

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

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

Table of Contents

Verification of Intent	1
<i>Mission Statement and Core Principles.....</i>	<i>2</i>
<i>Purpose of the State Plan on Aging</i>	<i>3</i>
Narrative	4
<i>Executive Summary.....</i>	<i>4</i>
<i>Context.....</i>	<i>5</i>
<i>Key Topic Areas.....</i>	<i>8</i>
<i>Needs Assessment</i>	<i>12</i>
<i>Additional Areas of Focus</i>	<i>19</i>
<i>Goals, Objectives, and Strategies</i>	<i>21</i>
<i>Emergency Preparedness.....</i>	<i>28</i>
<i>Quality Management.....</i>	<i>29</i>
<i>Comprehensive System of Services, Supports and Protections for Older Vermonters: Long-Term Services and Supports (LTSS) System.....</i>	<i>31</i>
References.....	40
Attachments.....	41
<i>Attachment A: State Plan Assurances and Required Activities.....</i>	<i>41</i>
<i>Attachment B: Information Requirements.....</i>	<i>62</i>
<i>Attachment C: Intrastate Funding Formula (IFF).....</i>	<i>71</i>
<i>Attachment D: Vermont’s Aging Network</i>	<i>75</i>
<i>Attachment E: Vermont Alzheimer’s plan.....</i>	<i>81</i>

Verification of Intent

[To be included in final draft]

MISSION STATEMENT AND CORE PRINCIPLES

MISSION: Make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.

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

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

PURPOSE OF THE STATE PLAN ON AGING

To plan for the ongoing and future needs of older adults in Vermont and to meet the requirements of Section 307 of the Older Americans Act (OAA), the Department of Disabilities, Aging and Independent Living (DAIL), the designated State Unit on Aging (SUA) for Vermont, has prepared this State Plan for submission to the federal Administration for Community Living (ACL). Vermont has opted to create a four-year State Plan from October 1, 2022 (FFY23) through September 30, 2026 (FFY26).

The State of Vermont is required by federal regulation to:

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

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

Narrative

EXECUTIVE SUMMARY

The aging network's response to COVID-19 in Vermont brought a unique look into the depth of community-based organizations and the services they orchestrate. The network service providers who traditionally operate under the social services umbrella pivoted their operations overnight. This immediate shift to social distancing put much attention on infection rates and the protocols needed to contain the spread of the virus. As organizations shifted their service delivery models to meet the social distancing requirements, services evolved to help address the impact of the new rules. The aging network swiftly adopted numerous practices to engage older Vermonters in social activities, including, but not limited to, friendly callers, virtual art programming, technology lending, and vaccine campaigns.

As case counts rose and fell, the impact of COVID-19 on the aging network ebbed and flowed. There were months when levels of normalcy began to shine through. However, service delivery models quickly returned to utilizing appropriate mitigation measures as case counts rose again with the COVID-19 variants. Fortunately, Federal and State leadership were responsive to the financial demands that the COVID-19 response was putting on operations. Stimulus funding was instrumental in stabilizing service delivery and bringing the aging network into vaccine education and access. The network's connection to Vermont's older adults and Vermonters who could not leave their homes was crucial to increasing education about the vaccination and helping to boost Vermont's vaccination rate. The collaboration between the Vermont Department of Health (VDH), DAIL, and the aging network demonstrated the strength and breadth of Vermont's community-based organizations and service system.

COVID-19 caused varying degrees of destabilization, rebuilding, and ongoing maintenance to Vermont's service systems. The 2023-2026 Vermont State Plan on Aging addresses the collocation of critical services that support older Vermonters in the greatest social and economic need. Underneath each of the goals, objectives, and strategies is an aim to continue the advancement of Vermont's aging services system and ensure that Vermont's growing population of older adults will have the necessary infrastructure embedded directly into their communities to support their ability to age in place. The challenges brought on by COVID-19 to the aging network produced new approaches to collaboration and delivery of services that, in time, will strengthen the aging network and benefit those they serve. The plan that follows represents the ongoing work towards continuing collaboration between State and local partners to improve the lives of older Vermonters.

The main goals in the plan are:

Goal 1: Promote the health, safety, and well-being of older Vermonters.

Goal 2: Vermont's OAA programs are inclusive of all older Vermonters.

Goal 3: Bolster the recognition and support of unpaid caregivers in Vermont.

CONTEXT

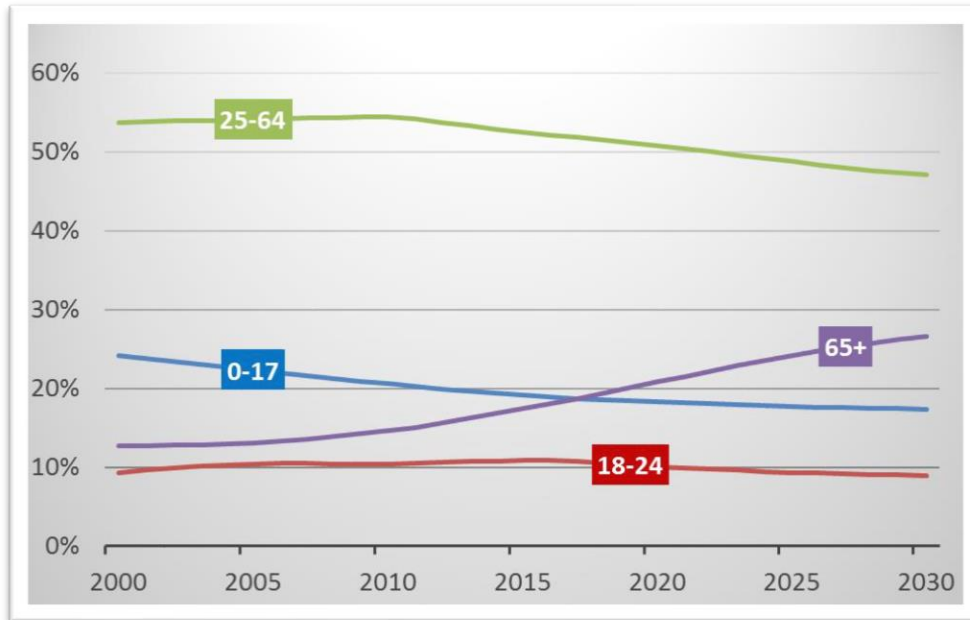
Consisting of 14 counties, 279 cities and towns, and 159 special districts, approximately a quarter of Vermont's 643,077 residents are gathered in Chittenden County, including Burlington, Essex, South Burlington, and Colchester (United States Census Bureau, 2021). Most Vermont towns are comprised of less than 5,000 people and reflect small-town living through a dedication to supporting local business and maintaining the values set by those who came before them. As a reference, Chittenden County has 313.3 people per square mile, while the next closest is Washington County, with 87.1 people per square mile. Anecdotally, Vermont towns often define themselves through their town center, local high-school sports teams, and recreation. The towns and cities of Vermont reflect the time in which they were chartered, which in most cases was the late 19th century.

Additionally, Vermont's 331,106 housing units tend to be older, with 1 in 4 homes being built before 1939 (Vermont Housing Finance Agency, 2020). Outside town centers and municipalities, real estate is spread apart, and most road systems are two-lane or dirt roads. Underpinning Vermont's culture is a strong sense of individualism reflected in its towns. Elected officials lead Vermont municipalities and towns, including town clerks and select boards. Participation at the local level is strongly encouraged. This is best reflected in the state-wide holiday, Town Meeting Day, which occurs the first Tuesday of every March.

Understanding the makeup and history of Vermont is essential for enhancing the State's comprehensive and coordinated service system. Due to the emphasis on local control, developing a dynamic and resilient service system begins locally. Engaging communities and understanding the needs of each community is central to the development process. What works for one town may not necessarily work well in surrounding towns.

The development of Vermont's 2023-2026 State Plan on Aging started with the five Area Agencies on Aging (AAAs) and the SUA administering the [Older Vermonters and Family Caregiver Needs Assessment](#). The needs assessment informed the AAAs' 2022-2025 Area Plans and this State Plan. The SUA then used these Area Plans to inform the State Plan. The goals, objectives, and strategies laid out in the State Plan must align with what is happening at the community level. Otherwise, implementation is hindered at the onset.

Figure 1



Note: Vermont population by age group, 2000-2030. 2000-2017 data from U.S. Census. 2018-2030 from Consensus Administration and Joint Fiscal Office projections

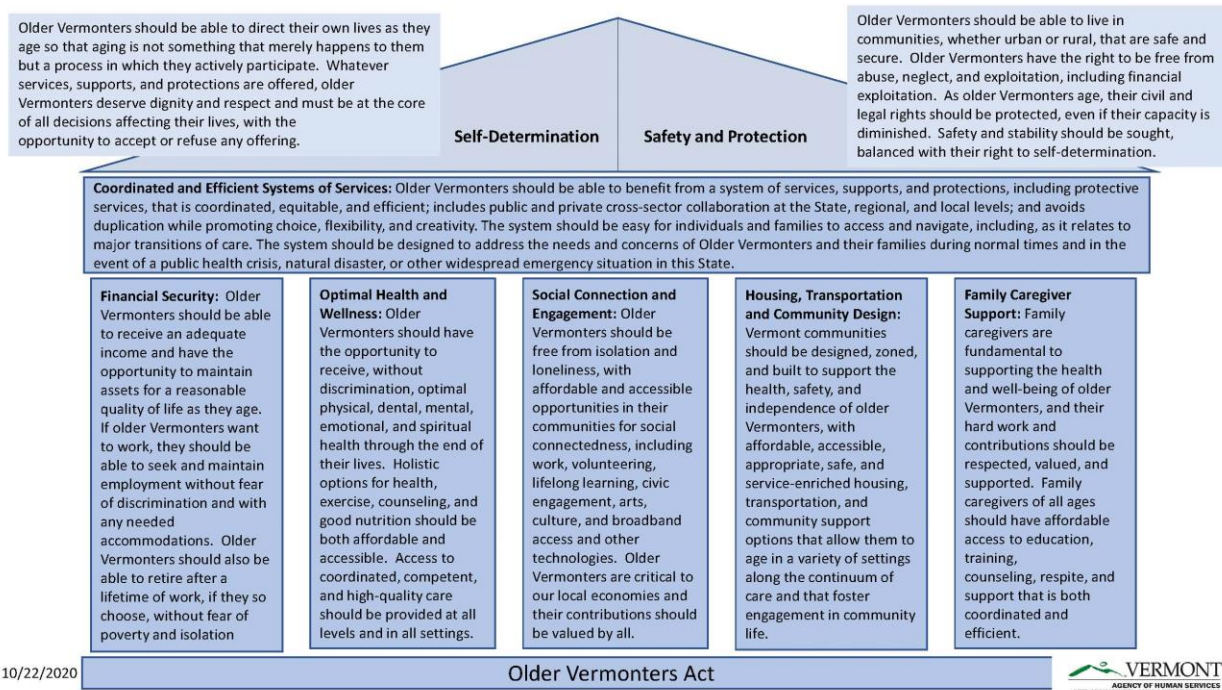
By 2030, it is projected that 47 percent of Vermonters will be between the ages 25 and 64, down from 54% in 2000 and 2010 (Brighton, Kleppner, & Trenholm, 2019). Over the coming decades, it is expected that older Vermonters will outnumber children by an increasing margin. As Vermont's demographic trends shift towards a more aging population, the attention placed on responding to social determinants of health and the variations in older people's health increases. As reported by the World Health Organization, maintaining healthy behaviors throughout life, mainly eating a balanced diet, engaging in regular physical activity, and refraining from tobacco use, all contribute to reducing the risk of non-communicable diseases, improving physical and mental capacity, and delaying care dependency (World Health Organization, 2021).

