

RHODE ISLAND STATE PLAN ON AGING
OLDER AMERICANS ACT OF 1965 As Amended
October 1, 2003 – September 30, 2007

Table of Contents

- I. Letter from the Director
 - A. Verification of Intent
- II. Executive Summary
- III. Statement of Need
- IV. Mission Statement
- V. Organizational Structure
- VI. Background, Accomplishments & Direction
- VII. Key Stakeholders and Consumer Input
 - A. Elder Advocates
 - B. State and Local Partners
 - C. Professional Organizations & Educational Institutions
 - D. Consumer Input
- VIII. Planning and Service Area
 - A. State Demographic and Services Profile
 - B. Persons of Greatest Economic and Social Needs
 - C. Urban and Rural Cities and Towns
 - D. RI Minority Communities
- IX. RI Continuum of Long Term Care Services
 - A. Access to Services
 - B. Community Services
 - C. Home and Community Care
 - D. Adult Protective Services
 - E. National Family Caregiver Support Program
- X. Resource Allocation Plan
- XI. Goals & Objectives for FY 2004 - 2007
- XII. Appendices
 - A. DEA Organization Chart
 - B. Public Notice and Materials Supplied at Public Hearings
 - C. Assurances as Amended in 2000

II. Executive Summary

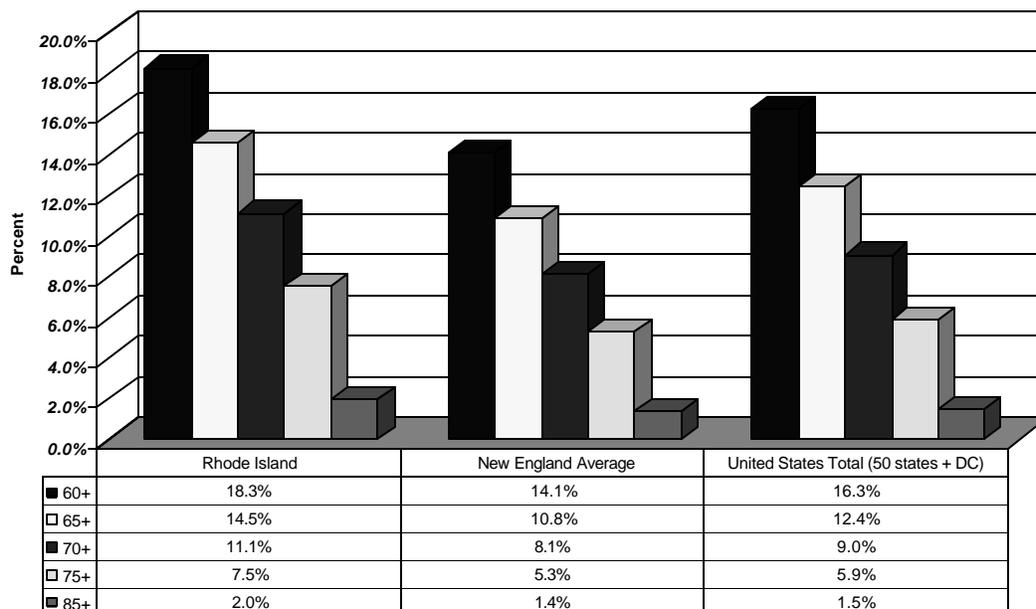
This state plan is submitted in compliance with Section 305(a)(1)(A) of the Older Americans Act of 1965, as amended in 2000. The Department of Elderly Affairs (DEA) is the designated State Agency on Aging for the State of Rhode Island and has chosen to continue to designate Rhode Island as a single planning and service area. This State Plan includes all assurances for state agencies and area plans as detailed in the Older Americans Act as amended. This plan will cover the fiscal years from 2004 through 2007.

Created in 1977, the Department of Elderly Affairs (DEA) 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 approximately 190,000 persons over the age of sixty. This constitutes 18% of the population, ranking RI sixth in the nation for percentage of population over the age of sixty. As indicated by the following chart RI leads its New England neighbors in percent of population 60+.

Table 1: Selected Age Group Percentages for RI, New England and US



Twenty charts and graphs are included in Section VIII Planning and Service Area, providing a profile of Rhode Island’s elders and current service levels. A change in how the Federal Government designates rural areas in RI is also reflected in this section.

The accomplishments of the past four-year planning period are found in Section VI. Among the many achievements listed is the implementation of an AOA funded Alzheimer’s Demonstration Program, development of a statewide caregiver program “Partners in CaRIng,” development of a statewide information, referral and assistance system, and participation in a state visioning and planning effort to address the long term care needs of Rhode Islanders.

In developing goals and objectives to guide DEA over the next four years, three public hearings were held. Attendees at the hearings expressed ten key areas of concern. These areas ranged from need for assistance to remain in one’s home to identification of gaps in service such as “financial counselors” and “professional guardians.” Additional, significant input for the Plan was gained from the ongoing relationships DEA enjoys with advocates, consumers and providers. One such group is the Coalition for Diverse Elder Services, which includes 45 representatives of Rhode Island’s minority communities. Section VII of the Plan provides an overview of the significant involvement of stakeholders in the ongoing business of DEA.

Goals developed for this State Plan are detailed in Section XI and comprise the following:

1. Enabling elders to continue to live in the least restrictive alternative setting through supporting family caregivers;
2. Develop dynamic long-term care system that supports high quality, independence, choice, and coordination for services;
3. Protect vulnerable elders from abuse, neglect, self-neglect and exploitation;
4. Maintain or improve the general health, behavioral health, nutritional status, and financial independence of elders; and
5. Serve as the single, visible and responsive agency dedicated to the needs of older Rhode Islanders.

Finally, the Plan provides a review of how DEA will provide mandated as well as other services and how DEA and its grantee agencies will ensure that priority is given to services for low income minority elders and those in economic and social need. A resource allocation plan describes how funds will be spent and item "C" in the Appendix assures the Administration on Aging and the people of the State of Rhode Island that DEA will implement the provisions of the Older Americans Act of 1965, as Amended to the best of its ability.

III. Statement of Need

The Department of Elderly Affairs (DEA) has been at the forefront in leading the Aging Services Network, sister state agencies, elder advocates, and consumers in collaborative capacity-building efforts. The Department's continuing leadership, visibility and strategic management of resources will ensure the needs and issues of Rhode Island's elders are addressed. DEA must 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 and their caregivers. Maturing baby-boom cohorts, sharp declines in mortality, and dramatic increases in the minority and special needs community will exacerbate the challenges faced by a full range of social institutions and human service programs.

Rhode Island has approximately 190,000 persons sixty years (60) of age or older – 18% of the population. The state ranks sixth in the nation in the percent of persons over age 65, with persons age 75 and older being the fastest growing segment. The 2000 Census reports that 78,720 Rhode Islanders are age 75 and older. Trends indicate continuing expansion within Rhode Island's minority groups; particularly, in the African American, Hispanic and Asian communities.

Members of special needs populations who receive services from sister state agencies are eligible for DEA services when they reach age 55. Like the state's aging population, Rhode Island's community of adults with disabilities is large and growing. There are approximately 116,000 adult Rhode Islanders with disabilities, representing 20 percent of the population. For persons sixty-five and over, approximately 40 percent 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.

IV. Mission Statement

The Rhode Island Department of Elderly Affairs adopted the following Mission Statement and Guiding Principles in September, 2001:

Mission Statement

To ensure excellence in service, advocacy and public policy dedicated to the needs of older Rhode Islanders and their caregivers 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. Our guiding principles are:

Consumer-Driven Agenda

- § Listen, respond and react to the needs of older Rhode Islanders and their caregivers with respect, courtesy, patience and dignity. Target services to elders in greatest need and those who are frail and at-risk.

Consumer Rights

- § Protect the rights and confidentiality of our consumers through adherence to laws, policies 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 optimally utilize 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.

Leadership

- § Provide an atmosphere for consumer and multi-disciplinary team input for program planning, implementation and enhancement. Serve as the lead representative in promoting a consumer-driven agenda with flexibility and commitment for all older adults.

V. Organizational Structure

The Rhode Island Department of Elderly Affairs (DEA) was created in 1977 by Title 42 Chapter 66 of the RI 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 fifty-two (52) full-time equivalents (FTE) carries out the responsibilities of the Department with an annual budget of approximately 43 million dollars. DEA is charged with 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 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. DEA administers statewide health promotion/disease prevention activities for low-income minority elders through local senior centers and community-based agencies and a Center on Diversity. In addition, staff are 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 Senior Companion Program funded through the Corporation for National Service is also administered by Home and Community Staff. 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.

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); the Elderly Security Program and the Low Income Home Energy Assistance (LIHEAP) for older residents of the City of Providence. Title III program funds are awarded in compliance with OAA requirements to target low income, rural 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 the states 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 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, Accomplishments and Direction

Background:

In 1977, the Rhode Island Department of Elderly Affairs (DEA) was established as a cabinet-level department within the executive branch of state government (R.I.G.L. § 42-66-1). DEA was charged to be “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, including the planning, development, and implementation of a home and long-term care program for the elderly in the communities of the state” (R.I.G.L. § 42-66-4).

