Title III funds have been awarded to community partners, Tri-Town Community Action Agency and NRI Community Services, Inc., to provide CDSMP trainings to participants throughout the state.

2C. Work Cooperatively with Other State Departments to Monitor and Evaluate the CDSMP. Continue to serve on the Policy Steering Committee to oversee the statewide implementation of Living Well in Rhode Island and assure that fidelity to the Stanford Model is maintained. This is an ongoing activity.

2D. Seek Financial Support to Leverage OAA Funds. Work with the Rhode Island Department of Health in partnership with aging community service providers to secure funding for a part time coordinator of the CDSMP. A part-time coordinator for the CDSMP has been hired. Staff support is provided by state agency staff assigned to the NcoA grant.

2E. Continue Membership on the Living Well in Rhode Island Team. Actively participate and plan with the Departments of Health; and Human Services. Mental Health, Retardation & Hospitals; and Brown University Center on Gerontology and Health Care.);

2F. Remain in Touch with Other States to Learn More About Evidence-Based Prevention Programs. Continue correspondence with agencies met during the Learning Connection grant. Monthly conference calls and webinars enable state agency staff to maintain relationships with other states working on CDSMP programs.

2G. Support Community Agencies to Develop Additional Evidence-Based Programs. Explore with interested community agencies the possibility of implementing additional evidence-based programming as funding permits. NcoA funding for the Living Well –Rhode Island program ends in December 2009. Funding for sustaining Living Well has not yet been identified.

STATE PLAN FOR SERVICES TO RHODE ISLAND'S ELDERS

GOALS AND OBJECTIVES

GOAL 3

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

Federal law holds the Rhode Island Department of Elderly Affairs (“DEA”) responsible for assuring the provision of long term care ombudsman 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. Rhode Island law provides that DEA “shall investigate reports of elder abuse and neglect and shall provide and/or coordinate protective services”. DEA provides and coordinates protective services, which may include supervision, counseling, and assistance in securing health and supportive services, safe living accommodations and legal intervention, through the State Attorney General and the State’s Judicial System. The number of complaints to the state long term care ombudsman and the number of protective services cases opened and re-opened by DEA staff has risen over the past decade, with elders over age seventy-five (75) being the most vulnerable to abuse, neglect and exploitation. DEA Protective Services Staff work cooperatively with trained police and fire advocates located in all thirty-nine (39) cities and towns, with the Rhode Island Judicial System, with the **Rhode Island Alliance Against Domestic Violence**, and with community agencies serving the elderly to investigate reports of abuse, neglect and self-neglect and to intervene as needed to protect vulnerable elders from abuse and exploitation. During the past two (2) years the Office of Protective Services has secured state funding for an after hours emergency response system; drafted and promulgated rules, regulations and standards; and worked more closely with the Rhode Island Attorney General’s Office of Elder Protection.

OBJECTIVES

3A. Ombudsman Program. Establish, promulgate and implement rules, standards, protocols and reporting requirements for the Rhode Island Ombudsman Program that conform with federal guidelines through a collaborative work group process involving staff of DEA and the Alliance for Better Long Term Care.

3B. Protective Services. Automate DEA Protective Services reporting, investigation, and data collection within the guidelines of the Health Insurance Portability and Accountability Act (HIPAA).

3C. Guardianship Services. **This issue is currently under evaluation with the new vendor, Cornerstone Adult Services, Inc.**

3D. Legal Services. Provide substantive legal advice and assistance to older individuals and to support aging network activities that will expand or improve the delivery of legal assistance to older persons, especially those with social and/or economic needs.

3E. Elder Abuse, Neglect, Self-Neglect and Exploitation Awareness. Promote educational and public awareness efforts to empower the general public to report suspected victimization of elders.

3F. Add Self-Neglect to Rhode Island's Elder Abuse Law. This objective has been met. The legislation was enacted by the RI General Assembly in 2007.

3G. Continue to Work Closely with Case Management Agencies. Continue regular meetings with the regional case management agency supervisors to address emerging issues and ensure that seamless protective and social services are delivered to victims of abuse, neglect and exploitation.

3H. Increase Prosecution of Abusers. Further develop relationship with Rhode Island Attorney General's Office with the goal of increasing the number of abusers of elders who are tried for their offenses.

3I. Support Legislation to Make Financial Exploitation of Elders a Felony. Work with the Governor's Office, Long Term Care Coordinating Council, Stakeholders and Attorney General's Office to ensure passage of this bill. DEA is collaborating on this legislative recommendation. This objective has been met. The legislation was enacted by the RI General Assembly in 2008.