The most current 2012-2016 American Community Survey reported that 24.2 percent of Vermonters are 60 years or older, and 7.7 percent of that population are below the poverty level, totaling approximately 11,400 people. Vermont's 2021 OAA data report shows that 4,779 individuals with incomes below poverty received OAA funded services. Research shows income as one of the most influential factors on health (Krisberg, 2016). As such, there is quantitative support for Vermont's OAA programming to expand awareness of services and supports, including, but not limited to, nutrition, health promotion, disease prevention, and caregiver support.

In recognition of the need to bolster service systems to address social determinants of health, in 2018 the State of Vermont passed [Act 172](#) to create an Older Vermonters Act Working Group. The working group developed nine charges and recommendations to inform the development of the Older Vermonters Act. The formation and passage of [Act 156](#) in 2020, the Older Vermonters Act, aligns with the OAA by putting in statute a set of core principles for Vermont's services,

supports, and protections for older Vermonters. In addition, the Act outlines the duties of DAAIL and the AAAs. Finally, it expands the State Plan on Aging to include all long-term services and supports for older Vermonters.

Figure 2



Note: Core principles of the Older Vermonters Act

The work performed by the Older Vermonters Act Working Group and the creation of the Older Vermonters Act builds upon Vermont’s pathways towards a holistic, community approach to healthy aging.

In particular, the Act sets statutory requirements calling on AAAs to support efforts to improve how the service system responds to issues facing older Vermonters. In addition to responsibilities required of AAAs, the Act states that AAAs shall:

1. Promote the principles established by the Act across the agencies’ programs and shall collaborate with stakeholders to educate the public about the importance of each principle;
2. Promote collaboration with the network of service providers to provide a holistic approach to improving health outcomes for older Vermonters; and
3. Use their existing area plans to facilitate awareness of aging issues, needs, and services and promote the system principles.

The Act sets into statute that older Vermonters be represented across different sectors, and the principles build a common standard for how older Vermonters are embraced.

KEY TOPIC AREAS

In addition to the findings from the needs assessment discussed later, the SUA is incorporating the ACL's [new guidance](#) for developing state plans on aging. The guidance provided by ACL reflects changes to the OAA as codified through the [Supporting Older Americans Act of 2020](#). The guidance also incorporates Federal Administration priorities as reflected in various Presidential Executive Orders and other priority-setting documents. In this direction, ACL broke out five key topic areas to be addressed, including OAA core programs, COVID-19, equity, expanding access to home and community-based services, and caregiving.

Older Americans Act (OAA) Core Programs

The OAA and the complementary Older Vermonters' Act lay out a wide range of initiatives for the SUA and AAAs. A coordinated service system includes the following for individuals and families:

- Knowing where and how to access information and resources.
- Assistance with understanding the resources available.
- Ongoing support with accessing and monitoring services.

Additionally, the service system consists of numerous community partners providing in-home support services, case management, nutrition and wellness programs, transportation, and caregiver support programs. Finally, both Acts require that support be targeted to those in most significant economic and social need, charging community providers receiving Older Americans Act funds to reach people who cannot afford equal access to housing, food, transportation, healthcare and social engagement.

The SUA uses qualitative and quantitative data to monitor and evaluate targeting services to individuals with the greatest economic and social need. The State Plan cycle will emphasize having consistent and reliant practices for delivering services to the targeted populations. Particular attention will be placed on supporting individuals and families impacted by Alzheimer's and related dementia, engaging older Vermonters in a manner that emphasizes meaningful connection, and protecting older adults from abuse, neglect, and financial exploitation.

COVID-19

In response to the COVID-19 pandemic, DAIL adopted and will maintain an active role in the State's emergency response to protect Vermonters at the highest risk of becoming seriously ill or dying from the virus. DAIL continued to provide technical assistance with support from VDH, assisted in the State's efforts to roll out Vermont's vaccine program, maintained program flexibilities to better support consumers and families, and awarded Coronavirus Relief Funds (CRF) to a variety of providers in need of emergency financial stabilization. As the Department looks to the future, areas of focus are preparedness for outbreaks and enhancing the role of the Aging Network in public health. The American Rescue Plan Act funds have provided an excellent opportunity for the Aging Network. DAIL will be working closely with its partners to monitor the impact.

AAAs and their partners saw increases in volunteers, funding, and innovations with their approach to service delivery. Projects directing technology to older adults to increase engagement and positively impact social isolation were piloted. Initial findings show positive responses from older adults who participated, and additional work in this area is needed to better understand the effectiveness of newer technologies.

Vermont is still learning the full effects of the pandemic at the State and local levels. While we are proud of Vermont's nation-leading COVID-19 response efforts, we are saddened by the lives lost in our state and beyond. In considering the broader impacts beyond deaths, research at the national level indicate that despite the disruption to day-to-day living as we knew it, there are positive takeaways. In 2020, a study was conducted by Edward Jones, Age Wave, and the Harris Poll to get a national representation of the impact of COVID-19 on retirement. The final report found that older generations have faced far less financial and emotional disruption than younger generations despite being at greater health risk (Edward Jones, Age Wave, The Harris Poll, 2020). The study surmised from the research that older adults have the experience, perspective, emotional maturity, and resilience that comes with decades of meeting life's challenges. Therefore, the ongoing approach responding to impacts of COVID-19 will be to focus on the strengths of older adults and service delivery models that build upon those strengths.

Equity

Internally, the DAIL Diversity, Equity, and Inclusion Task Force (DEITF), composed of staff from each division and the Commissioner's office, was formed in October 2020 in service of the Agency of Human Services' (AHS) commitment to diversity, equity, and inclusion. The purpose was to provide recommendations to Departmental leadership for advancing equity across DAIL's internal and external policies, procedures, and programming. A focused environmental scan of DAIL's internal operational efforts and workforce characteristics revealed areas of strength and opportunity. As a result, recommendations based upon evidence-based research and national best practices regarding the recruitment and hiring of employees and equity-focused employee training and education were brought to DAIL's Operations Unit for review. Additionally, DAIL is represented on the AHS Health Equity Advisory Commission, a commission to promote health equity and eradicate health disparities among Vermonters, particularly people of color, LGBTQ individuals and people with disabilities. AHS and DAIL are committed to the ongoing process of ensuring equity across the Agency and setting an example for others to follow.

Externally, Vermont's geographic and population make-up makes accessing robust social opportunities challenging. Living in the most rural parts of the State desiring to participate in organized activities requires a flexible, often informal, service delivery system. Enhancing the coordinated service delivery in Vermont's most rural communities will be an area of focus for the SUA and AAAs. In addition, the SUA will direct attention towards consistent practices for prepared meals to increase choice regarding cultural preferences and medical needs. In summary, the SUA will focus on best practices for supporting older individuals' health and economic welfare.

Lastly, targeted outreach will be implemented to build upon existing efforts to engage Vermont's diverse populations, including BIPOC, LGBTQIA+, New Americans, and Abenaki. Although not a federally recognized tribe receiving federal Title VI funding, the Abenaki in Vermont is a

distinct group deserving culturally appropriate programming funded through the OAA. In addition, the needs assessment pointed out the SUA and AAAs are not reaching diverse populations. Outreach will establish relationships with groups representing Vermont's diverse populations to better target programming toward their wants and needs. Examples of work being done to increase diversity include expanding representation on local advisory councils, greater representation of diverse groups in outreach materials, senior nutrition programs preparing meals tailored to New Americans, and the establishment of diversity, equity, and inclusion workgroups.

Expanding Access to Home- and Community-Based Services

The growing number of older adults living in Vermont is expected to increase the need for assistance with living independently. Ensuring Vermonters receive needed care will require expanding the availability of in-home services, transportation, broadband, and other supports to improve social determinants of health. Social determinants of health include social, economic, and environmental conditions that help older adults maintain their health and well-being. AAAs and the aging network are well-positioned to develop mechanisms for reporting their collective impact on social determinants of health and expanding their programming into other areas such as contractual relationships with healthcare payers.

AAAs respond to social determinants of health through care management and coordinating services, including, but not limited to, transportation, nutrition services, financial assistance, wellness activities, and family caregiver support. There is an opportunity to support healthcare systems with the experience community-based organizations have with addressing the social factors that negatively impact older adults' health. Additionally, expanding capacity to assist with care transitions is needed. Vermont's workforce shortage compounded with the demand for hospital services during high incidences of COVID-19 highlighted the need for better response to individuals unable to safely exit acute care. There are a number of initiatives through the Money Follows the Person demonstration grant to improve care transitions and decrease rehospitalization.