The focus of DEA 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, hearing assistance, health insurance counseling, care management, and respite, along with a variety of informational, assistance and referral services. The nutrition program provides over 1.2 million meals annually; 12,000 elderly and handicapped riders are served through DEA’s paratransit program; and more than 50,000 older Rhode Islanders find the help they need through the Department.

Accomplishments:

During the past 26 years, DEA 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 DEA since the last State Plan on Aging was approved for FY-2000 are the following items in the areas of Department Initiatives, Service Enhancements and New Programs:

DEPARTMENT INITIATIVES: FY 2000 through 2003

- Established a Center on Diversity within DEA to assure culturally competent service provision and to increase access to services for minority elders.
- Assisted 14 senior centers to achieve accreditation under National Council on Aging, Inc. accreditation standards.
- Expanded Ombudsman Services to include Assisted Living Facilities and Home Care Agencies and facilitated legislative changes to the DEA statute 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.
- Promulgated licensing rules, regulations and standards for Adult Day Services Programs and licensed all 19 of the 19 programs statewide.
- 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 years of federal Performance Outcome Measures Project (POMP) grant funding from the Administration on Aging; field tested performance outcome measures in nutrition; information, referral and assistance; caregiver services; and home health aide/homemaker services; and supplied data to initial nationwide performance outcome measures survey.
- Promulgated rules, regulations and standards for certification of Rhode Island's six 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.
- Promulgated 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.
- Created and supported a comprehensive computerized Information, Referral and Assistance data tracking system.

SERVICE ENHANCEMENTS: FY 2000 through 2003

- Increased to 21 the number of Community Elder Information Specialists (CEIS) at sites statewide including three bilingual/bicultural CEIS in senior centers and community agencies serving minority communities.
- Increased access of 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 3,000 low income elders annually through state-funded and Medicaid waiver programs.
- Implemented a 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 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 20% to 33%.
- Published the *2003 Pocket Manual of Elder Services* and the *Information Monthly* in Spanish, as well as English, with total distribution of approximately 50,000.
- Provided caregivers age 60+ with respite through placement of children they are raising in summer camp and school vacation program through KIDKAMP Connection scholarships to the children.

NEW PROGRAMS AND SERVICES: FY 2000 through 2003

- Created a statewide Relatives as Parents Program (RAPP), using public and leveraged private foundation dollars, to develop a network of local service providers, including agencies serving minority communities, to improve kinship family access to needed support.
- Built the National Family Caregiver Program—“Partners in CaRIing”—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 CNA training, provided safety assessments and developed a model for consumer/family-directed respite care.
- Implemented, in cooperation with the Rhode Island Family Court, a state-funded volunteer guardianship program for elders.

Direction:

DEA’s highest priority has been, and will continue to be, to capture longer-term opportunities, while remaining responsive to the current scene. A major change in Rhode Island’s current scene has been a jump in the minority/ethnic population age 65+ of 90.5 percent between 1990 and 2000, ranking 6th in the USA. The challenge to DEA is 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 parts 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 DEA and its partners.

In response to the demand for an integrated continuum of community-based long term care services, Rhode Island has developed:

A Shared Vision: “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 support.”

In 1998 Rhode Island's Governor and the General Assembly asked the Departments of Human Services (DHS), Elderly Affairs (DEA), Health (DOH), and Mental Health, Retardation and Hospitals (MHRH) to join together with various stakeholders to develop strategies to improve the long-term care system's efficiency and effectiveness. Over four years, a group comprised of over eighty (80) long term care consumers and family members; state agency representatives; advocates; human service professionals and nursing home providers assessed the strengths and weaknesses of the existing delivery system and explored ways in which it could be improved for consumers, providers and payers. This process helped stakeholders to articulate a *shared vision* and eventually to develop the structure and standards needed to guide the development of a consumer-centered system of coordinated services and supports for all current and future participants in long-term care services.

In adopting this vision, Rhode Island's long-term care stakeholders worked collectively on models of a three-tier delivery system that addressed 1) provision of comprehensive information, referral and assistance (I&R/A); 2) provision of care coordination and management by certified service providers based on consumer type and level of acuity; and 3) a fully integrated medical care model for chronic and acute care. This *shared vision* now serves as the foundation upon which Rhode Island policymakers continue to invest in the reform of the long-term care system. Consumer choice, high quality service, programs that promote independence, and service coordination represent the main values behind the *shared vision* and provide the primary benchmark for the state's reform efforts.

In 2002, the Rhode Island General Assembly codified this *shared vision* by establishing a joint resolution mandating that the state health and human service agencies create models to reform and finance long-term care through a consumer centered system of coordinated services and integrated care. The resolution delineated roles for the state departments consistent with state and federal mandates and actions needed to foster systematic change that would advance:

- Greater coordination of services and high quality options enabling consumers to access the full complement of services necessary to maintain their independence and meet their varied and complex needs and preferences in as seamless a manner as possible;
- More flexibility in the methods used to finance services to increase the systems capacity and stability, encourage innovation and service excellence, and reward responsible utilization of available resources.
- Easy access to a reliable integrated information network to assist consumers in directing their own care, providers in delivering appropriate services, purchasers and payers in analyzing system inputs, and all participants in evaluating health care outcomes.

- More varied options for assuring that the system has the capacity to respond effectively to the challenges posed by the growing increase in consumer demand and the rapid change in the scope and kind of available services.

In addition, the state legislature mandated that DHS, DEA, DOH and MHRH continue their partnership with consumers and other stakeholders in the creation of a strategic plan of action for long term care system reform. As a result, these agencies designed a comprehensive resource system that includes certification standards for professional information and referral, adapted from the *Alliance for Information and Referral Specialist (AIRS) and National Standards for Older Americans Act Information and Referral Services* and certification standards for Rhode Island's case management agencies. In addition, these agencies, particularly DEA and DHS, collaborated with each other and with community service providers in proposals that leveraged funds and developed strategies to minimize service gaps and enhance consumer directed services. This collaboration has resulted in:

- A Real Choice Systems Change Grant. The implementation of this grant is currently underway and represents a significant part of the foundation upon which Rhode Island's Resource Centers will operate. Specifically, the Real Choice Systems Change grant will give the state the ability to construct what DHS has dubbed as a "Virtual Front Door" through the creation of a web-based benefit screener and resource tracking and database. This innovation will provide all Rhode Islanders with real-time access to available services, thereby improving access to services and promoting choice. The technology also will improve organizational communication, allow the state to measure program performance, and ensure that the system maintains sound fiscal controls.
- Partnerships in support of the Alzheimer Demonstration Project. These partnerships strengthened the ability of the local, community-based system to provide consumer directed respite care for Alzheimer families. As a result, this system now includes an advance curriculum for Certified Nursing Assistants working with Alzheimer families, the ability to conduct on-site assessments in the home for environmental and personal care needs, and the availability of care plans designed using Alzheimer diagnoses for victims of any age and socio-economic status.
- The Partners in CaRIng Program. Funded through the National Family Caregiver Support Program (NFCSP), Partners in CaRIng helped state agencies establish partnerships with community-service providers to create an integrated system of family support services. This program helps Rhode Island families receive caregiver information, training and support group activities, additional hours of respite services, access to a functional assessment (both for private pay and publicly supported families), and bilingual outreach services. Consistent with the larger effort to reform and improve the long term care system, these efforts share the value of improving access and service delivery for consumers -

- caregivers of older adults, grandparent and relative caregivers, and caregivers of persons with mental retardation and related disabilities.

- An Improved Case Management System. Over the past 12 years the DEA has been developing and refining a statewide system of case management agencies, local service agencies with a mission to serve elders of all income levels. In December 2002, DEA promulgated rules and regulations for certification of case management agencies. These rules and regulations carry the force of law. The Department of Human Services operates an Aged and Disabled Waiver, an Habilitation Waiver, and a Consumer Directed Waiver providing similar case management services for adults with disabilities. Case management providers will add to the service system the capacity to reach out to consumers through home visits. Case managers are trained to perform screening, eligibility, benefits counseling, care plan development and assistance with care plan implementation. Case management agencies serve a critical role as advocates for elders and their caregivers.
- A Dynamic Information, Referral and Assistance Network for Elders, Adults with Disabilities and Their Caregivers. Created in 1998 through a state appropriation, this system was designed to complement services provided by DEA's on-site Consumer Information Assistance and Referral Center. The Community Elder Information Specialist Program (CEIS) provides elders and adults with disabilities, their families and caregivers, statewide access to elder and long-term care services through multiple points of entry in culturally and linguistically responsive local senior centers and community based agencies statewide. The network specialists have a working knowledge of federal, state and local elder programs and aging issues, screen for assistance, determine eligibility, navigate access to available services and advocate for the elder's rights. This system currently responds to approximately 40,000 caller inquiries annually.

Overcoming duplication, fragmentation and lack of coordination in long term care services continues to confront Rhode Island consumers. Although Rhode Island has positioned itself for reform and measures to strengthen its foundation of long term care support services, access to long term care in Rhode Island traditionally has been and remains program-based, with each program conducting targeted outreach to potentially eligible recipients. Economic and budgetary constrictions, combined with "boomer" growth, continue to daunt us.

Working collaboratively, Rhode Island's policymakers, community partners, consumers, and other stakeholders in the long term care system have articulated a plan for the future of long term care services and support and have begun to build a strong foundation for reform. Still, policymakers and program administrators continue to struggle with several challenges, including the integration of elder services and services for younger adults with disabilities; the traditional focus of service providers on "eligibility for services" rather than

“informed client choice;” territorial issues surrounding traditional services, collective bargaining issues at the state and local levels; and a reluctance at all levels to implement system change.