3J. Develop After Hours Emergency Response System. Collaborate with contracted agency to establish an innovative and comprehensive departmental response to elders in crisis outside of traditional departmental hours of operation. Program will complement existing DEA Protective Service programs and will enhance and strengthen the ongoing partnership between DEA, public safety personnel, and other providers of crisis intervention services for vulnerable elders in the community. This objective has been met. The After-Hours Emergency Response Program was established and implemented in 2006.

3K. Begin Development of an Office of Public Guardianship. Review work in other states on public guardianship and work with the Rhode Island Legislature to develop an Office of Public Guardianship in Rhode Island. This objective is under review with DEA Director and the Probate Law Commission.

**STATE PLAN FOR SERVICES TO RHODE ISLAND'S ELDERS
FFY 2008 through FFY 2011**

**GOALS AND OBJECTIVES
GOAL 4**

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

A key ingredient of the Administration on Aging's new initiative, *Choices for Independence*, is a well-informed elderly population. Since 2002, Rhode Island has worked to develop a statewide Aging and Disability Resource Center ("ADRC"). THE POINT has a toll-free statewide telephone number and operates Tuesdays and Thursdays until 8 p.m. and Saturdays from 9 a.m. to noon, as well as from 8:30 a.m. until 4 p.m. Mondays, Wednesdays and Fridays. Professional consumer information personnel always answer the phone at THE POINT and a recent evaluation of persons who had called indicated an exceptionally high level of satisfaction with the service. In addition, consumers have web access to THE POINT. Two (2) satellite storefront sites with walk-in service have opened during the current year, one (1) specifically to serve adults with disabilities and one to serve both elders and adults with disabilities. Enhanced measures are being taken to educate the public about the linkages between the telephone and web based services of THE POINT and the local (on-site), individualized services of seniors to elders, families and caregivers. Access to home and community care services is a major concern being addressed by Rhode Island's long term care reform effort. A separate work group has been established to develop strategies to increase access to these services by elders and adults with disabilities. Among the issues to be faced are the needs of non-English speaking citizens, the deployment of information to sites frequented by persons needing the information, and the need for training of professionals concerning available services. DEA has worked cooperatively with AARP and other groups that represent private pay clients to ensure these individuals have access to information and referral services. During the past year, case management agencies and adult day centers have populated the SAMS client database and worked together to develop an information-sharing strategy that will avoid duplication of effort. ~~Rhode Island is one of ten states to receive AoA funding under the Advanced Performance Outcomes Measurement Project (POMP) over three (3) years. Aggregate, depersonalized data from the DEA SAMS database have been analyzed under Advanced POMP to show that the home and community care programs are effective in preventing premature institutionalization: sixty-one percent (61%) of Rhode Islanders who receive DEA home and community-based services are age over eighty-five (85) when they enter a nursing home, compared with thirty-seven percent (37%) of the general population entering nursing homes; and a clear positive relationship between the number of home and community care services a person receives and how many months he or she remains in their own home: with one (1) service, it is eight (8) months and with three (3) services, it increases to twenty-six (26) months.~~

OBJECTIVES

4A. Nutrition Services. Promote nutritional health maintenance for all eligible meal participants in congregate and home-delivered meals programs, local community food banks and AoA sponsored Senior Farmers market Program. **Achieved and continues with additional funding from the ARRA Program for purposes of providing agencies the ability to serve more meals and hire additional staff. ARRA funding is limited to December 31, 2010.**

4B. Rhode Island Pharmaceutical Assistance Program (RIPAE)

Provide affordable prescription medications for elders sixty-five (65) and older and adults with disabilities; and expand medication therapy management services to enhance education through medication management programs under Title III D and improve medication regimen adherence in order to more effectively manage chronic diseases. **Achieved and continues with funding through 2010.**

4C. Elder Volunteer Services

Support elder caregivers to address Homeland Security and other emergency conditions by providing trained Senior Companions to isolated family caregivers to provide respite, share emergency preparedness information and assist caregivers with formulating a Family Emergency Plan. To strengthen present relationships with the State's Retired Senior Volunteer Program ("RSVP") and Foster Grandparent Program ("FGP").

4D. Elder Employment Services

Foster and promote useful part time employment opportunities for unemployed, low income persons age fifty five (55) and older as a means to encourage reentry into the work force and to promote a higher degree of independence. Begin to offer access to elder employment services to elders who are over income. Continue DEA's close relationship with the Federal Department of Labor under Title V and the State Department of Labor and Training. This objective and program has been fully transferred to the RI Department of Labor and Training.