The workforce shortage presents a real challenge to expanding the systems of care as they currently exist but also presents opportunities. For example, there is growing interest in adopting and expanding programs that use volunteers to provide respite and companionship. Additionally, Vermont's [Enhanced FMAP Spending Plan](#) includes efforts to improve workforce recruitment, retention, and training, improve infrastructure, make capital improvements, expand services, and focus on quality care.

Caregiving

According to data collected from the 2015-2019 Behavioral Risk Factor Surveillance System survey conducted by VDH, Vermont is home to an estimated twenty-five thousand family caregivers for people with Alzheimer's and other dementias. Vermont's unpaid, informal support network provides approximately thirty-six million hours of care annually, valued at 717 million dollars. The health care system is not positioned to absorb the cost of care that family caregivers provide.

Research shows that the long-term stress and burden of caregiving can negatively impact the caregiver's own health. In recognition of the need to support family caregivers, Congress passed the [RAISE Family Caregivers Act](#), which directs the development of a national family caregiver strategy. Raising awareness of family caregivers and their care activities is needed to enhance their support. In particular, the bridge between family caregivers and the healthcare system needs modifications. Too often, caregivers are not active members of care planning teams but they are required to provide care for which they were not prepared.

VDH is the recipient of a 2021-2023 Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act grant provided by the Centers for Disease Control (CDC) to enable public health programs to address Alzheimer's disease and related dementias (ADRD). The grant requires VDH to focus on changing systems, environments, and policies to promote risk reduction, improve early diagnosis, prevent and manage comorbidities, and avoid hospitalizations. The shift to a public health approach to Alzheimer's disease is accomplished by using data to set priorities, develop public health actions, address social determinants of health, and provide support for caregivers who care for people with dementia.

The OAA recognizes individuals of any age with Alzheimer's disease and related disorders with neurological and organic brain dysfunction as a population to be prioritized. The SUA participated with VDH as part of the statewide effort to update Vermont's Action Plan on Alzheimer's and Healthy Aging. A public health approach to dementia will inform and enhance the work undertaken by AAAs to assist individuals and families impacted by the disease. In addition, OAA programming will help reach the goals of improving early detection and increasing prevention through health promotion and disease prevention programming.

NEEDS ASSESSMENT

As part of the development of the State Plan on Aging, DAIL embarked on a statewide survey targeting older Vermonters and family caregivers providing care for individuals sixty and older. The needs assessment results serve as a critical source of information to guide DAIL's planning for the development of services and responses to the needs of these populations for the 2023 through 2026 four-year period. In addition, AAAs have used this data to develop their 2022-2025 Area Plans. In total, 2,716 Vermonters 60+ surveys were sufficiently completed to be included in analysis, 2,634 of which included zip codes, enabling assignment to AAA region. Additionally, 357 family caregivers were completed.

Methodology

In July 2020, DAIL contracted with Flint Springs Associates (FSA), a Vermont-based consulting firm, to conduct an assessment of the needs of older Vermonters, i.e., persons sixty years and older, and their family caregivers, and an assessment of community services and supports available to assist older Vermonters and their family caregivers.

Vermont's five Area Agencies on Aging along with the [counties](#) they serve are listed below:

- Age Well: Addison, Chittenden, Franklin, and Grand Isle
- Northeast Kingdom Council on Aging (NEKCOA): Caledonia, Essex, and Orleans
- Central Vermont Council on Aging (CVCOA): Lamoille, Orange, and Washington
- Southwestern Vermont Council on Aging (SVCOA): Rutland and Bennington
- Senior Solutions: Windham and Windsor

FSA developed a set of structured interview questions reviewed and refined these with SUA project staff, and used them in gathering input from stakeholders. Relying on DAIL's guidance, FSA conducted interviews with representatives from the following organizations:

- Vermont Department of Health, Division of Health Promotion and Disease Prevention
- Vermont Attorney General's Office
- Vermont Association of Area Agencies on Aging
- Associates for Training and Development
- Vermont Association of Adult Day Service Providers (VAADS)
- Visiting Nurses' Association, Home Health Agencies
- University of Vermont Medical Center - Center on Aging
- Vermont Association of Senior Centers and Meal Providers
- Cathedral Square – Support Services at Home (SASH)
- Vermont Care Partners – Elder Care Clinicians
- Community of Vermont Elders (COVE)
- AARP VT

To design and administer relevant statewide surveys for completion by older Vermonters and family caregivers, FSA conducted initial, exploratory telephone interviews with individuals in each of the five geographic regions served by Vermont's AAAs. This initial step was intended to

reveal conditions and concerns that might fall outside commonly understood needs held by these populations and subsequently weave these into survey questions. As a result, FSA developed a set of structured interview questions for each population.

Each AAA region was given a target number of surveys to collect to ensure high confidence in the findings. FSA used VDH and US Census data to estimate the population numbers for Vermonters age 60+, statewide, and county. These population numbers and Confidence Intervals of ± 2 and ± 3 percentage points were used to set numeric sample size targets for each AAA region and individual counties within each region.

AAA REGION	TARGET NUMBER SURVEYS TO ACHIEVE ± 2 C.I.	# SURVEY RESPONSES	PERCENT OF TARGET
AGE WELL	565	695	123%
NEKCOA	185	399	216%
CVCOA	290	661	228%
SVCOA	265	477	180%
SENIOR SOLUTIONS	295	402	136%
TOTAL	1,600	2,634	165%

To pilot test the two survey instruments, each AAA was asked to recruit one older Vermonter and one family caregiver to complete surveys and provide written feedback to FSA regarding the clarity of instructions and questions, and the ease of survey completion. Feedback from this pilot test resulted in minor changes to the survey instrument, none of which impacted the content of questions.

A high level of communication and collaboration occurred between DAIL’s SUA, FSA, and the five AAAs, all towards developing meaningful surveys to assess the needs of older Vermonters and family caregivers and identifying and implementing survey distribution and collection methods.

Those methods varied across regions, based on each AAA’s connections and capacity to cast the wide net needed to gain representative input from these two populations. For example, in some but not all AAA regions, hard copy surveys were sent to all Meals on Wheels recipients. The findings below that emerge from the analysis of each survey type (online and hard copy) should

guide future efforts to gain feedback from all Vermonters and increase participation from all Vermonters.

Vermonters 60+ Survey Findings

Prior to the COVID-19 pandemic, older Vermonters felt they were living the life they desired most of the time.

The needs assessment found that COVID-19 has negatively impacted several quality-of-life issues. Social connections have been disrupted, leading to more isolation and difficulty engaging in activities that give one pleasure. Hard copy respondents were less likely to express satisfaction with their lives before COVID-19 and had more difficulty attaining life quality during the pandemic.

More than 50% of older Vermonters report their physical health has impacted their ability to live life as desired.

The responses varied significantly based on the type of survey used. For example, three-quarters of hard copy respondents noted impacts to their life due to physical health. In contrast, 46% of online respondents reported the same.

Regardless of region or type of survey, most people care for their overall physical health through medical appointments, including eye care. However, significant gaps exist in the number of older Vermonters who seek care for mental health and hearing issues.

Across the state, two-thirds of persons sixty and over report having taken steps to address the risk of falling. Notably, three-quarters of hard copy survey respondents say they have acted in this direction compared to 57% of online respondents. As hard copy respondents tend to be older and have more reported interaction with services, including Meals on Wheels, it is likely that prompts from services providers who connect with them may be associated with this difference.

The vast majority (91%) of older Vermonters responding to this survey live in their own home.

The survey revealed that when considering future living situations, most respondents, regardless of region or survey type, identified the need to feel safe in their surroundings and the ability to afford the costs of staying in their homes as most important.

Significant differences, however, emerged between online and hard copy responses when rating other issues that go into the calculation of where to live as one gets older. For example, people who completed hard copy surveys identified the availability of food/meal services, public transportation, and walking distance to needed services at higher rates than online respondents. This can most likely be attributed to the differences in household income associated with each survey type.

When asked what is needed to enable one to live in his/her own home, help with home maintenance, housekeeping, and home modifications was cited by all respondents as the most important forms of assistance required to age in place. However, the findings revealed across all regions and types of the survey that difficulties experienced in getting needed help were most

associated with an individual's unwillingness to ask for help and/or their ineligibility for programs or services

83% of older Vermonters drive their own car, making the ease of getting to friends, shopping, appointments, etc., relatively simple.

This finding, however, differed between those who completed online surveys versus hard copies. The former group was more likely to have their own cars, while the latter were more likely to depend on other forms of transportation, e.g., friends, relatives, public services, to get where they wanted and needed to go. More than 50% and as high as 85% of respondents have sufficient income to keep their cars running. Again, differences in responses were associated with the type of survey completed. Greater ability to maintain a car was associated with online respondents who, in turn, reported higher household incomes than hard copy respondents.

Regardless of the type of transportation used, most older Vermonters were satisfied with the ease and accessibility of needed transportation. However, when disaggregated by the AAA region, nearby public transit was less accessible for respondents living in the southeast, served by Senior Solutions, and the northeast, served by Northeast Kingdom Council on Aging.

More than three-quarters of Vermonters age 60+ rely on Social Security as a source of income.

Among hard copy respondents, 49% rely solely on Social Security compared to 14% of persons completing online surveys. Additionally, less than one-half of persons completing hard copy surveys report having enough money to pay expenses with extra funds leftover, compared to 71% of online respondents who report their income is sufficient.

Across all regions, large percentages of respondents claim Social Security as an income source, with the highest rates in the Northeast Kingdom and Southwest Vermont. In addition to Social Security, nearly two-thirds of respondents receive income from retirement savings and/or pensions and nearly one-quarter still earn income through employment. When disaggregated by AAA region, the percent of income coming from retirement and current employment is higher where online survey responses were highest (Age Well, CVCOA, and Senior Solutions) and lower in the two regions (NEKCOA and SVCOA) where more hard copy surveys were completed. Again, it can be inferred that online responses are associated with higher household income while hard copy responses are associated with lower household income – and thus fewer income sources and of a lower amount.