However, stakeholders in Rhode Island’s system have reached loud and clear consensus that access to long term care services should be seamless for consumers; services should be well coordinated; and information should be available for all. It is this consensus that fuels our state’s direction for the future.

VII. Key Stakeholders and Consumer Input

The Rhode Island Department of Elderly Affairs (DEA) continues its precedent of working collaboratively with a wide range of community organizations, institutions of higher education, and sister state agencies to enhance services to elders. Collaboration ranges broadly from program planning to service coordination to consultation and technical assistance. DEA 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.

In developing the State Plan on Aging for FY 2004 – 2007, the Rhode Island Department of Elderly Affairs (DEA) reviewed the past three years' work of numerous planning initiatives and specialized task forces, as well as standing consortia, advisory committees and stakeholder organizations.

Following are brief descriptions of DEA's major partners whose efforts and suggestions have helped to frame this State Plan on Aging (FY 2004 – 2007):

A. Elder Advocates

Coalition for Diverse Elder Services. In 2001, DEA convened this coalition of 45 organizations to assist the Department to address and mobilize programs and services that are accessible and responsive to elders who are members of Rhode Island's minority communities. Coalition members include, among others: the RI Indian Council, the Center for Hispanic Policy and Advocacy, Senior Action in a Gay Environment, the Vietnamese Society of RI, the Cambodian Society, the Capeverdean American Community Development Association, the Haitian Community, the RI 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 successful efforts of the Coalition's collaboration with the DEA Center on Diversity are: Provided technical assistance to Progreso Latino, a community-based service provider, in designing a nutrition demonstration program and helped secure \$90,000 in funding for the Latino Elder Nutrition Wellness Meals Demonstration Program; and assisted the Louis Feinsein Alzheimer's Adult Day Services Center to obtain \$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.G.L. § 42-66-7) within DEA and comprising 25 members, four (4) of whom shall be from the general assembly and 21 of whom shall be appointed by the governor, thirteen (13) of whom shall be elderly consumers representative of that segment of the population. 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, a sub-committee of the Advisory Commission on Aging, comprises 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 older Rhode Islanders. The Forum promotes the delivery of improved programs and services for elders, and it 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 RI state legislature. A mono-cameral body, the non-partisan, non-profit Silver Haired Legislature is composed of 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 RI state legislature.

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 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 Plan. DEA staff participate in the efforts of the Long Term Care Coordinating Council, provide information and technical support as needed, and participate in subcommittee activities. The goals and objectives of this group parallel those of this State Plan.

Alliance for Better Long Term Care. This non-profit organization provides ombudsman services to Rhode Island elders under contract with DEA. The Alliance is also a vocal advocate for elders in the various long term care settings. Among the issues currently being put forward by the Alliance are increasing affordable assisted living facilities and improving training of entry level health care workers.

Home and Community Care Advisory Committee. This 23-member advisory group, mandated by R.I.G.L. § 42-66.3-8, was established for the purpose of advising the DEA Director relative to the needs and concerns of home and community care services care recipients. Among the issues recently addressed by

the advisory committee are implementation of caregiver support services and consumer-directed services, and development of a sliding scale eligibility system for expanded respite care.

Elder Mental Health Coalition. The Elder Mental Health Coalition is comprised of representatives of DEA; the Departments of Mental Health, Retardation & Hospitals, Human Services, and Health; the state's community mental health organizations and mental health advocacy groups; and consumers. The mission of this group is to promote collaboration between aging and mental health service providers; coordinated 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 RI. The Gray Panthers advocate for affordable health care, housing and transportation for elders.

DEA Housing Committee. The RI Department of Elderly Affairs Housing Committee was formed in 1998 to achieve the following: provide training to housing site staff on safety, security and fall and fire prevention, in association with the National Fire Protection Association; review and refine, if necessary, existing security regulations; identify and improve resources that could assist elderly subsidized housing complexes to maintain their security systems; explore options to continue to improve service coordination efforts among HUD, RI Housing and DEA; develop specialized programs that promote successful integration of elders and disabled residents in subsidized housing; and identify ways to encourage and assist government subsidized entities to provide assisted living services.

A. State and Local Partners

The Rhode Island Department of Elderly Affairs (DEA) works closely with provider organizations that meet on a frequent basis. The following organizations provide DEA with advice and input on the needs and concerns of Rhode Island's elders and keep DEA 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

B. Professional Organizations and Educational Institutions

The Department of Elderly Affairs enjoys strong working partnerships with a number of professional organizations across the state. Among them are:

Aging 2000. Founded in 1994, Aging 2000 is a grass roots, non-profit organization committed to preserving and promoting the independence and quality of life of older Rhode Islanders through education and support. Aging 2000 works directly with older adults, caregivers, providers and government leaders to enhance community awareness of health issues and deliver provider and consumer education.

AARP. AARP is a non-profit, non-partisan organization for persons age 50 and older. Membership benefits include pharmacy service, insurance, group travel services, local chapter meetings and legislative awareness. Representatives of AARP service on a number of task forces and planning groups convened by DEA.

Quality Partners of Rhode Island. Quality Partners of RI 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. DEA and the RI Department of Human Services work cooperatively with Quality Partners of RI 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 DEA 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.

The Department of Elderly Affairs (DEA) 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 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 times the federal poverty limit.
- The Elderhostel program gives persons age 55 and older the student experience of taking courses, living in a dorm, and participating in campus life for about \$600 per week.
- *The Pocket Manual of Elder Services*, published annually by DEA in English and in Spanish and distributed to approximately 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, libraries and other organizations in their localities that sponsor lifetime learning groups.

DEA also consults with Rhode Island colleges and universities to access valued expertise on demonstration programs, research projects and specialized community grants. Recent examples include:

- DEA, the University of Rhode Island (URI) and the RI Department of Human Services collaborated in 2002 to obtain funding for developing a Program of All Inclusive Care for the Elderly (PACE).
- The Rhode Island Geriatric Education Center at URI provided evaluation for DEA's Alzheimer's Demonstration Grant.
- A geriatric nutritionist from URI Department of Nutrition is consultant to DEA's Performance Outcome Measures Project (POMP), now in its third year, under which she trains surveyors to administer the Nutrition survey instruments being field tested and assists DEA in interpreting survey data.

DEA 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, and the Center for Gerontology and Research at the Brown Medical School. The expertise and insights of staff at these institutions and at URI are called upon by DEA informally, as well as formally, in an ongoing manner.

C. Consumer Input

Notice of a 40-day public review period was given in the Providence Journal on June 16, 2003 and three public hearings were held during this review period at strategic locations across Rhode Island. The purpose of soliciting public comments was to ensure open participation in the development of the State Plan on Aging for FY 2004 – 2007, and to obtain formal feedback from consumers, service providers and elder advocates. A copy of this notice and the materials supplied to persons who attended a public hearing are found as Appendix C.

A total of 37 telephone and drop in requests for the draft document was filled. The total number of individuals who attended the three public hearings was 34:

- Wakefield, a primarily rural part of RI: 14
- Cranston, part of the Greater Providence area: 15
- Barrington, a primarily suburban part of RI: 5

The Director, DEA, Adelita Orefice chaired all public hearings and responded to comments on behalf of the Department. Comments fell under the following general headings:

Assistance to Remain in One's Own Home. The representative of a visiting nurse agency summarized concerns of several service providers that resources to keep elders in their homes need to be more inclusive and accessible. She noted that managed care programs frequently will pay for only one home visit when more are required to connect the elder to needed resources. In addition, available resources are stretched so thin that it takes weeks or months from time of application to actual implementation of services.

Another service provider called for more support for family caregivers in terms of education and stress relief through respite services. A third service provider suggested that health care insurance should be provided for family members who leave paying jobs with coverage to stay home with relatives; this is particularly needed because the stress of caregiving frequently takes its toll on the health of caregivers.

Response: DEA recognizes assistance needed to keep elders in their own homes as a top priority. The Partners in CaRIng initiative, under the National Family Caregiver Support Program, has brought together several agencies to provide support and assistance to caregivers and their families. DEA is also working closely with the RI Department of Human Services to streamline entry into the long term care support system.

Transportation. Transportation was the service gap repeated most often. Getting elders to meal sites, to medical appointments, as well as to adult day services where they will receive stimulation, preventive health and other vital support services while their caregivers enjoy a respite depends on adequate, accessible transportation services. Rhode Island's recent move to a single transportation provider for most of the state, as opposed to the historical community-based transportation system, is cause for concern primarily because drivers are not yet adequately trained in working with the elderly and those with disabilities.

Response. DEA will continue to work with the transit authority and with service providers to effect appropriate driver education. A senior DEA administrator has been appointed to handle individual complaints.

Affordable Assisted Living. Several individuals pointed to the dearth of assisted living facilities for elders with moderate and low incomes.

An assisted living facility administrator described the difficulties faced when an individual qualifies for the waiver program but there is not an available space. He asked if families could pay for assisted living during the three to six month waiting period. He also expressed concern that he had heard that people qualified for the waiver and in the waiting period would be required to go to a new assisted living facility instead of being able to wait for a slot in the facility of their choice.