4E. Elder Housing Services

Ensure a safe and comfortable living environment for all older residents of elderly housing, consistent with the goal of maintaining an elder's dignity and independence as administered by DEA's Housing ~~Division~~ **staff** in accordance with Rhode Island General Laws **Chapter 42-66.1 as amended. for Housing Security for the Elderly.** **Achieved and continues with regulation revisions to better serve Program's purpose.**

4F. Senior Health Insurance Program (SHIP)

Develop and provide ongoing technical support and skills training for SHIP site coordinators, volunteers, and other I&RA specialists that ensures responsive and accurate information to Medicare beneficiaries and other health information consumers. Enhance the present volunteer component of SHIP volunteers and coordinators by engaging in extensive outreach and marketing strategies. **Achieved and continues with additional**

federal funding for providing grants to agencies that promote and deliver program services.

4G. Promote Cash & Counseling Program. Continue to train case managers in community agencies in the details of Rhode Island’s Personal Choice program with a strong, concerted effort to target such services to qualified consumers.

4H. Develop Regional ADRC Sites. Develop additional storefront service centers with ability to work with walk-in customers. One will focus on providing services to minorities. **Achieved.** Foster partnerships between regional CIS agencies, THE POINT and SUA Customer Information, Referral and Assistance Center. **This objective has been met. In 2008, regional POINTS were established in eight RI Senior centers. Achieved and ongoing as a critical priority for program success. DEA has applied for additional ADRC funds to support the ADRC mission and strengthen network partnerships.**

4I. Establish Realistic Service Rates. Design and implement a cost reporting system that will provide the basis for adequate reimbursement for services by home and community care services providers. This effort is part of the long term care re-balancing effort currently underway.

4J. Expand SAMS Database. Expand SAMS database to include non-participating aging network agencies so that all Performance Based Outcome Measurements (POMP) are included, thereby protecting privacy and avoiding duplication of reporting all relevant service data.

4K. Information and Referral Network. Continue to strengthen and expand the existing senior center information and referral network by strengthening partnerships between the SUA, THE POINT and the newly implemented 211 information system. **Achieved and ongoing as a critical priority to best provide comprehensive services to eligible statewide elders and adults with disabilities.**

**STATE PLAN FOR
SERVICES TO RHODE
ISLAND’S ELDERS
FFY 2008 through FFY
2011**

**GOALS AND
OBJECTIVES
GOAL 5**

OBJECTIVES

5A. Assure “RIDE” Program quality. Maintain and improve quality performance measures through new RFP process and maintain active monitoring through Governor’s Task Force. Transferred to DHS July 1, 2009

5B. Enhance Funding Options for “RIDE” Program. Continue to explore Medicaid reimbursement options and examine cost share alternatives. Transferred to DHS July 1, 2009

5C. Assure improved coordination between RIDE and ADA programs. Identify strategies for maximizing the coordination of RIDE and ADA programs that will promote mixed use by consumers so as to maximize the alternatives of service

destination (e.g. medical appointments versus social needs). Transferred to DHS July 1, 2009

5D. Promote Independent Transportation Network (ITN) Model in Rhode Island. Continue work of the Legislative Committee to effect necessary legislative, insurance and other changes required to develop ITN model in Rhode Island within the next five (5) years. This flexible system of transportation options for elders would be available twenty-four (24) hours a day to take elders to unlimited destinations within the state, with door to door service and assistance with packages, mobility and other challenges. It is anticipated to be sustainable without public funds after five (5) years of operation. Transferred to DHS July 1, 2009

5E. Assure improved coordination between “Ride” Program, ADA and local senior transportation programs. Many Rhode Island municipalities maintain a transportation system dedicated to the needs of their seniors. The rules for these programs are typically more liberal with respect to the types of rides included (e.g. personal grooming, social, nursing home visitation etc.) than the state funded program. The Department of Elderly Affairs will work over the next five (5) years to develop a system designed to better coordinate the various programs to make their use most efficient and create a more seamless access for consumers. In addition the Department of Elderly Affairs will ensure that elders and adults with disabilities access to mental health services and treatment is accommodated and facilitated by the transportation options available in Rhode Island. ; Transferred to DHS July 1, 2009

XII. Summary of Public Hearing and Comment Process

See Section VII. Key Stakeholders and Consumer Input, D. Consumer Input page 21 of the within State Plan on Aging.