Nearly all older Vermonters have health insurance coverage, but responses regarding the extent of coverage vary by income level and type of survey completed.

Ninety-nine percent of respondents have some type of health care insurance. Medicare covers between 78% to 84% of respondents within the five AAA regions. Rates of supplemental Medicare coverage drop to between 25% and 39%.

Significantly fewer respondents from Northeast Kingdom Council on Aging and Southwestern Council on Aging have Medicare supplemental plans than those from Age Well, CVCOA, and Senior Solutions. Thirty percent of Southwestern Council on Aging respondents have Medicaid insurance, a rate much higher than the other four AAA regions. Across the state, a small percent

is covered by Veterans' benefits. Finally, between 28% to 41% of respondents report having private health insurance.

Older Vermonters misunderstand how long-term care services if needed, will be paid for.

In response to how people would pay for long-term care, should they need it, nearly half (47%) of respondents identified Medicare as a possible payment option. Forty-six percent reported they did not know how these services if needed, would be paid. Therefore, educational efforts are required to reduce misconceptions and increase knowledge about how to pay for long-term care so that this population can make informed, accurate plans for future needs.

The survey revealed that 12% of respondents currently have long-term care insurance. This group was older respondents with higher household incomes, who primarily completed online surveys.

Food insecurity, as evidenced by the use of food programs, is significantly more present in respondents who completed hard copy surveys.

Meals on Wheels (MOW), Three Squares VT, Commodity Supplemental Food Program (CSFP), and community food shelves are used significantly more by hard copy than online respondents. In each of these program categories, higher utilization rates were reported in regions served by Southwestern Vermont Council On Aging and Northeast Kingdom Council On Aging, aligning with their higher rates of hard copy responses. 45% of respondents from Northeast Council On Aging and 36% from Southwestern Vermont Council On Aging use MOW compared to 1% of respondents in the Age Well's region, 5% in the Senior Solutions region, and 6% in Central Vermont Council On Aging's area. As noted above, lower household income was reported at higher rates amongst those who completed hard copy surveys.

Knowledge of resources focused on older Vermonters varies widely and by specific programs.

The survey found that higher percentages of respondents *know all or something about* Senior Centers (84%), AAAs (78%), volunteer opportunities (71%), and transportation services (70%).

However, those reporting *no knowledge* of programs increases significantly when asked about the following: Senior Helpline (45%), Legal Aid assistance (47%), 2-1-1 (48%), Adult Protective Services (53%), Respite care for family caregivers (54%) and family caregiver support groups (58%). Across Vermont, opportunities are ripe for increasing older Vermonters' knowledge of and participation in the vast array of programs and resources available to them.

Family Caregiver Survey Findings

The majority of family caregivers provide care to their family member between 20 hours and round-the-clock on a weekly basis.

Twenty-eight percent of respondents provide care twenty-four hours, seven days a week, and half of those caregivers are spouses to the family member.

Adult children represent one-half of Family Caregiver survey respondents. At the same time, spouses make up 31% of responses, and “other” relatives constitute 18% of respondents.

Caregivers devote years of their lives to providing care to their family member.

Fifty-three percent of respondents have been caring for their family members for no fewer than four years. Among those who have cared for their family member for more than six years, spouses make up 37%, followed by other relatives, e.g., grandchildren, cousins, etc., (29%) and adult children (23%).

Family caregiving negatively impacts the caregiver on a range of personal dimensions.

Emotional health, ability to pursue individual interests and hobbies, sleep, and social connections were cited as negatively impacted by three-quarters to one-half of respondents. In most areas, the negative impact on spouses giving care was significantly higher than on adult children or other relatives. Along with that, individuals providing 24/7 care reported significantly higher adverse effects on all nine dimensions of inquiry.

Despite reports of negative impacts associated with caregiving, slightly less than a quarter of family caregivers use respite services.

Of those who would like to but currently do not use respite, the following reasons stood out across the five AAA regions. First, people do not know where to find respite care; second, they feel they cannot afford it. Finally, but critically, the person being cared for will not accept it.

More than half of family caregivers expressed interest in gaining information and/or education around self-care, medical benefits, long-term care, estate planning, and medical conditions.

Caregivers’ responses were relatively consistent across the five AAA regions, showing strong interest in learning how to take care of oneself, gaining information about health coverages, including Medicare, Medicaid, and SSI, being better informed to plan for future care needs and wills, and learning more about medical conditions of their family member. Slightly less than one-quarter of respondents said that information addressing how to deal with behavior issues, such as those resulting from dementia, of the family member being cared for would be helpful.

Engagement and/or interest in individual counseling or caregiver support groups as a helpful form of support varies.

Approximately one-third of respondents reported participating in individual counseling as helpful. An almost equal amount noted that they expected it would be beneficial while not engaging in counseling to date. Engagement in caregiver support groups was much lower. Only 16% of respondents said they’d found it helpful, yet 46% said that although they hadn’t tried it, they’d expect it would be beneficial. Given the degree to which family caregivers reported a high incidence of negative impacts on their lives, determining ways to engage caregivers in support activities potentially could improve outcomes for both caregivers and their family members.

Friends, family members, health care providers, and the internet are the most common sources of support and information that family caregivers rely on.

While the above comprised between one-half and two-thirds of responses identifying where family caregivers look for needed information, and support, much smaller percentages identified the following formal organizations as information sources: Home Health Agencies (27%); Senior Help Lines/AAA's (23%); social media (11%); libraries (7%); and Vermont 2-1-1 (4%).

ADDITIONAL AREAS OF FOCUS

Older Adult Suicide

Data and research indicate a high rate of suicide among older adults and a higher rate of social isolation. According to Vermont's 2018 Behavioral Risk Factor Surveillance System (BRFSS), 13% of adults aged 65 and older report rarely or never getting social and emotional support, significantly higher than other adults. Additionally, between 2017 and 2018, some of the most recent data show that the suicide rate in the United States increased 2%. Still, for adults aged 55 to 74, the rate increased by 6%. For older Vermonters, this rate increased 11%, the highest among the fifty states for this age group. The research supports the idea that suicide is largely preventable at every age. Therefore, it is vital to engage older adults in activities and opportunities that promote healthy aging and promote a sense of social connectedness and life purpose.

Prevention strategies need to focus on building protective factors that address or counteract risk factors. Activities to increase protective factors related to suicide prevention will include:

- Promoting healthy aging, resiliency, and independence.
- Promoting awareness of the impact of loss.
- Supporting meals on wheels.
- Promoting the use of age-appropriate screening tools and age-appropriate interventions.
- Promote firearm safety and safe storage of medications

In summary, strategies will be implemented to detect and treat depression, optimize independent functioning, increase social connectedness, and educate to reduce ageism and promote gun and medication safety.

Support for People who are Deaf, Hard-of-Hearing, or Deafblind

Under DAIL is the Director of Services for Deaf, Hard of Hearing, and DeafBlind (DHHDB), acting as the single-entry point for information, referral and assistance. In addition, the Director works with various stakeholders, including the DHHDB Advisory Council, to identify service gaps and advise on program development to meet identified gaps. Types of information and assistance include guidance describing how to use American Sign Language (ASL) interpreters and captioning services on different virtual platforms, guidance on how and when to use transparent masks at COVID vaccination clinics, advocacy for DMV Visor cards to help those who are Deaf or hard of hearing when pulled over while driving, educational presentations to a variety of community members, technical assistance to several state agencies such as DMV, AOT, DPS, and DOL on how to improve communication access for DHHDB community members, and community forums with the Agency of Education to bring in working professionals and community members to learn about the new vendors serving DHHDB school-age children.

The SUA is fortunate to have access to the unit for support and guidance related to training and compliance with accessibility. DAIL's work around advocating and supporting DHHDB is enhanced by collaboration with the unit. The 2019 Behavioral Risk Factor Surveillance System

reports that 19,804 Vermonters aged 65 and over say having a hearing disability (Centers for Disease Control and Prevention, 2022). The state plan needs assessment identified gaps in the number of older Vermonters who seek care for hearing issues. As a result, the number of older Vermonters experiencing hearing loss is anticipated to be under-identified. The State Unit on Aging collaboration with the Director of Services for DHHDB informs the need to combat the stigma associated with hearing loss. Lastly, increasing evidence of hearing loss associated with dementia adds to the need for the SUA to be responsive to supporting older adults finding themselves experiencing hearing loss. Raising public awareness of the impact of hearing loss on older adults and the need for hearing accessibility is a critical part of the SUA's work to promote healthy aging.

Village Model

The village model is summarized by the motto neighbors caring for neighbors. It is described as community-based nonprofit organizations formed through a body of caring neighbors who want to change the paradigm of aging (Village to Village Network, 2022). The state plan needs assessment revealed that one of the most needed areas of assistance with aging in place is help with home maintenance, housekeeping, and home modifications. Additionally, the findings revealed that the difficulties experienced by respondents in getting needed support were most associated with an individual's unwillingness to ask for help and their ineligibility for programs or services.

The characteristics of the membership-driven village model include coordination of access to affordable services, including, but not limited to, transportation, home repairs, social and educational activities. The SUA identified the village model as a promising practice supporting aging in place because of the member-driven approach. The initial course will be to raise awareness of the Village Model as one of the good practices for supporting older Vermonters who anticipate needing assistance to remain in their home. Evidence suggests that participation in the village model positively impacts members' well-being and quality of life. Vermont has a small cohort of established villages to help inform the best approaches for educating communities around the state. Through building awareness about the village model, the SUA will work towards broadening the approaches communities take for supporting older residents.

GOALS, OBJECTIVES, AND STRATEGIES

Goal 1: Promote the health, safety, and well-being of older Vermonters.