Response. DEA recognizes that Rhode Island has an abundance of “high end” retirement living and a shortage of affordable assisted living facilities and will continue to advocate for the increased development of affordable living options. Director Orefice emphasized that choice is the watchword for DEA when it comes to consumer services. Specific issues regarding supplementation by families and waiting list protocol were referred to DEA senior staff to resolve.

Services for Elders with Moderate Incomes. A number of homeowners called for property tax breaks and related forms of financial consideration (e.g., lower utility costs) to assist them to remain in their own homes. One elder consumer/advocate called for DEA to represent all the elderly—especially those who are managing to pay for the services they need, but may not be able to as they reach advanced old age—not just the frail, low income elderly.

Response. Under the Older Americans Act and the Rhode Island statute that created the Department, DEA is mandated to represent all elders, their families and caregivers. In addition, DEA has mandates to provide services to individuals who meet specific functional and/or financial guidelines. Balancing these mandates is the challenge to DEA.

Stabilize Funding for Adult Day Services. An advocate suggested extended hours of adult day services to better support family caregivers and an adult day service provider answered that she believes that the facilities would be willing to extend hours if they could be paid for the time. Several service providers and advocates called for stabilizing funding, one speaking of a proposed Medicaid waiver. Another spoke of the current imbalance in the expenditure of Medicaid dollars in RI: 91% goes to institutions (67% to nursing homes and 22% to the state hospital) and only 9% goes to community-based long term care.

Response. DEA is very aware of the vital and excellent services provided by the 19 adult day services programs throughout our state and will continue to advocate for expanded funding for community-based elder care.

Purchase of Services by Elders. One service provider noted that it is the philosophy of the Robert Wood Johnson Foundation to give individuals the opportunity to pay the full cost of services. Given the current and chronic shortfall in funding, she suggested that while this approach runs counter to the approach of most non-profits, DEA should consider it.

Response. DEA is willing to explore this approach as a part of the full continuum of services for elders in Rhode Island.

Olmstead Act Mandates. The Plan narrative addresses DEA's continued advocacy for home and community based services but does not set a goal or percent increase for meeting the Olmstead Act mandates.

Response. DEA is currently reviewing these mandates in conjunction with the RI Department of Human Services.

Data Analysis and Information Sharing. A service provider praised Goal 5 of the Plan that addresses a practical framework for strengthening service delivery. However, she noted that the Plan does not specifically address the needs of DEA and the community agencies for data analysis and more timely information sharing.

Response. DEA is currently conducting a thorough review of its database system and of its needs and those of the provider agencies.

Nutrition. One service provider stated that she believes that meals being provided at congregate meal sites are not nutritionally adequate for the elderly. She specifically mentioned the used of canned, as opposed to frozen or fresh, vegetables and the presence of excessive fat in fish dishes.

Response. The DEA administrator for nutrition programs will review the current menus for nutritional soundness and adequacy for elders.

Need for New Programs/Initiatives. An advocate/service provider called for professional guardians for elders who do not have a family member who can play this role. An assisted living provider voiced a need for financial counselors for elders, especially those who must "spend down" to become eligible for government programs.

Response. DEA obtained funding for a volunteer guardianship program to assist with the need for non-family member guardians. As an audience member noted, many senior centers provide financial counseling services.

VIII. Planning and Service Area

A. State Demographic and Service Profiles

The following tables and descriptions have been selected in order to provide a profile of older Rhode Islanders and outline some of the key services provided by the Department of Elderly Affairs directly or through contracts with community agencies. Tables are inserted following this description.

Table 1: Selected Age Group Percentages for RI, NE & US

This table reveals that Rhode Island has a higher percentage of elderly citizens than New England and the United States overall. The higher percentage of elderly citizens in Rhode Island is true for all elder groups from the young old to the very old.

Table 2: Percentage of Persons 65 + and 85 + in the six largest Municipalities in RI

This table reveals that Providence has a substantially lower percentage of elderly citizens than the other five largest municipalities in Rhode Island. Providence has a large minority community that tends to be substantially younger than majority populations.

Table 3: Persons 65 + at Selected poverty levels in RI, NE & US

Compared to New England and the US overall, Rhode Island has a larger percentage of elders living at or just above poverty. Rhode Island however has a somewhat smaller percentage of elders living in extreme poverty.

Table 4: RI Medicaid Expenditures by Population Types

Rhode Island elders (65 plus) are about 15% of the population but constitute 30% of Medicaid expenditures.

Table 5: Persons 65 plus with Disabilities in RI, NE & US

The pattern of disabilities among persons 65 plus is similar in Rhode Island, New England and the US. Approximately 40% of persons in this age group face one or more areas of disability.

Table 6: Minority Persons 65 plus in RI, NE & US

Rhode Island has a substantially smaller percentage of minority elders than United States overall but a slightly larger percentage than New England overall.

Table 7: CIRAC & CEIS

Overall 44 thousand information and referral requests are handled annually by DEA staff (21%) and community based elder information specialists (79%).

Table 8: Nutrition Program

Over one million meals are provided annually with just under half delivered to homebound individuals.

Table 9: Volunteers

Dedicated volunteers provide much of the work done in the elder service network. This table identifies just four programs that have together employed over five thousand volunteers.

Table 10: Health Promotion Recipients

DEA distributes grant funds to community based organizations designed to enhance health promotion and disease prevention programs. Currently, the largest group of recipients is Latino (63%) or African American (23%).

Table 11: Health Promotion Service Types

Community agencies have received DEA funding for health promotion and disease prevention efforts that primarily focus on health education (50%) health screening (25%) and Immunization (20%).

Table 12: DEA Protective Services by Type

The DEA Protective Services Unit manages about 2000 community based cases. These cases are initially triaged into one of three categories: Self-Neglect (49%) Abuse (43%) or Early Intervention (8%).

Table 13: DEA Protective Services Abuse Allegations

Initial allegations most frequently include Neglect (43%) Psychological Abuse (37%) and Exploitation (31%).

Table 14: DEA Protective Services Legal Involvement

The DEA Protective Services Unit relies on police assistance in about a third of abuse allegation cases. Restraining orders and guardianships are also utilized about 10% and 7% of the time.

Table 15: Grandparents

Grandparents who reside with grandchildren are less frequently caretakers in Rhode Island than in the United States overall. Among three of our largest cities, Providence grandparents are most frequently responsible for assuring that the basic needs of their grandchildren are met.

Table 16: “Ride” Unduplicated Riders

The largest group of riders is traveling to General Medical appointments (61%) and to Nutrition Centers (13%). Specialized service trips are 16% (Special Medical) 8% (Day Care) and 2% (Insight).

Table 17: “Ride” Trips by Category

General medical appointment riders are 61% of all users of the program but use only 17% of trips because they are relatively infrequent travelers. In contrast, nutrition, special medical and day care riders use this service more frequently and are proportionately a greater share of the total trips provided.

Table 18: “Ride” Costs

This table indicates that the three largest Ride cost categories are Nutrition (32%) Day Care (26%) and Special Medical (24%). These categories of trips are relatively efficient in cost due to the fact that they are “group runs” and regularly scheduled but are costly due to their frequency of use.

Table 19: Ombudsman

The Alliance for Better Long Term Care managed over 2700 complaints in FY 02. The great majority were resolved (64%) withdrawn (2%) found to require no action (6%) or partially resolved (19%). Only about one in ten were not resolved (3%) had no final report (6%) or required no agency action.

Table 20: Home and Community Care Clients by Program

DEA’s home and community care programs provided services to 6,947 clients in FY 2003. These services were funded by multiple sources, including state revenue, Title III B & E of the Older Americans Act, Alzheimer’s Demonstration Program funds, Medicaid, and private donations and contributions.

B. Persons of Greatest Economic and Social Needs

The overall percentage of Rhode Islanders at or below poverty is approximately 10%. The percentages for persons aged 65 plus in Rhode Island who live at or near the poverty line are: Below 150% (29.2%); Below 100% (10.3%); and Below 50% (1.2%). We estimate that approximately 19.75% live at Below 125% of poverty. In brief, nearly 30% of elderly Rhode Islanders are living at or just above the poverty level. Poverty at any age increases the likelihood of inadequate housing, limited access to health care and a host of other social ills. The elderly who frequently live on fixed incomes and have limited opportunities for expanding their income are especially vulnerable. For example, Rhode Island has experienced a dramatic surge in housing prices that has in the past two to three years seen rental prices increase by as much as one hundred percent in some areas.

The Rhode Island Department of Elderly Affairs will continue to target services for low income elders and families in greatest need as defined below:

“Greatest economic need” means the need resulting from an income level at or below the poverty line as established by the Office of Management and Budget.

Methods used to target this population include:

- Assurances from sub-grantees that they will provide priority to needs of low income elders;
- Location of service sites in areas accessible to low income elders;
- Ongoing information/technical assistance and training offered to grantees and staff in outreach to low income; and
- Ongoing data collection to establish baseline service statistics and to set goals for continuous quality improvement.

C. Urban and Rural Cities and Towns

The U. S. Census Bureau shifted the determination of rural-urban boundaries by changing and liberalizing the procedures for delineating urbanized areas of 50,000 or more people, and abandoning place boundaries in measuring urban or rural population. According to the FIPS (Federal Information Processing Standards) codes, four of Rhode Island’s five counties are “metropolitan” (Bristol, Kent, Providence, and Washington); and Newport County is “non-metropolitan”, being an “urban population of 20,000 or more, adjacent to a metropolitan area”. None of the five counties in RI meet the new definition completely rural (Web site of the Economic Research Service of the U.S. Department of Agriculture, August 21, 2003).