XIII. APPENDIX A. Resource Allocation

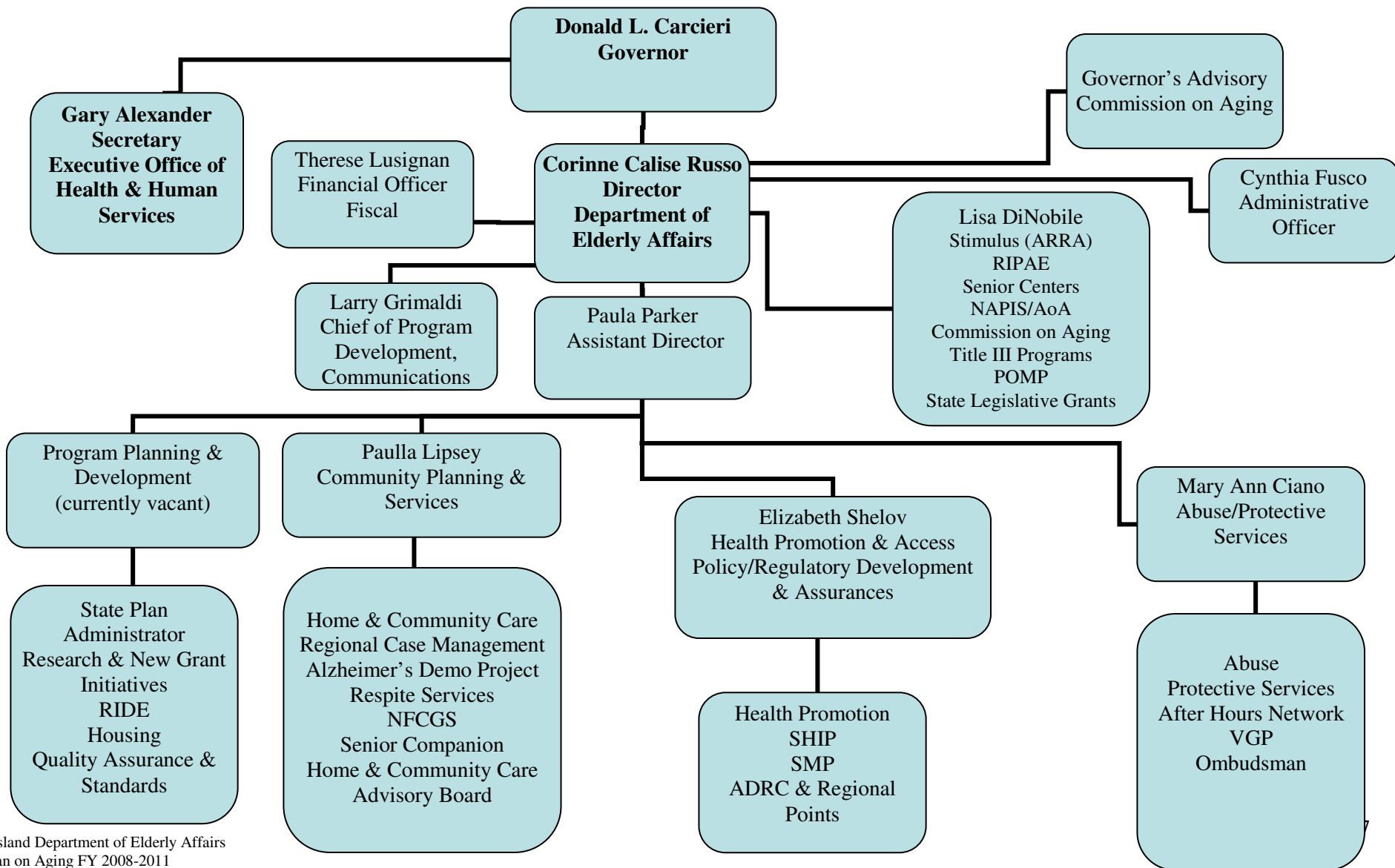
**The Resource Allocation Plan Reflects Estimated
Receipts and Expenditures Based on Current Levels**

STATE AGENCY OPERATING BUDGET FY 2009		
<u>Federal OAA Funds</u>	Sub-Total	Total
<u>Title III-B,C,D,E Services</u>		
Estimated Total Title III		<u>5,867,345</u>
Direct Services IIIB	<u>1,788,673</u>	
Nutrition Congregate IIIC1	<u>2,149,632</u>	
Nutrition Home Delivered IIIC2	<u>1,061,572</u>	
National Family Caregiver Support Program IIIE	<u>763,389</u>	
Preventative Health IIID	<u>104,079</u>	
<u>Title VII-Ombudsman, Elder Abuse Services</u>		
Estimated Total Title VII		<u>105,846</u>
Ombudsman	<u>80,819</u>	
Elder Abuse	<u>25,027</u>	
<u>Other Federal Funds</u>		
Estimated Total Other Federal Funds		<u>7,049,539</u>
Senior Companion Program	<u>388,004</u>	
Partner's in Care (Alzheimer's) Demonstration Project	<u>182,809</u>	
Nutrition Services Incentive Program (NSIP)(USDA)	<u>526,016</u>	
Senior Health Insurance Program (SHIP)	<u>200,904</u>	
Medicaid	<u>4,915,602</u>	
Transportation - Title XX	255,152	
Senior Comm. Service Employment Prog. - Title V	<u>0</u>	
Fuel Assistance (LIHEAP)	<u>0</u>	
Evaluation System for Aging Network (POMP)	<u>59,221</u>	
Ombudsman	32,000	
Senior Medicare Patrol	<u>180,000</u>	
ADRC	<u>0</u>	
Global Medicaid Waiver-Transportation	<u>\$309,831</u>	