Objective 1.1: *Information and Referral/Assistance (I&R/A)*: Strengthen the coordination and awareness of OAA and related services

Strategies

1. Support the dissemination of outreach promoting the aging network, including AAAs, Senior Centers, State Health Insurance Assistance Program, State Medicare Patrol, and Adult Protective Services.
2. Leverage the aging network to promote the Senior Community Service Employment Program (SCSEP) and the professional growth opportunities such as workshops, computer classes, and participation in community college and technical education center programming that qualifies them for in-demand jobs, connects them with hiring employers, and better utilizes the mature worker population to expand the state's workforce.
3. Circulate advertising for Vermont's Aging and Disability Resource Centers, options counseling, and the statewide Helpline.
4. Establish standardized protocols for information, referral and assistance (I&R/A) teams to identify callers' needs and connect to services offered through the aging network.

Performance Measures

- # of outreach addressing the aging network and the programs under the OAA.
- # of people enrolled in the Senior Community Service Employment Program.
- #/% of people contacting the AAA Helpline.
- #/% of people receiving OAA services.

Outcomes

- Short-term: Older Vermonters will increase their knowledge of programs and services offered through the aging network.
- Intermediate: Older Vermonters will contact the AAA Helpline for assistance accessing services and support.
- Long-term: Older Vermonters will be connected to services for which they qualify.

Objective 1.2: *Case Management*: Improve the quality of life for individuals accessing person-centered case management services

Strategies

1. Implement and maintain person-centered framework training for AAA service and coordination teams.
2. Explore the adoption of screening tools to identify health factors, including immunization status, dementia, fall-related TBI, and suicide.

3. Explore a variety of approaches to improve successful care transitions for people relocating from an institutional setting to a community setting, including enhancing mental health counseling, wellness programs, and family caregiver support.
4. Monitor the impact of case management services by delivering a standardized survey implemented by AAAs.

Performance Measures

- #/% of AAAs using person-centered planning tools
- #/% of AAAs adopting screening tools to assess immunization status, risk of dementia, fall-related TBI, and suicide
- # of care transitions completed by AAAs
- #/% of survey respondents reporting case management increased their quality of life

Outcomes

- Short-term: AAAs operate care and service teams using the person-centered framework for care.
- Intermediate: Case management clients are screened for risks impacting their health and wellbeing.
- Long-Term: Older Vermonters are supported to live in the setting they prefer.
- Long-Term: Individuals receiving case management services report in the case management survey the service helped to improve their quality of life.

Objective 1.3: *Nutrition*. Improve the nutritional health status of older adults participating in the senior nutrition program.

Strategies

1. Train aging services staff and volunteers that malnutrition is an indicator and vital sign of older adult health risk.
2. Plan activities for Malnutrition Awareness Week, September 19-23, 2022, and annually thereafter.
3. Improve quality and availability of all OAA NSP meals, including therapeutic meals.
4. Increase availability of nutrition education and nutrition counseling.
5. Integrate validated malnutrition screening tools into assessments.
6. Monitor client progress and quality of nutrition, case management, and information and referral services.
7. Leverage existing partnerships and engage in new community partnerships to provide access to programs and services to prevent and address malnutrition.
8. Explore creating hospital service area malnutrition coalitions to address root causes of malnutrition.

Performance Measures

- #/% of trainees reporting increased knowledge of malnutrition
- #/% of people enrolled in nutrition counseling

- #/% senior nutrition providers offering a therapeutic meal option
- #/% of AAAs screening for malnutrition

Outcomes

- Short-term: Older adults and caregivers will increase their knowledge malnutrition is, its impact, prevention, treatment, and available resources.
- Short-term: Aging services staff and volunteers will increase their knowledge of malnutrition, its impact, prevention, treatment, and available resources.
- Intermediate: The aging service staff will improve collaboration and coordination of services to address malnutrition through an interdisciplinary approach.
- Long-term: The AAAs and SUA will have improved understanding of the prevalence of malnutrition within the senior nutrition program.

Objective 1.4: *Family Caregiver Support*: Ensure family caregivers have a support system in place to meet them where they are in their caregiving journey.

Strategies

1. Support family caregiver specialists using an evidence-based assessment tool to work with caregivers to develop unique service plans, including recommended strategies for improving well-being.
2. Partner with VDH to increase the availability of dementia training for aging network staff, including paid caregivers.
3. In partnership with AAAs and volunteers, increase the usage of trained volunteers for providing respite to family caregivers.
4. Monitor the impact of services on the caregivers' level of stress and burden.

Performance Measures

- #/% of AAA staff trained in using the evidence-based assessment.
- # of professionals in the aging services field trained in dementia capable.
- # of volunteers providing respite to family caregivers.
- #/% of caregivers who show decreased stress and burden levels after regular reassessment intervals.

Outcomes

- Short-term: AAA caregiver support staff are trained and certified using an evidence-based caregiver assessment tool.
- Medium: Professionals who support family caregivers are trained in dementia capable practices.
- Medium: Family caregivers have access to respite support regardless of where they live in the state.
- Long-term: Family caregivers participating in family caregiver support programming will decrease stress and burden.

Objective 1.5: *Elder Justice*: Increase collaboration to prevent and protect vulnerable older adults against financial exploitation.**Strategies**

1. Recognize National Consumer Protection Week (March 6-12) and collaborate with the Attorney General's office, Community of Vermont Elders' Senior Medicare Patrol, and media outlets to communicate strategies for avoiding scams.
2. Leverage Vermont's "Stay Savvy Vermont" PSA videos to engage the public in awareness of financial exploitation and strategies to protect against scams.
3. Support the development of projects and programs that expand supported decision-making.
4. In partnership with Vermont Legal Aid and the Office of Public Guardian, provide public education on advance directives, power of attorney, representative payees, and how legal safety guards protect from exploitation.
5. Collaborate with Vermont Department of Financial Regulation to expand education on frauds and scams related to insurance, banking, and how to make a report.

Performance Measures

- # of outreach addressing financial scams and exploitation
- # of reports filed with APS under the category of financial exploitation
- # of education events focused on legal issues, including advanced directive, power of attorney, and payee services

Outcomes

- Short-term: Increase the adoption of statewide outreach addressing financial scams and exploitation.
- Intermediate: Older Vermonters are knowledgeable about financial scams and equipped with the knowledge to avoid them.
- Intermediate: Increase Vermonters' understanding of legal tools designed to protect vulnerable adults.
- Long-term: Older Vermonters have access to legal support to protect them from financial exploitation.

Goal 2: Vermont's OAA programs are inclusive of all older Vermonters.**Objective 2.1: Bolster training and collaboration across State departments to strengthen the aging network's response to trauma and mental health.****Strategies**

1. Support the establishment of trauma-informed training for the aging network providers to increase the provision of trauma-responsive care.
2. Collaborate with VDH to implement gatekeeper training to inform volunteers and professionals interacting with older adults to identify risks for suicide.

3. Explore opportunities to enhance the eldercare clinician services.
4. Enhance emergency planning with VDH and the aging network to improve responsiveness to older adults in the greatest economic and social need during health emergencies.

Performance Measures

- # of aging network staff trained in trauma-informed services.
- # of aging network staff and volunteers completing gatekeeper training.
- # of people enrolled in the eldercare clinician program.

Outcomes

- Intermediate: Vermont's aging network workforce is trauma-responsive in their service delivery.
- Intermediate: Vermont's aging network workforce and volunteers are prepared to identify the risk for suicide.
- Intermediate: Older Vermonters have access to mental health services and supports.
- Long-term: Vermont's aging network is responsive to the needs of all Vermonters.

Objective 2.2: Determine services needed and effectiveness of programs, policies, and services for all Vermonters, including LGBTQ+, Abenaki, BIPOC, and New Americans.

Strategies

1. Identify and build relationships with groups and organizations representing Vermont's populations, including LGBTQ+, older adults living with HIV, Abenaki, and New Americans, to participate and inform strategic planning.
2. Involve individuals with lived, cultural expertise in service planning, including nutrition services, to ensure meal options meet cultural preferences.
3. Generate marketing and development content that reflects and supports diversity and inclusion using images of BIPOC, New Americans, Veterans, and other cultural groups.

Performance Measures

- # of strategic planning sessions involving organizations representing specific groups of Vermonters.
- # of marketing initiatives created to represent all Vermonters.

Outcomes

- Long-term: All older Vermonters are represented and served under the OAA programming.

Goal 3: Bolster the recognition and support of unpaid caregivers in Vermont.

Objective 3.1: Increase public awareness and recognition of the diverse needs, issues, and challenges faced by family caregivers

Strategies

1. Partner with the AAAs, Alzheimer’s Association Vermont Chapter, and VDH to recognize and promote National Family Caregiver Months.
2. Publicize and share stories addressing the dynamics of family caregiving.
3. Distribute tip-sheets throughout the aging network on best practices related to supporting caregivers.
4. Leverage the recommendations from the RAISE family caregiver act to raise awareness of the needs of family caregivers.

Performance Measures

- # of public engagements focused on unpaid caregivers.
- # of programs operated in Vermont supporting family caregivers.

Outcomes

- Short-term: Increased awareness of unpaid caregiving and its impact on families.
- Intermediate: Unpaid caregivers have access to programs specifically designed to support their needs.
- Long-term: Unpaid caregivers in Vermont are recognized as a critical part of the care and services system infrastructure.

Objective 3.2: Increase collaboration across the aging network to support Grandparents raising grandchildren

Strategies

1. Collaborate with stakeholders and community members to coordinate a respite coalition to pursue the Lifespan Respite Care program.
2. Utilize the National Technical Assistance Center on Grand Families and Kinship Families for strategic planning.
3. Collaborate with Vermont Kin as Parents to raise awareness about supporting grandparents raising children.

Performance Measures

- # of public engagements focused on grandparents raising grandchildren.
- # of programs operated in Vermont supporting grandparents raising grandchildren.

Outcomes

- Short-term: The aging network and public are aware of the resources available for grandparents raising grandchildren.
- Long-term: Grandparents raising grandchildren have access to readily available services and supports to meet their needs.

Objective 3.3: Increase awareness of social isolation and the available resources to combat the adverse effects.

Strategies

1. The SUA, in collaboration with VDH, will distribute educational material on the association of caregiving and social isolation.
2. The SUA, in partnership with AAAs and Senior Centers, markets and promotes the availability of support services available to caregivers addressing social isolation, including Vermont Assistive Technology and the Senior Companion Program.
3. Expend the American Rescue Plan funds through community grants to support programming for family caregivers.
4. Collaborate with AAAs to provide access to an innovative web-based platform for older adults to engage in social activities.