In addition, in the Federal Register/vol. 67, No. 84/Wednesday, May 1, 2002 Notice entitled “Qualifying Urban Areas for Census 2000” issued by the Bureau of

Census, U. S. Department of Commerce, Providence, RI-MA is listed on page 21966 as an “urbanized area” with a population of 1,174,548. According to the U.S. Census, Rhode Island’s total population in 20002 comprised 1,048,319.

Despite the fact that Rhode Island has no completely rural areas under the new FIPS definition of the rural-urban continuum, DEA will continue to closely monitor service delivery in the following townships that were previously defined as “rural” and cited as such in our State Plan on Aging FY2000 through FY2003:

- Burrillville
- Charlestown
- Exeter
- Foster
- Gloucester
- Hopkinton
- Little Compton
- Richmond
- Scituate
- New Shoreham

In addition to relying on input from the groups listed in Section VII above, DEA monitors service delivery through maintaining contact with grass roots organizations in the above listed townships. For example, a group of service providers and advocates in the Northwest corner of RI has recently come together for the purpose of sharing resources and working cooperatively to enhance and expand services to elders in this area.

D. RI Minority Communities

Between 1990 and 2000 the overall population of Rhode Island grew by less than five percent (5%). Over this same period, the minority population increased from 8.6% to 13.1% of all Rhode Islanders. The minority community is heavily concentrated in the metropolitan area comprised of three cities with significant social and economic need: Providence (45.5% minority) Central Falls (42.8% minority) and Pawtucket (24.6% minority).

By extrapolating from 2000 Census figures for all Rhode Island citizens age 65+, we can estimate the number of low income minority citizens as follows: Minorities comprise 6.1% of the 152,404 elders age 65+ or 9,297 individuals. Of Rhode Islanders age 65+, 29.2% have incomes below 150% of poverty; 10.3% have incomes below 100% of poverty; and 1.2% have incomes below 50% of poverty. Thus, the following are the numbers of minority elders at each poverty level:

Below 150% of Poverty: 1,394

Below 100% of Poverty: 958

Below 50% of Poverty: 112

In the 1990s, the Hispanic community doubled in total numbers and is now the largest minority group in the state. Hispanics in Rhode Island trace their origins to many Latin nations and have migrated from elsewhere in the United States (e.g. the New York City metro area) but are frequently newly immigrated from foreign nations. The influx of Latinos has put a fresh emphasis on multicultural and multilingual social service capacities. Among Rhode Islanders aged 65 plus, 6.1% are minority individuals. This is low compared to the national percentage of 16.4% but is likely to increase as the Rhode Island minority community matures. The increasing diversity of the Rhode Island elder community is now being primarily seen in settings that serve younger elders such as senior centers and elderly housing. Long-term care settings, such as adult day programs and nursing homes that typically serve an older population, are just now beginning to adapt their services to a multicultural population. The increasing diversity of older Rhode Islanders requires that we adapt our elder services to multiple languages, food preferences, family structures, and cultural expectations and that we help guide individuals who may be unfamiliar with the options of American style aging with opportunities for access and advocacy. We are in a unique position to put in place the plans and services needed to assure that the diverse population “in the pipeline” is served with respect and sensitivity.

IX. RI Continuum of Long Term Care Services

A. ACCESS TO SERVICES

Information, Referral and Assistance

The Information, Referral and Consumer Assistance Unit serves older Rhode Islanders by providing the following services: information and assistance to seniors and their families regarding benefits and resources; processing of identifications cards for seniors and disabled residents; processing of applications for the Low Income Heating Assistance Program (LIHEAP) for Providence residents 60 and older; processing of RIPAE applications; determining eligibility for senior and disabled bus pass applicants; assuring that older Rhode Islanders have access to legal assistance by making presentations to various senior organizations; and by serving as the focal point of consumer information, assistance, referral, preference and choice. Although funding levels have remained constant, accessing of information by older consumers and their families has increased. Information, referral and assistance services are a critical path through which all other DEA programs and services are offered and marketed.

	<u>FY 2001</u>	<u>FY2002</u>	<u>FY 2003</u>	<u>FY2004</u>
Information, Referral and Consumer Assistance # of calls	40,000	44,000	44,000	50,000
Information, Referral and Consumer Assistance # of office visits	3,500	3,500	2,500	2,500

Transportation: Specialized Paratransit Services

DEA recognizes that transportation supports elders to maintain their independence through accessing a variety of vital community services. DEA has designed a comprehensive transportation program to make public transportation available to both elders and persons with disabilities. DEA funds both fixed route bus service and a statewide paratransit service that provides elders (60 +) door-to-door transportation. DEA also manages the "Inter-modal Surface Transportation Account" generated from a dedicated 1-cent per gallon of the RI 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 paratransit service a statewide brokered paratransit program (RIde) contracts with carriers who actually transport elderly and disabled persons and provides a centralized scheduling system that aims to insure the most effective utilization of paratransit resources. The DEA paratransit program provides rides to congregate meal sites, adult day services, medical appointments and for INSIGHT. Service is generally available Monday-

Friday from 6:00 a.m. to 6:00 p.m. The DEA paratransit service program provides transportation for the service categories described below:

Nutrition	congregate meal sites
Day Services	adult day services;
Medicals	kidney dialysis and cancer treatment;
General Medicals	all other medical appointments;
Insights	the INSIGHT center
DHS	low-income disabled individuals and Medical; Assistance recipients, for medical treatment;

DEA also takes an active role in the overall coordination of paratransit services via membership on the Paratransit Task Force. The statewide Paratransit Task Force oversees the expansion, coordination and enhancement of paratransit services in Rhode Island. The current statewide coordinated paratransit system is the first of its kind in the country.

Inter-modal Surface Transportation

Funding is by dedicated revenue raised from a one-cent per gallon gasoline tax, which became effective on July 1, 1993. Based on an estimate FY2002 revenue projection of \$4.7 million, the following allocations were established: 3,713,000 is allocated to RIPTA to provide ADA transportation and fixed route elderly/disabled bus service in accordance with RIGL 39-18-4 (g)(I); and \$987,000 is budgeted by DEA for assisting with funding the specialized paratransit services for the elderly.

	<u>FY 2001</u>	<u>FY 2002</u>	<u>FY 2003</u>	<u>FY 2004</u>
Billable hours of services provided	110,505	107,694	108,000	104,345
Total clients served	7,100	6,948	7,000	7,000
Number of trips	340,900	339,087	340,000	328,494
Cost per service hour	29.14	29.93	30.54	30.54
Cost per trip	9.45	9.51	9.70	9.70

DEA in cooperation with DHS accessed Medicaid funds to pay health-related paratransit trips for Medicaid clients. It is estimated that approximately 678,000 in FY 2003.

B. COMMUNITY SERVICES

Housing Security and Residential Services

As older persons enter their retirement years, they face a number of issues regarding residential options. The purpose of housing security and residential services is to ensure the health, safety and welfare of older persons in public and private elder housing and to address the emerging changes and trends in housing for elders. This statewide program provides an array of services including information and referral for older persons seeking housing, monitoring and evaluation of security systems in elder housing complexes, provision of grants to upgrade and improve security systems, informational training and support services for resident service coordinators. Increased security in Rhode Island housing complexes allows more freedom to older residents, as well as the peace of mind that comes from living in a safe environment. Continued funding of affordable assisted living opportunities is critical for elders who are financially constrained. Affordable assisted living also offers a variety of services to frail, at-risk elders while allowing them to live in dignity and independence.

	<u>FY 2001</u>	<u>FY 2002</u>	<u>FY 2003</u>	<u>FY 2004</u>
Housing Security Evaluations	320	320	325	325

Housing Security and Residential Services: SSI

The State of Rhode Island has chosen to provide a state supplement to SSI for individuals with a demonstrated need for the services of licensed assisted living facilities. DEA screens elders and adults with disabilities for a need for such services. Financial eligibility is determined by the Social Security administration. During FY 2002, the SSI Program was refined to facilitate the referral process and maximize staff time by:

1. Arranging for and scheduling appointments in hospitals and community sites to ease access for applicants;
2. Developing a referral process and adapting the MDS 2.0 for assessment of applicants.

	<u>FY 2001</u>	<u>FY 2002</u>	<u>FY 2003</u>	<u>FY 2004</u>
SSI Screening/Assessment	840	1,190	1,540	1,900

Senior Workforce Development

The Senior Community Service Employment Program (SCSEP)

develops and expands employment and training opportunities for 66 persons, age 55 and over who are low-income (125% of poverty guideline) and meet requirements for the Title V Older Worker Programs. The goal of SCSEP is to provide participants with subsidized work and training experience to assist them in their transition to unsubsidized employment in the private sector. This program fills a critical need for those older individuals who seek to continue to be active and independent and to make positive contributions in the employment sector. DEA provides employment opportunities through job matching, job search assistance and placement to approximately 400 persons per year. The only criteria for this program is that an individual be 55 years of age or over. This valuable placement service is a program partner and catalyst for other employment opportunities through Title V. This program is linked to and staffed by SCSEP at Network RI. DEA is an established partner on the Workforce Investment Boards representing all the Title V partners in Rhode Island. In an effort to expand opportunities for older job seekers, DEA has initiated a coalition among healthcare providers and Title V partners to increase opportunities for mature workers in the health care continuum.