XIII. APPENDIX A. Resource Allocation

The Resource Allocation Plan Reflects Estimated Receipts and Expenditures Based on Current Levels				
STATE AGENCY OPERATING BUDGET FY 2008				
<u>State Funds</u>				Total
General (Administration)				1,771,068
Senior Companion (Match)				57,243
Elderly Nutrition Program				655,120
Protective Services (Elder Abuse/Self-Neglect)				471,991
Community Agency Grants (Leg. Grants)				
(Adult Day Care, Respite, Senior Centers)				2,134,917
In-Home Services				5,318,427
Medicaid - State Share				4,149,967
Ombudsman - State				86,750
Elder Abuse - State				26,961
Health Promotion				96,960
RI Pharmaceutical Assistance (RIPAE)				2,292,194
Senior Comm. Service Employment Program Title V (Match)				58,842
Elderly Housing Security				96,907
Transportation				6,679,746
Care & Safety of the Elderly				600
Volunteer Guardianship Program				81,512
				23,979,205
Grand Total				37,036,136

Rhode Island Department of Elderly Affairs and Advocacy – July 2009



XII. Appendix C. Public Notice of the Public Hearings

Notice of Public Hearings on State Plan on Aging (FFY 2008 – 2011)

Rhode Island Department of Elderly Affairs

The Department of Elderly Affairs encourages senior citizens, adults with disabilities, family members, service providers, advocates, and interested others to voice their concerns on issues important to the well-being of older Rhode Islanders and adults with disabilities. This unique opportunity helps direct priorities and funding for aging services in our state.

Interested parties may pick up a hard copy of the proposed goals and objectives of the State Plan at the Department of Elderly Affairs, John O. Pastore Center, Benjamin Rush Building 55, 35 Howard Avenue, Cranston, RI 02920. Electronic copies can be obtained by emailing Dr. Donna M. Cone at Donna@dea.state.ri.us.

Written comments will be accepted through May 11, 2007 and may be sent to Dr. Donna M. Cone, Department of Elderly Affairs, John O. Pastore Center, Benjamin Rush Building 55, 35 Howard Avenue, Cranston, RI 02920 through postal service mail or email at the above address.

Monday, April 30, 2007

Woonsocket Senior Center
84 Social Street
Woonsocket

Tuesday, May 1, 2007

Westerly Senior Center
39 State Street
Westerly

Thursday, May 3, 2007

East Providence Senior Center
610 Waterman Road
East Providence

Friday, May 4, 2007

Johnston Senior Center
1291 Hartford Avenue
Johnston

All Public Hearings are held from 1:00 to 3:00 p.m.

SPECIAL NEEDS: Persons needing accommodation(s) for effective participation in these hearings should contact Ralph Rodriguez, RIDEA, at (401) 462-0505. Individuals with hearing impairments should call Ralph Rodriguez via RI Relay (1-800-745-555, English or 1-800-855-2884, Spanish) at least one week in advance.

Donald L. Carcieri
Governor
Corinne Calise Russo, MSW
Director

XIII. Appendix D

Listing of State Plan Assurances and Required Activities

Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

6. ASSURANCES

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

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

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

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

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

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

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

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

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

- (2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
- (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
 - (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
 - (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.
- (4)(A)(i)(I) provide assurances that the area agency on aging will—
- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
- (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
 - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

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

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

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

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

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

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

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

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

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

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

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided,

or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

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

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

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

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

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

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

Sec. 307, STATE PLAN

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

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

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

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

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

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

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

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

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

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

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

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

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

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

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

- (A)** to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B)** to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

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

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

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

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

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

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

(21) The plan shall

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

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

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

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

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

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

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

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

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

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

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

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

- (6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
 - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
 - (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
 - (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
 - (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
 - (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order.

a. REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

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

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

(2) The State agency:

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

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

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

(5) The State agency:

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

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

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

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

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

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

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

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

Signature and Title of Authorized Official

Date