Performance Measures

- # of outreach to caregivers addressing social isolation as a health issue.
- # of outreach targeting unpaid caregivers on the availability of support services.
- # of projects funded through the American Rescue Plan to enhance social supports for family caregivers.
- # of people enrolled in GetSetUP, a web-based social platform.

Outcomes

- Short-term: Caregivers will understand the impact social isolation has on health.
- Short-term: Vermonters will understand services available to help combat social isolation.
- Intermediate: Older Vermonters participate in programming made available to create meaningful activities and connections.

EMERGENCY PREPAREDNESS

As part of Vermont's Agency of Human Services (AHS), DAIL has a Continuity of Operations Plan (COOP). Under leadership at AHS, the plan is reviewed annually with necessary revisions. DAIL also participates in the State of Vermont Emergency Operations Plan, reviewed annually in coordination with AHS. In addition, DAIL requires AAAs to have Emergency Preparedness Plans in their Area Plans updated annually as needed and approved by DAIL. AAA Emergency Preparedness Plans address critical functions, outreach to vulnerable individuals, and coordination efforts with local and state emergency response agencies. In the event of an emergency, DAIL staff reach out to each of Vermont's AAAs to offer support, ensure critical functions are possible and that AAAs can contact the most vulnerable older Vermonters and adults with disabilities with whom they work. AAAs least affected by an emergency may offer support and staff to AAAs most impacted.

Since the onset of the COVID-19 pandemic, DAIL has maintained an active role in the State's emergency response to protect Vermonters at the highest risk of getting sick or dying from the virus. Throughout SFY22, DAIL has continued to provide technical assistance to providers with support from VDH, assisted in the State's efforts to roll out Vermont's vaccine program, maintained program flexibilities to better support consumers and families, and actively participated in emergency outbreak response to long-term care facilities need emergency staffing, PPE, and N95 fit-testing support. The reaction to COVID-19 has strengthened DAIL's ability to respond to health emergencies due to the collaboration with VDH. DAIL and the aging network benefited from the technical assistance provided by VDH and will continue to engage them as emergency response plans evolve.

QUALITY MANAGEMENT

The SUA's quality management approach is grounded in the theory of change. Quality management is an opportunity to understand how well an intervention, product, or system works. The SUA assumes that evaluation is more than the judgment of ultimate success or failure but is a process that involves assessing, valuing, interpreting, and engaging the stakeholder community. The quality management activities undertaken by the SUA are intended to inform improvement or modification both in the future and as work is unfolding.

The SUA uses data and information pulled from the State Program Report (SPR) and Area Plan reports submitted by AAAs biannually to track progress at the highest levels of programming. The SUA is informed on where to take a closer look through the use of 2-year and multi-year SPR comparison reports tracking trends such as service increases, decreases, stagnant service utilization. The service recipients' demographic information is analyzed to inform whether the OAA's priority populations are served. The SUA will compare each AAA's demographic data to the corresponding service region's census data. Findings will better understand how the target populations can be reached.

The Area Plans implemented by AAAs outline regional goals, objectives, strategies, and measurable outcomes in the Results-Based Accountability format. AAAs' four-year Area Plans are updated, reviewed, and approved each year by the SUA. DAIL requires the AAAs to submit RBA updates twice a year to demonstrate progress and describe obstacles. In addition, the SUA, at minimum, conducts annual meetings with each AAA to discuss progress and challenges. The sessions are an opportunity to examine whether the expected changes are occurring. For example, if a AAA is expecting to increase services to the BIPOC community by targeting outreach, the meeting is a chance to discuss whether the intended outcomes are happening. Lastly, DAIL staff meet with the AAA Executive Directors monthly to review different areas of programming, policies, funding, and any anticipated changes.

Additionally, the SUA uses the CMS Home and Community Based Services Quality Framework to organize quality initiatives and monitoring as part of our relationship with the aging network and, more specifically, with the AAAs. The SUA also provides quality oversight via annual monitoring visits by the Quality and Program Participant Specialist. This staff person reviews the agency through the lens of case management using an approved standard for AAAs against an established review grid that follows the standard requirements.

At each site, a random selection of charts is pulled with representation from as many case managers as possible to ensure timely and appropriate care through review of assessments, plans of care, goals, strategies, needs, and follow-up as needs change. Great care is taken to ensure that the participants and family caregivers have input into the plan such that opportunities for choice/flexibility are emphasized in the process. The reviewer looks at the initial documents for each record and then follows case notes, team conference notes, progress, barriers, changing strategies, utilization of community resources, vocational rehabilitation, and other applicable interventions. Reviewers also check for ongoing supervisory interface and evaluations, training, orientation, tracking lists, and updated background checks. All applicable AAA policies and procedures are also reviewed.

If an AAA has standards, policies, and procedures that are “unmet”, there is a written request for a plan of correction that must be submitted within an allotted timeline. If the plan of correction is deemed acceptable, a letter stating such is sent. If a plan is insufficient, a further request is made with follow-up technical assistance. Once the plan of correction is accepted, the Specialist will conduct a follow-up visit to assure that the corrective action has been operationalized.

COMPREHENSIVE SYSTEM OF SERVICES, SUPPORTS AND PROTECTIONS FOR OLDER VERMONTERS: LONG-TERM SERVICES AND SUPPORTS (LTSS) SYSTEM

Introduction:

In addition to the State Plan on Aging requirements described in the federal OAA, the 2020 Older Vermonters Act (33 V.S.A. §6206) now requires that the State Plan on Aging also include:

- Priorities for continuation of existing programs and development of new programs
- Criteria for receiving services or funding
- Types of services provided
- A process for evaluating and assessing each program's success

The Act further states that program priorities shall be based on the following:

- Information obtained from older Vermonters, their families, and their guardians, if applicable, and from senior centers and service providers
- A comprehensive needs assessment that includes:
 - demographic information about Vermont residents, including older Vermonters, family caregivers, and kinship caregivers
 - information about existing services used by older Vermonters, family caregivers, and kinship caregivers
 - characteristics of unserved and underserved individuals and populations; and
 - the reasons for any gaps in service, including identifying variations in community needs and resources
- A comprehensive evaluation of the services available to older Vermonters across the State, including home- and community-based services, residential care homes, assisted living residences, nursing facilities, senior centers, and other settings in which care is or may later be provided
- Identification of the additional needs and concerns of older Vermonters, their families, and their caregivers in the event of a public health crisis, natural disaster, or other emergency

Needs Assessment

Demographics:

According to the US Census American Community Survey, there are approximately 175,000 Vermonters 60 years old and older in Vermont. That is approximately 27% of the total population. Of the 175,000:

- 97.7% live in the community (2.3% live in a nursing home)
- 65% live in rural areas.
- 25% live alone.
- 42% are not married (divorced, separated, widowed or never married).
- 28% have a disability.
- 28% live below 200% FPL (11% live below 100% FPL).

Source: [*US Census, American Community Survey, 2018*](#)

Information from Older Vermonters and Family Caregivers:

As noted in the Context Section of this State Plan on Aging (pages 11-13), a survey of older Vermonters and family caregivers was conducted in 2020 to gather information to inform the plan. 2,716 Vermonters 60+ and 357 family caregivers responded to the survey, sharing information about their health and well-being, housing and access to transportation, financial security, food security and more. Many older Vermonters are thriving, but a percentage of older Vermonters are struggling to find information, access services, and get the care they need to remain independent. See the full [Needs Assessment of Vermonters Age 60+ and Their Family Caregivers](#) for more details.

Existing Services:

The Adult Services Division (ASD) at DAIL supports older Vermonters and adults with physical disabilities to live as they choose, pursuing their individual goals and preferences within their chosen communities. ASD is responsible for managing a full array of long-term services and supports (LTSS) for older Vermonters and adults with physical disabilities. Vermont Medicaid, the federal OAA and State General Funds are the primary sources of funds for these services.

Medicaid Funded Long-Term Services & Supports (LTSS) programs include:

- Adult Day Health Rehabilitation
- Adult High Technology Program
- Attendant Services Program
- Brain Injury Program
- Choices for Care

Older Americans Act (OAA) services include:

- Supportive Services, including Case Management, Legal Assistance, Transportation, etc.
- Nutrition Services (congregate and home-delivered meals, counseling and education)
- Health Promotion and Disease Prevention
- Information, Referral and Assistance
- Family Caregiver Support
- State Long-Term Care Ombudsman Program

Other initiatives, programs and services for older Vermonters that are supported by ASD include:

- Commodity Supplemental Food Program
- Dementia Respite Grants for Family Caregivers
- Elder Care Clinician Program
- Employer Payroll Support for Self-Directed Services
- Health Insurance Counseling & Support (SHIP/MIPPA)
- Money Follows the Person Project
- Self-Neglect Initiative
- Senior Farmers' Market Nutrition Program
- 3SquaresVT (SNAP) Outreach to Older Vermonters

Provider Network:

To provide services, the Long-Term Care System relies on a large and diverse network of approximately 45 community-based organizations and 160 long-term care facilities across Vermont. Agencies are certified by DAIL to provide certain services; some are regulated by the Division of Licensing and Protection; others have quality oversight provided by the Adult Services Division. In addition, thousands of independent direct support workers outside of agencies provide direct care to Choices for Care participants at home.

Providers include:

- 11 Home Health Agencies
- 5 Area Agencies on Aging
- 11 Adult Day Centers
- 14 Authorized Agencies
- 1 agency authorized to provide Flexible Choices consultants
- 106 Residential Care Homes
- 17 Assisted Living Residences
- 37 Skilled Nursing Facilities

More detailed descriptions of providers in the aging network can be found in Attachment D.