	<u>FY 2001</u>	<u>FY 2002</u>	<u>FY 2003</u>	<u>Actual Estimate FY 2004</u>
Title V funded Participants (SCSEP)	66	66	66	66
Targets for placement	37% 23% or 15 Ind.	25.5% or 17 Ind.	30% or 20 Ind.	37% or 4 Ind.
Senior Job Service Participants				
Served	410	500	500	500
Placements	75	90	100	100

C. HOME AND COMMUNITY CARE

In-Home Services to Promote Independence

This multi-dimensional program provides subsidized services in these areas for elders who require assistance in order to remain independent in the community: Homemaker; Home Health; Meals on Wheels; Senior Companions; and Respite Care. Program benefits vary based on client income and functional need. Clients eligible for Medicaid receive services under Medicaid waivers. A federally funded Senior Companion Program provides stipends to 106 low income seniors who provide 20 hours per week of companionship services to isolated older persons.

Approximately 4,500 low income clients and families are served annually.

	<u>FY 2001</u>	<u>FY 2002</u>	<u>FY 2003</u>	<u>FY 2004</u>
<u>Home and Community Care Programs</u>				
# of clients in total program	2,304	2,329	2,500	2,200
Respite Care/Visiting				
# of clients served	5,071	5,578	5,007	4,500
<u>Senior Companion Program</u>				
# of Volunteer	95	95	106	106
# of Hours	99,000	99,000	110,500	110,500
# of Clients	800	800	880	830

Alzheimer's Demonstration Grant

In July 2000, DEA received a three year federal grant to develop and demonstrate new approaches to community based care for families dealing with the care of persons with Alzheimer's disease or other types of dementia. The focus of this project, entitled '**RI Partners in Care**' is to build on the current services available, improve on these services, and develop new services to fill gaps in the care system. **RI Partners in Care** focuses on enhancing the direct care work force available in community settings to assist families in caring for loved ones with dementia.

Accomplishments of **RI Partners in Care** include:

- A system of consumer directed respite care has been implemented that provides Federal funds to help families pay for informal respite workers they recruit, hire and train themselves.
- A special Alzheimer's/Dementia training program for Certified Nursing Assistants (CNAs) was developed. Federal funds compensated for CNA time spent in training. A model of ongoing financial incentive for CNAs completing the training and working with Alzheimer's clients has been developed.
- An in home assessment funded with grant dollars is available for families to provide them with recommendations on safe care in the home.

The Alzheimer's Demonstration Grant has been refunded for a fourth year (07/01/03 through 06/30/04). This final year of funding will enable DEA and its partner agencies to explore services to Alzheimer's victims living alone in the community, as well as to finalize products developed under the grant. As evidenced by the similarities in titles, the DEA Partners in Care Grant served to inform and frame Rhode Island's comprehensive support for family caregivers, "Partners in CaRIng".

D. ADULT PROTECTIVE SERVICES

Abuse and Neglect

DEA staff investigate reports of elder abuse and/or neglect of persons 60 years of age or older. Staff assist victims with interventions to alleviate abuse and work with local social service agencies to coordinate available services. Approximately 1000 reports of elder abuse and/or neglect are received each year.

High Risk: Self Neglect

This DEA program assists those older adults, 60 and over, who due to physical and/or mental impairments or diminished capacity, have difficulty performing essential self-care tasks including providing food, clothing, shelter, and medical care; obtaining services necessary to maintain physical health, mental health, emotional well-being and general safety; and/or managing financial affairs. Approximately 1100 referrals for self-neglect are received each year.

E. FAMILY CAREGIVER SUPPORT SERVICES

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

The National Family Caregiver Support Project calls for Rhode Island, working in partnership with community-service providers, to establish 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
- Supplemental services to complement care provided by caregivers

Rhode Island DEA has responded to this national program by entering into several contractual relationships responsible to the local needs of our state, including:

- Respite Care
- Caregiver Support Groups
- Information, Assistance and Referral
- Care Management Assessment (MDS for home care)

- Kinship Care/Grandparent Support

Services Provided Through This Program

	<u>*FY 2002</u>	<u>FY 2003</u>	<u>FY 2004</u>
Caregiver Support Groups # Participating	150	300	300
Respite Care # of Families	578	600	600
Care Management # of Assessments	278	300	300
Kinship Care/Grandparent Support # Participating in Support Groups	51	75	75
# of Children Attending KidKamp	50	100	100

*First year of Service

The **Partners in CaRIng** Program is a collaborative of health and social service agencies joined together by a shared mission to provide services and support for Rhode Island caregivers. During the first fiscal year that funds were available under the National Family Caregiver Support program DEA held four public forums to obtain advice and input from family members, service providers and the general public regarding implementation of this program. The results of these hearings have framed the approach RI has chosen for implementation of the National Family Caregiver initiative.

Three central therapeutic approaches to : -360 50.75 TD /F1 126 Tf -0.27 T46

funding sources and developing cost efficient means to fill gaps in service and support.

Over the course of this State Plan on Aging, DEA will continue to develop the **Partners in CaRIng** program with focus on the following:

1. Development of a “One Stop” Approach for Information and Assistance. This approach will develop resource centers as points of entry into Rhode Island’s Long Term Care Support System. At least one resource center will be implemented by Year Two of this State Plan. This center will combine current Title III B and E Information, Referral and Assistance resources along with state and Medicaid resources.

Four such centers will be operational by the end of this state plan period with an estimated 40,000 families receiving services annually.

2. Certification of Regional Case Management Agencies. Through a competitive RFP Process, DEA will select providers from among case management agencies that meet RI standards for certification. These agencies will enter into multi- year partnerships with DEA and will provide assessment, assistance in accessing services, and one on one counseling and support for family caregivers. It is estimated that 300 families meeting National Family Caregiver criteria will be served annually.

3. Respite Care. DEA will continue its long standing partnership with the Diocese of Providence in the provision of Respite Care services statewide. Rules and regulations have been established for this program which provides both subsidized and non-subsidized cost shared services for families. Title III E, State funds and AOA Alzheimer’s Demonstration funds have been combined to establish a flexible program including family directed services.

During the period covered by this State Plan, DEA proposes to expand the number of families utilizing family directed respite care from 50 annually to 200 annually.

DEA will also work collaboratively with the state Medicaid agency to make respite care an eligible Medicaid state plan service in RI, by the end of this state plan period.

4. Supplemental Services. DEA has utilized the first three years of National Family Caregiver support funds to strengthen and build upon existing supports for families targeting those areas most mentioned by families. During the course of this four-year state plan a formal system of supplemental services will be developed to complement the services provided by DEA and its partner agencies. Rules and regulations regarding

supplemental services will be finalized, training on this process provided for partner agencies, and a consistent statewide system implemented. It is estimated that 500 families will receive assistance by the end of this state plan period in FY2007.

X. Resource Allocation Plan

The Resource Allocation Plan is based on DEA's FY2004 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 the following page.

I. Goals and Objectives for FY 2004 – 2007

The Goals and Objectives for the FY 2004 – 2007 build upon the outcomes of the last four years collaborative work and provide the continued impetus for our key partners and stakeholders to create the service enhancement

**STATE PLAN FOR SERVICES TO RHODE ISLAND'S ELDERLS
FY 2004 through FY 2007**

**GOALS AND OBJECTIVES
GOAL 1**

**ENABLING ELDERLS TO CONTINUE LIVING IN THE LEAST RESTRICTIVE
ALTERNATIVE SETTING THROUGH SUPPORTING FAMILY CAREGIVERS**

The vast majority of older Americans—84% of those over age 65 and 95% of persons over age 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 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 federal government, 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 the services they select. Among the vital services that assist families to keep their elders living at home are: information, referral and assistance; 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. Information, Referral and Assistance

Respond accurately, in a timely manner, and with cultural sensitivity to all requests for information from family caregivers related to selecting and accessing services.

1B. Respite Care

Promote expansion of respite care for family caregivers; and increase awareness of all available respite care services, including *KidKamp Connection* for elders who are parenting relatives.

1C. Adult Day Services Program

Promote continuous quality improvement in Rhode Island's 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 rate.

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 programs in a manner that enhances support to families in which a member is receiving DEA protective services.

1H. Relatives as Parents Program (*RAPP*)

Increase awareness of, and accessibility to, services offered under *RAPP* and continue to develop culturally competent programs to assist elders parenting minors.

1I. Assistance to Remain in One’s Own Home

Increase awareness of energy assistance, property tax reduction, and other programs that make it easier for elders to live alone in their own homes.

1J. 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.