Unserved/Underserved Individuals and Populations:

Several groups and populations tend to be underserved in Vermont's LTSS system including:

- People experiencing homelessness
- People experiencing self-neglect
- People with severe mental illness
- People with substance use disorders
- People with advanced dementia
- People with complex medical needs
- People who are deaf, hard of hearing, or deafblind

- People who do not qualify for long-term care Medicaid but struggle financially to afford services
- People who experience multiple factors above combined

In addition, the unserved also include those who may be eligible for programs but waiting to be served, including those on the Moderate Needs Group waiting list, referenced below, and individuals unable to access Brain Injury Program services due to provider capacity.

Reasons for Gaps in Services:

- **Workforce Crisis:** Across the LTSS system, service providers report serious staffing shortages, limiting their ability to serve current participants or new participants. Shortages are impacting long-term care facilities' ability to admit new residents, home health agencies' ability to provide personal care and homemaker services, Authorized Agencies' ability to find shared living home providers, and Adult Days' ability to increase census capacity. People self-directing services also have difficulty hiring independent caregivers.
- **Lack of Provider Capacity and Financial Stability:** Many service providers within the LTSS system not only struggle with a workforce shortage but also with financial stability due to limited revenue and resources.
- **Rurality of Vermont:** Being a rural state creates challenges for Vermonters seeking services. For example, many people struggle to find transportation to the regional Adult Day Center. Also limited access to broadband service in many rural areas of Vermont prevents more use of telehealth and tele-activities.
- **Disconnected Service Systems:** Vermont has a system of providers serving people experiencing homelessness, a system to serve those with mental illness, another system to serve people with substance use and still a separate system to serve people needing long-term care. These systems are funded separately, administered by different departments, and have historically evolved separately, not connecting services across systems very easily.

Overview of Programs and Services

The following table seeks to provide an overview of Vermont's Long-Term Services and Supports (LTSS) programs for older Vermonters and Vermonters with physical disabilities, including basic criteria for receiving services and types of services provided.

Program	Eligibility	Services
Choices for Care (High/Highest)	<ul style="list-style-type: none"> • Financially eligible for Long-Term Care Medicaid • Clinically eligible for nursing-home level of care 	<ul style="list-style-type: none"> • Case Management • Personal Care Services • Companionship • Respite • Adult Day • Assistive Devices/Home Modifications • PERS (Personal Emergency Response System) • Flexible Choices Option • Adult Family Care Option • Facility-based services: • Enhanced Residential Care • Skilled Nursing Facility Care
Moderate Needs Group Program	<ul style="list-style-type: none"> • Financially eligible based on 300% of SSI; \$10,000 resource limit. • Clinically eligible based on need for support with Instrumental Activities of Daily Living (IADLs) 	<ul style="list-style-type: none"> • Case Management • Homemaker Services • Flexible Funds
Brain Injury Program	<ul style="list-style-type: none"> • Financially eligible for Medicaid • Clinically eligible based on diagnosis of brain injury 	<ul style="list-style-type: none"> • Case Management • Rehabilitation Supports with Life Skills Aides • Community Supports • Environmental and Assistive Technology Services • Crisis Supports • Respite Services • Psychology and Counseling Supports
Attendant Services Program	<ul style="list-style-type: none"> • Financially eligible for Medicaid • Clinically eligible based on a ‘severe and permanent disability’ 	<ul style="list-style-type: none"> • Personal care services

<p>High-Tech Nursing Program</p>	<ul style="list-style-type: none"> • Financially eligible for Medicaid • Clinically eligible based on the need for medical technology to survive 	<ul style="list-style-type: none"> • Skilled nursing care, including coordinating treatments, medical supplies and sophisticated medical equipment
<p>Older Americans Act Programs</p>	<ul style="list-style-type: none"> • All Vermonters age 60 and older; targeting those in greatest social and economic need 	<ul style="list-style-type: none"> • Supportive services • Nutrition services • Health Promotion/Disease Prevention Programs • Family Caregiver Support Services
<p>Supports and Services at Home (SASH)</p>	<ul style="list-style-type: none"> • All Vermonters on Medicare 	<ul style="list-style-type: none"> • Care Coordination • Wellness Nurse Visits • Access to a range of group supports and activities
<p>Long-Term Care Ombudsman</p>	<ul style="list-style-type: none"> • All Vermonters on Choices for Care both in facilities and in home 	<ul style="list-style-type: none"> • Participant-directed support to resolve conflicts with facilities or providers, promote resident/individual rights, and ensure individual needs are met
<p>Assistive Community Care Services</p>	<ul style="list-style-type: none"> • Financially eligible for Medicaid • Clinically eligible below nursing home level of care 	<ul style="list-style-type: none"> • 24/7 residential services, including in-house case management, personal care services, nursing assessment and routine tasks, medication assistance, on-site therapy, restorative nursing.

Note that of the above programs, most are entitlement programs. However, the Moderate Needs Group Program is not an entitlement and has an average waiting list of 500 people statewide. SASH is also not an entitlement and capped at serving approximately 5,400 individuals total statewide.

More detailed information about eligibility and services can be found on the [ASD Website](#), in the program [regulations](#), and in the various [ASD Program Manuals](#).

Current rates by program and service type are in the [Adult Services Division Medicaid Rate Table](#).

A Process for Evaluating and Assessing Program Success

All Medicaid services, including Choices for Care, are managed through the [State Global Commitment to Health 1115 Waiver](#) and the accompanying [Comprehensive Quality Strategy](#).

DAIL provides accountability monitoring and oversight for ASD Medicaid funded long-term services and supports programs in the following ways:

- Annual Assessment and Eligibility Reviews
- Annual Consumer Surveys
- Certification of Case Management Agencies, Adult Day Providers and Brain Injury Providers
- Critical Incident Reporting and Review
- Oversight of the Fiscal Employer Agent
- Contract with the Long-Term Care Ombudsman
- Designation and Monitoring of Home Health Agencies and DAs/SSAs
- Adult Protective Services
- Licensing of Long-Term Care Facilities
- Monitoring of authorized services and Medicaid claims, including Electronic Visit Verification
- Stakeholder Engagement

More detailed information on quality oversight of programs and services can be found in the **Quality Overview** within [ASD Quality Management](#).

Success of programs is also tracked via [ASD's Performance Scorecard](#). The Scorecard is an online and publicly available set of dashboards with updated data and information. The Scorecard can be used to learn about how Vermonters are doing in relation to important conditions of health and well-being and to learn about how the Agency of Human Services is contributing to doing better by improving outcomes for the people who benefit from our services, programs, resources, and support. The Results Scorecard tool is built according to *Results Based Accountability*TM (RBA).

Priorities Looking Forward

As DAIL considers priorities for continuation of existing programs and development of new programs, we are guided by the information from older Vermonters and family caregivers, the needs assessments, the evaluation of services and available resources.

Important initiatives of focus during this State Plan on Aging time period that will impact older Vermonters in the LTSS System include:

Workforce Recruitment and Retention: With staffing shortages reported by almost all LTSS community providers and cited as a major reason for current gaps in services, DAIL is working hard to address this challenge and support workforce recruitment and retention efforts across our provider network, with a strong focus on direct care workers such as Licensed Nursing Assistants and Personal Care Attendants.

- DAIL worked with a Vermont Certified Public Managers Program consultancy project to hear directly from direct care workers. Report findings and recommendations will be available in May 2022.

- **HCBS FMAP Funding:** As part of Vermont’s [Enhanced FMAP Spending Plan](#), funding will be directed to home- and community-based services providers to support workforce recruitment and retention efforts. The Agency of Human Services will issue grants to providers in 2022; amounts will be dependent on the number of full-time staff at each provider, and providers will have flexibility to use the funding to support workforce in a variety of ways.
- **Training for providers and self-directed/surrogate directed employers and employees:** With recognition that program participants who are self-directing or surrogate-directing their care have significant responsibilities within a complex program, including recruiting and retaining independent employees, DAIL has issued an RFP for a vendor to develop online training for these employers and employees to support them in these roles with a goal of increasing sustainable, quality care.

Conflict-of-Interest in Case Management: DAIL is working with the Agency of Human Services and other departments to address conflict-of-interest in case management in home- and community-based programs as required by the Center for Medicare and Medicaid Services (CMS). In December 2021, the Agency submitted a plan to come into compliance with conflict-of-interest rules over the course of the next five years. DAIL will be involved in this effort along with community stakeholders. Learn more about this project here: [Conflict of Interest: Home- and Community-Based Services | Department of Vermont Health Access](#).

Provider Network Financial Stability Coming Out of the Pandemic: The loss of revenue during the pandemic, workforce shortages, and cost increases due to inflation have left many LTSS providers struggling financially. DAIL is working with the Agency of Human Services to support providers in a variety of ways, including short-term grants as well as long-term rate increases.

Addressing Complex Care Needs: Vermonters with complex needs, especially mental health and/or substance use coupled with long-term care needs, have historically been especially challenging to serve in our system. DAIL is working across agencies/departments to find solutions to better serve Vermonters, including through additional education and training for provider staff, exploration of alternative residential models, and stronger coordination across service systems and providers.

Self-Neglect Working Group Recommendations: The Older Vermonters Act of 2020 created a ‘Self-Neglect Working Group’ tasked with making recommendations to the legislature to address the issue of self-neglect, including prevention and services. A report of recommendations will be available in July 2022, and DAIL will work with the legislature, the Agency of Human Services, providers and communities to move forward recommendations that are most feasible and impactful.

Money Follows the Person Initiatives: In 2021, Vermont was awarded a \$5 million capacity building grant as part of the Money Follows the Person (MFP) CMS demonstration grant. With this new funding, available through 2025, DAIL is embarking on several pilot projects with community providers to strengthen supports for Money Follows the Person and Choices for Care participants, including: holistic social and mental health supports, expanding volunteer supports, identifying and supporting individuals with brain injury, falls prevention, and home

modifications and peer support to assist community living. In addition, the DAIL Adult Services Division has partnered with HireAbility (Division of Vocational Rehabilitation) and the Assistive Technology Program to conduct the following joint projects: increasing the direct care workforce (PCAs and LNAs) through promotion, scholarships and mentorships, and increasing older Vermonters' access to a range of Assistive Technology supports to support independence and aging in place. Over the next three years, the MFP team seeks to learn from these projects through performance measures and participant outcomes how to better support participants at higher risk of readmission to an institution with a goal of finding sustainable programmatic solutions.