**STATE PLAN FOR SERVICES TO RHODE ISLAND ELDERS
FY 2004 Through FY 2007**

**GOALS AND OBJECTIVES
GOAL 2**

**DEVELOP A DYNAMIC LONG-TERM CARE SYSTEM THAT SUPPORTS HIGH
QUALITY, INDEPENDENCE, CHOICE, AND COORDINATION OF SERVICES**

State law charges the Rhode Island Department of Elderly Affairs(DEA) to “serve as the agency for the administration and coordination of a long term care entry system, using community-based access points, that will provide the following services related to long term care: information, referral and assistance, including services and benefits eligibility, and a uniform assessment program for state supported long term care”. DEA is committed to creating a more consumer-friendly, cost effective statewide care system to serve all elders and other adults with disabilities. DEA will continue to work with the Rhode Island Department of Human Services, the Rhode Island Department of Health, the Rhode Island Department of Mental Health, Retardation and Hospitals, the Office of the Governor, the Office of the Lieutenant Governor, service providers, advocacy groups and other stakeholders to fashion a high quality system is easily accessible and comprehensive. 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. With longer life expectancies for all Americans, many families find themselves caring for one or more older generations and/or one or more younger generations. Private citizens and the government must work together to design and implement a long term care system that supports working family members as well as the individuals who require ongoing care to maintain their independence. A supportive long term care system will ensure that elders and their families can easily enter and navigate the complex array of public and private services to locate those benefits and services needed by each individual elder.

OBJECTIVES

2A. Single Point of Entry

Create “one-stop shop” entry points through which elders and their families can quickly and easily navigate a complex array of community-based long term care services, with support for decision-making and promotion of wellness and maintenance of dignity.

2B. Information, Referral and Assistance

Improve, through ongoing education and certification of elder information specialists, the ability of DEA and community agencies to consistently provide relevant and accurate information, referral and assistance concerning all aspects of Rhode Island's long term care system.

2C. Case Management

Ensure, through certification of case management agencies, that elders receive high quality, consistent, culturally competent care to meet their individual assessed health, social and psychological needs; and that this care is coordinated for maximum effectiveness.

2D. Programs of All-inclusive Care for the Elderly (PACE) and Other Best Practices

Continue work with the RI Department of Human Services and the University of Rhode Island to develop and implement at least one PACE site in Rhode Island to coordinate and provide all needed preventive, primary, acute and long-term care services so that older individuals can continue living in the community; and to develop other Best Practices to support elders remaining in their own homes.

2E. Long Term Care System Development

Devise strategies to respond to unmet needs in the area of housing and assisted living: (1) affordable assisted living and (2) strategies to better connect residents with mental illness with community mental health centers and elders with community based case management services, as determined by a Brecht Associates study.

2F. Long-term Care Staffing

Work with education, labor, health care and other key stakeholders to promote efforts to establish and sustain well-trained and committed direct care workers employed across the full spectrum of long-term care settings: home, assisted living, adult day programs, nursing homes, hospitals.

**STATE PLAN FOR SERVICES TO RHODE ISLAND'S ELDERS
FY 2004 through FY 2007**

**GOALS AND OBJECTIVES
GOAL 3**

**PROTECT VULNERABLE ELDERS FROM ABUSE, NEGLECT,
SELF-NEGLECT AND EXPLOITATION**

Federal law holds the RI 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 RI Alliance for Better Long Term Care. RI law states 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 central office staff of the Protective Services Unit. 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 75 being the most vulnerable to abuse, neglect and exploitation. DEA Protective Services Staff work cooperatively with trained elder advocates located in all 37 cities and towns, with the RI Judicial System, with the RI Alliance Against Domestic Abuse, 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. DEA is working with the RI Judicial System to develop a volunteer guardianship program for vulnerable elders who have no relatives or friends to serve in this role.

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

Expand existing volunteer guardianship services to include high risk, community-dwelling elders, including those suffering from self neglect.

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.

**STATE PLAN FOR SERVICES TO RHODE ISLAND'S ELDERS
FY 2004 through FY 2007**

**GOALS AND OBJECTIVES
GOAL 4**

**MAINTAIN OR IMPROVE THE GENERAL HEALTH, BEHAVIORAL HEALTH,
NUTRITIONAL STATUS, AND FINANCIAL INDEPENDENCE OF ELDERS**

In order for elders to live successfully in community settings, they must achieve and maintain good health and financial security. Numerous national and local studies have shown that adequate nutrition plays a major role in preventing and managing chronic diseases. Without adequate sustenance, frail elders are unable to thrive and will require expensive hospitalization and/or nursing home care. Prescription medications also assist elders to prevent such geriatric illnesses as heart disease and stroke and to slow the progression of such geriatric illnesses as cancer, congestive heart failure, emphysema and diabetes. Appropriate physical exercise coupled with behavior management programs and counseling to stop smoking, reduce obesity, and promote moderate alcohol consumption promote good health among elders. Remaining physically and mentally active helps to ward off Alzheimer's disease. Remaining engaged in community activities helps to prevent depression and suicide that result from loneliness and social isolation. The U.S. health care system, both public and private, does not adequately fund prescription medications and behavioral health interventions for its citizens. The 2000 U.S. Census found that 15,850 Rhode Islanders age 65+, or 10.4% of this age cohort, were at or below the poverty level. An additional 36,785 RI elders (24.2% of those age 65+) were at or below 200 percent of poverty, thereby being ineligible for many health-related services. Elders have fewer options than younger adults to maintain or improve their standard of living, especially if they are living on low, fixed incomes. The Social Security Administration reported that the major sources of income for U. S. elders was: Social Security (reported by 90%); Income from assets (reported by 59%); Public and private pensions (reported by 41%); and earnings (reported by 22%). For elders living on fixed incomes, employment opportunities and access to public health/long term care information and services mean greater economic stability, either through work or the ability to maintain the income and savings they have. DEA programs that help elders understand and plan for retirement and long-term care mean fewer individuals relying solely on publicly funded services.

OBJECTIVES

4A. Nutrition Services

Promote nutritional health maintenance for all eligible meal participants in congregate and home-delivered meals programs.

4B. Rhode Island Pharmaceutical Assistance Program (RIPAE)

Provide affordable prescription medications for elders age 65+ and adults with disabilities; and expand medication therapy management services to reduce medication errors and improve medication regimen adherence in order to more effectively manage chronic diseases.

4C. Health Promotion Services

Strengthen and integrate service delivery systems to respond to the health and social needs of the minority communities through identifying the needs and priorities of Rhode Island's formal and informal minority groups.

4D. Behavioral Health Promotion Services

Advocate for increased behavioral health services for elders with high risk issues, such as depression and co-existing disorders (anxiety, substance abuse, post traumatic stress disorder).

4E. 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.

4F. Elder Employment Services

Foster and promote useful part time employment opportunities for unemployed, low income persons age 55+ as a means to encourage reentry into the work force and to promote a higher degree of independence.

4G. 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.

4H. 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.

**STATE PLAN FOR SERVICES TO RHODE ISLAND'S ELDERS
FY 2004 through FY 2007**

**GOALS AND OBJECTIVES
GOAL 5**

**SERVE AS THE SINGLE, VISIBLE AND RESPONSIVE AGENCY DEDICATED
TO THE NEEDS OF OLDER RHODE ISLANDERS AND THEIR CAREGIVERS**

The Director and Senior Staff are conducting a formal review of the work performed within the Department of Elderly Affairs (DEA) and the services and activities administered through its aging services network. The purpose of these efforts is to examine the scope of work being conducted, to identify federal and state statutory requirements, and to evaluate the trends and issues impacting aging and disabled adult services. The goal is to create a practical framework within which DEA can strategically address the needs of consumers and their families; realign staff and resources to strengthen service delivery; and better leverage funds to support needed service enhancements.

OBJECTIVES

5A. Consumer Input

Listen, respond and react to the needs of older Rhode Islanders and their caregivers with respect, courtesy, patience and dignity.

5B. Consumer Driven Actions

Target services to elders in greatest need and those who are frail and at-risk.

5C. Consumer Rights

Protect the rights and confidentiality of our consumers through adherence to laws, policies and procedures; and ensure integrity of information and equitable access in a manner that is culturally sensitive and appropriate.

5D. Consumer Advocacy

Teach consumers and their caregivers questions to ask and things to look for when selecting programs and services.

5E. 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.

5F. Partnerships

Foster partnerships that optimally utilize 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.

5G. Leadership

Provide an atmosphere for consumer, caregiver, advocate and multi-disciplinary team input for program planning, implementation and enhancement.

5H. Targeted Outreach

Ensure that minority and socially isolated elders have access to culturally competent services.

XII. Appendix A. DEA Organization Chart

XII. Appendix B. Public Notice and Handouts at Public Hearings

Appendix C. Assurances as Amended in 2000

The State of Rhode Island is a single planning and service area state. The state agency on aging, the Rhode Island Department of Elderly Affairs, assures the Administration on Aging that it will comply with all area plan requirements for the State of Rhode Island.

Pages 27-28 of this Plan provide documentation explaining that Rhode Island does not have any geographic areas designated by the federal government as rural.

Information on methods used to serve low income minorities and those in greatest social and economic need is included on page 27-29 of this Plan.

Section 305. ORGANIZATION

Rhode Island wishes to continue its status as a Single Planning and Service area; therefore the Department of Elderly Affairs assures that it will comply with the requirements of the Act related to area planning.

1. The Department of Elderly Affairs provides assurances, to the satisfaction of the Assistant Secretary, that it 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)(B))
2. The Department of Elderly Affairs assures that it will give preference in providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan. ((a)(2)(E))
3. The Department of Elderly Affairs assures that it will require the use of outreach efforts described in Section 307 (a)(16) of the Act. ((a)(2)(F))
4. The Department of Elderly Affairs assures that it 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. ((a)(2)(G)(ii))

Section 306. AREA PLANS

1. Consistent with Rhode Island's desire to maintain its status as a Single Planning and Service Area, the Department of Elderly Affairs provides the following assurances related to area planning under the Act on behalf of the entire State:

- a. 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-
 - i. Services associated with access to services (transportation, outreach, information, and assistance, and case management services);
 - ii. 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
 - iii. 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. ((a)(2))
- b. Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. ((a)(4)(A)(i))
- c. Each area agency on aging shall 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 and older individuals residing in rural areas in the area service by the provider;
 - ii. To the maximum extent feasible, provide services to low-income minority individuals 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 and older individuals residing in rural areas within the planning and service area. ((A)(4)(A)(ii))
- d. 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). ((a)(4)(A)(iii))
- e. 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-speaking ability; and
 - vi. Older individuals with Alzheimer’s Disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in i. through vi. and the caretakers of such individuals, of the availability of such assistance. ((a)(4)(B))
- f. Each area agency on aging 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. ((A)(4)(C))
- g. 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, with agencies that develop or provide services for individuals with disabilities. ((a)(5))
- h. 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. ((a)(9))
- i. 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—
- i. 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;
 - ii. 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
 - iii. 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. ((a)(11))

- j. 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. ((a)(13)(A))
- k. 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 non-governmental 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. ((a)(13)(B))
- l. Each area 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. ((a)(13)(C))
- m. 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. ((a)(13)(D))
- n. 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. ((a)(14))
- o. Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. ((a)(15))

Section 307. STATE PLANS

1. The Rhode Island State Plan on Aging describes the methods used to meet the need for services to older persons residing in rural areas in the fiscal year preceding the first year to which this plan applies. The description of why this item is not applicable to Rhode Island is found on pages 27-28 of this Plan. ((a)(3)(B)(iii))
2. The Department of Elderly Affairs assures 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 of Rhode Island, including any such funds paid to the recipients of a grant or contract. ((a)(7)(A))
3. The Department of Elderly Affairs assures that
 - a. 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;
- b. 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
 - c. Mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. ((a)(7)(B))
4. The Rhode Island Department of Elderly Affairs 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 Title VII for fiscal year 2000. ((a)(9))
 5. The Department of Elderly Affairs assures that it will take into consideration the special needs of older individuals residing in rural areas in the State and describes how those needs have been met and how funds have been allocated to meet those needs. ((a)(10))
 6. The Department of Elderly Affairs assures that as a Single Planning and Service Area, it will—
 - a. Enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
 - b. Include in any such contract provision to assure that any recipient of funds under a. above 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
 - c. 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. ((a)(11)(A))
 7. The Department of Elderly Affairs assures 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 Department of Elderly Affairs 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. ((a)(11)(B))

8. To the extent practicable, the Department of Elderly Affairs assures that legal assistance furnished under this 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. ((a)(11)(D))
9. The Department of Elderly Affairs assures that it 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. ((a)(11)(E))
10. Whenever the State of Rhode Island desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the Department of Elderly Affairs 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 consistent with Rhode Island State law.
11. The Department of Elderly Affairs 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. ((a)(13))
12. If a substantial number of the older individuals residing in any planning and service area of the State are of limited English-speaking ability, then the Department of Elderly Affairs will--
 - 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 individuals who are of limited English-speaking ability; and
 - Designate an individual employed by the Department of Elderly Affairs, or available to the Department on a full-time basis, whose responsibilities will include—
 1. 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

2. 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. ((a)(14))
- b. The Department of Elderly Affairs assures that it will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on—
 1. Older individuals residing in rural areas;
 2. Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 3. Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 4. Older individuals with severe disabilities;
 5. Older individuals with limited English-speaking ability; and
 6. Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses 1. to 5. above and the caretakers of such individuals, of the availability of such assistance. ((a)(16))
 - c. The Department of Elderly Affairs assures 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 older individuals with disabilities. ((a)(17))
 - d. The Department of Elderly Affairs assures that it will conduct efforts to facilitate the coordination of community-based long-term care services, pursuant to section 306(a)(7) for older individuals who—
 1. Reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
 2. Are patients in hospitals and are at risk of prolonged institutionalization; or
 3. Are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. ((a)(18))
 - e. The Department of Elderly Affairs assures that this Plan includes the assurances and description required by section 705(a). ((a)(19))
 - f. The Department of Elderly Affairs assures that it will make special efforts to provide technical assistance to minority providers of services. ((a)(20))
 - g. The Department of Elderly Affairs assures that it will

1. Coordinate programs under this title and programs under title VI, if applicable; and
 2. 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 it will implement these activities. ((a)(21))
- h. The Department of Elderly Affairs assures that it will make demonstrable efforts to—
1. Coordinate services provided under this Act with other State services that benefit older individuals; and
 2. Provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in childcare, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs. ((a)(23))
- i. The Department of Elderly Affairs assures that it 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. ((a)(24))
- j. The Department of Elderly Affairs assures that it has in effect a mechanism to provide for quality in the provision of in-home services under this title. ((a)(25))
- k. The Department of Elderly Affairs assures that funds received under this title will not be used to pay any part of a cost (including administrative cost) incurred by it as the State agency on Aging or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. ((a)(26))

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

1. The Department of Elderly Affairs assures 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. ((b)(3)(E))

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

1. The Department of Elderly Affairs assures that in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, it will

establish programs in accordance with the requirements of the chapter and this chapter.

2. The Department of Elderly Affairs assures that it 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 Department of Elderly Affairs, in consultation with consumers, advocates, caregivers, and other interested parties, 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 Department of Elderly Affairs assures that it 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 Department of Elderly Affairs assures that it will place no restrictions, other than the requirements referred to in Section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under Section 712(a)(5).
6. The Department of Elderly Affairs assures 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 consistent with State law; and
 - iv. Referral of complaints to law enforcement or public protective services consistent with State law

- b. The State will not permit involuntary or coerced participation in the program of services described above by alleged victims, abuser, or their households; and
- c. All information gathered in the course of receiving reports and making referrals shall remain confidential except—
 - i. If all parties to such complaint consent in writing to the release of such information;
 - ii. If the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - iii. Upon court order.

STATE PLAN PROVISIONS AND INFORMATION REQUIREMENTS

Section I. State Plan Provisions from Section 307(a)

The Plan includes a statement of compliance that restates the provisions from Sec. 307 (a) and is found on pages 62-63.

The State agency includes and describes on pages 33-34 the following in-home services in the Plan: Home-Delivered Meals, Home Health Aide Services, Homemaker, Senior Companions and Respite Care.

Section 102(19)(g)

The State of Rhode Island includes the following “other in-home services” under this Section:

Case management services provided to at risk clients/families, including, but not limited to, victims of abuse or self-neglect and older persons requiring long term care.

Section 305(a)(2)(E)

The State agency provides 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 minority individuals and older individuals residing in rural areas and includes proposed methods of carrying out the preference on pages 27-29 in this State Plan.

Section 307(a)

The State agency assures that a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306(b) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2)

The Plan includes a numerical statement of the intrastate funding formula and a demonstration of the allocation of funds to each planning and service area (PSA) on page(s) NOT APPLICABLE.

The Plan assures that the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000 or 3 year average on Maintenance of Effort (MOE).

The Plan identifies, for the current fiscal year, the projected costs of such services, including the cost of providing access to such services in the Resource Allocation Plan spreadsheet found immediately following page 38.

The Plan describes the methods used to meet the needs for such services in the fiscal year preceding the first year to which the Plan applies.

Regarding case management services, the following six agencies are already providing case management services (as of the date of submission of the plan) under a State program, and the State agency specifies that such agencies are allowed to continue to provide case management services: Self-Help Inc.; Westbay Community Action, Inc.; Child and Family Services; Northern RI Casework, Referral and Advocacy Services; Meals on Wheels of RI, Inc.; and Tri-Town Community Action, Inc.

Regarding information and assistance services and outreach, the State agency specifies that the following agencies provide these services directly: Coventry Senior Center; East Providence Senior Center; South Kingstown Senior Center; West Warwick Senior Center; Cranston Department of Senior Services; DaVinci Senior Center; Leon Mathieu Senior Center; Lincoln Senior Center; Pilgrim Senior Center; Portsmouth Senior Center; Salvatore Mancini Activity and Resource Center; St. Martin dePorres; Westerly Senior Center; YMCA Community Center of Central Falls; Westminster Senior Center; Woonsocket Senior Center; Urban League of RI; Socio Economic Development Center; Diocese of Providence Respite Services; Child and Family Services of Newport; and Jewish Seniors Agency.

The Plan provides assurances that the special needs of older individuals residing in rural areas are taken into consideration and describes how those needs have been met and how funds have been allocated to meet those needs.

The Plan, with respect to the fiscal year preceding the fiscal year for which this Plan is prepared, identifies the number of low-income minority older individuals in the State on page 29.

The Plan describes the methods used to satisfy the service needs of such minority older individuals on pages 28-29.

The Plan specifies the ways in which the State agency intends to implement 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 Title III.

Section 705(a)(7)

The State Agency includes on pages 35 of this plan a description of the manner in which it will carry out Title VII (Vulnerable Elder Rights Protection Activities) in accordance with the assurances of this section.