Housing Accessibility Inspection Pilot: For Vermonters who receive home supports funded by the state and/or federal government, a housing safety inspection is required. This includes an accessibility assessment in situations where the participant requires the use of an assistive device for mobility needs, or has accessibility needs (e.g. Low vision, hearing loss) that affect the participant's ability to freely navigate the home environment. In the next year, ASD will be piloting a consistent statewide accessibility assessment process to identify changes needed in the home and make adaptations to improve the quality of life of the individuals we serve.

Moderate Needs Group Improvements: In the coming year, ASD will be reviewing the way that Moderate Needs Group (MNG) funding allocations are determined and potentially revise the formula to ensure that funding is maximized throughout the year to serve the most people possible.

Electronic Visit Verification (EVV) Implementation: Electronic Visit Verification is a CMS requirement for providers of personal care services. DAIL is working within the agency, with the fiscal agent, and with community providers to ensure that employees providing personal care services to Choices for Care participants are compliant with the Federal EVV requirements.

Lessons Learned from COVID-19: DAIL will continue to learn from the challenges and successes in serving Vermonters throughout the pandemic so that we can best be prepared for any future public health emergencies or natural disasters. This includes continuing those policies and practices that supported people well. Learn more about participant experiences with services during the pandemic here: [DAIL_COVID-19_Survey_Report_April2021_FINAL.pdf \(vermont.gov\)](#)

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Attachments

ATTACHMENT A: STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

- (a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .
- (2) The State agency shall—
 - (A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general-purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;
 - (B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .
 - (E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;
 - (F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and
 - (G)
 - (i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;
 - (ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;
 - (iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency;

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

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

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

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-

income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance;

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

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)

(i)

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

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

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

(II) include proposed methods to achieve the objectives described in items

(aa) and (bb) of sub-clause (I);

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

prepared —

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

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is

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

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

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

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
 - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
 - (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
 - (6) provide that the area agency on aging will—
 - (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
 - (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
 - (C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
 - (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—
 - (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
 - (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

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

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

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

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

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

- (B) disclose to the Assistant Secretary and the State agency—
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;
- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
- (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
- (15) provide assurances that funds received under this title will be used—
 - (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
 - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
- (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
- (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
- (18) provide assurances that the area agency on aging will collect data to determine—
 - (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
 - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

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

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

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

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

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

- (B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and
 - (C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).
- (3) The plan shall—
- (A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and
 - (B) with respect to services for older individuals residing in rural areas—
 - (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...
 - (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
 - (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.
- (4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).
- (5) The plan shall provide that the State agency will—
- (A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
 - (B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and
 - (C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.
- (6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

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

(B) The plan shall provide assurances that—

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

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

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

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

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

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

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

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

(11) The plan shall provide that with respect to legal assistance —

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

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

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

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

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

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

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

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

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

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

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

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

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

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

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

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

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

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

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

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
 - (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
 - (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
 - (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.
- (28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.
- (29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.
- (30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—
- (A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;
 - (B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and
 - (C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order...

Signature and Title of Authorized Official

Date

ATTACHMENT B: INFORMATION REQUIREMENTS

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

Section 305(a)(2)(E)

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

RESPONSE: Area Agencies on Aging provide assurances to serve those in greatest economic and social need as part of their Area Plan. The SUA monitors this yearly via State Program Reporting reporting.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

RESPONSE: Area Agencies on Aging provide assurances that they, to the extent possible, will coordinate with the State agency to disseminate information about the State's assistive technology entity and access to assistive technology options for serving older individuals.

Section 306(a)(17)

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

RESPONSE: Department of Disabilities Aging and Independent Living provides the Area Agencies on Aging with Area Plan Instructions that clearly outline the requirement to include an emergency preparedness plan. The State Unit on Aging reviews the emergency plan during each Area Plan period. Emergency Plan updates are submitted as needed during the annual review.

Section 307(a)(2)

The plan shall provide that the State agency will —...

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

section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide a specific minimum proportion determined for each category of service.)

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

Section 307(a)(3) The plan shall

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for the fiscal year 2000

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

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

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

- FY23 Fed: \$6.2M, State: \$5.1M, Total: \$11.3M
- FY24 Fed: \$6.2M, State: \$5.1M, Total: \$11.3M
- FY25 Fed: \$6.2M, State: \$5.1M, Total: \$11.3M
- FY26 Fed: \$6.2M, State: \$5.1M, Total: \$11.3M

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

Response: DAIL obligates all OAA funds to Area Agencies on Aging, targeting older Vermonters in greatest social and economic need, focusing on those in rural areas. Only 1 of the 5 Area Agencies on Aging serves an urbanized area and a rural area. The remaining four Area Agencies on Aging serve only rural populations in rural areas. DAIL and the Area Agencies on Aging continuously seek to maximize OAA funds to meet needs in rural areas, collaborating with other state agencies, community partners, and volunteers to ensure access despite the rural landscape and dispersed population.

Section 307(a)(10)

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

RESPONSE: As a result of Vermont's substantially rural population, the IFF does not distribute funds to the rural population. However, the Area Agencies on Aging must prioritize those in greatest economic and social need, including those living in very rural areas. Therefore, Agencies on Aging work closely with rural transportation providers and community organizations in very rural areas to maximize transportation options and access to services at focal points, such as rural health clinics, in each rural community.

Section 307(a)(14)

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

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

Response: Using the best available data from the US Census American Community Survey Special Tabulations for Vermont 2019:

- 11,776 Vermonters age 60 or older have incomes below the poverty level.
- 4,385 Vermonters age 60 or older identify with minority status.
- 768 Vermonters age 60 or older speak English “not well” or “not well at all.”

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

Response: See IFF Attachment B, including allocation for low-income, minority, and limited English proficient (LEP) older individuals. Most minority and LEP older individuals reside in one Area Agency on Aging service area. That Area Agency on Aging has designated two LEP case managers who speak the language of the older LEP population.

Section 307(a)(21)**The plan shall**

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

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

Section 307(a)(27)

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

(B) Such assessment may include

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

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

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

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

RESPONSE: DAIL contracted with the University of Massachusetts Medical school to provide population and service utilization projections to help the Department plan for the long-term care service needs of older Vermonters with Disabilities. The report projects out to 2030.

Section 307(a)(28)

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

RESPONSE: See page 28 of the plan. See also the State Emergency Operations Plan, located here: <https://vem.vermont.gov/sites/demhs/files/SEMP/SEMP%20Base%20Plan.pdf>

Section 307(a)(29)

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

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

Section 705(a) ELIGIBILITY —

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

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). (Note: Paragraphs (1) of through (6) of this section are listed below)

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

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

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

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

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

DAIL assures that all programs under Title VII will be operated following applicable OAA requirements.

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

Response: APS holds at least one public hearing a year to gather input from the public on operations. In addition, the DAIL Advisory Board has an APS Committee that meets regularly,

6-9 times a year, that is open to the public, and comments from the crowd are always an agenda item. The DAIL Advisory Board also periodically seeks public input on all programs under this subtitle, including the Long-Term Care Ombudsman program and programs to prevent elder abuse, neglect, and exploitation.

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

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

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

Response: DAIL has a subrecipient grant agreement with Vermont Legal Aid (VLA) in which VLA is required to operate the Vermont Statewide Office of Long-Term Care Ombudsman. VLA submits quarterly invoices, including program, statistical and financial reports (including a schedule of actual expenditures). DAIL then reimburses VLA based on their actual spending up to a fixed amount noted in the grant agreement. Specific requirements of VLA stated in the grant agreement include but are not limited to: managing all representatives of the Office, creating a budget and work plan, preparing and submitting an annual report to the State, providing outreach and education consistent with the Vermont State Plan on Aging, etc. VLA also presents a yearly audit report reviewed by the State to provide an added level of assurance. Through these mechanisms for monitoring, DAIL confirms the commitment not to supplant any funds expended under Federal or State law in existence on the day before the date of the enactment of this subtitle to carry out each of the vulnerable elder rights protection activities described in the chapter.

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

Response: Vermont does not have a local Ombudsman under section 712(a)(5) separate from the State Long Term Care Ombudsman. Therefore, Vermont Legal Aid staffs are both the State Ombudsman and the local ombudsmen.

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

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

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

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

(ii) receipt of reports of elder abuse;

Response: APS performs intake within 48 hours of receiving a report of maltreatment of a vulnerable adult. APS staff determine if the alleged victim is a vulnerable adult and if the allegations meet the statutory definitions for abuse, neglect, or exploitation. If both criteria are met, an investigator is assigned, and an investigation is conducted. If these criteria are not clear, an APS Investigator may be sent to perform a field screen to decide. APS staff make appropriate referrals to other organizations to assist the reporter and/or alleged victim, even if an intake is not referred to investigation. When an investigation is warranted, APS Investigators will interview the reporter, the alleged victim, and any other relevant witnesses, along with reviewing any available documentation. They will also provide the alleged perpetrator with an opportunity to present information. After the investigation, they will recommend substantiation to the DAIL Commissioner if the evidence indicates there was abuse, neglect, or exploitation.

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

Response: The APS investigator will discuss appropriate protective services with the alleged victim and/or their legal representative. Except where protective services are court-ordered, the investigator works to implement protective services agreed to by the victim. Victims with decisional capacity can choose to decline all services. Services offered include but are not limited to:

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

- Filing for temporary restraining orders and relief from abuse orders.

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

Response: See the above list of possible referrals.

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

Response: If an alleged victim refuses the assistance of APS and requests that the investigation be stopped, the Investigator shall at a minimum:

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

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

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

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

(iii) upon court order.

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

“Information obtained through reports and investigations, including the identity of the reporter,

shall remain confidential and shall not be released absent a court order, except as follows:

(A) The investigative report shall be disclosed only to: the Commissioner or person designated to receive such records; persons assigned by the Commissioner to investigate reports; the person reported to have abused, neglected, or exploited a vulnerable adult; the vulnerable adult or his or her representative; the Office of Professional Regulation when deemed appropriate by the Commissioner; the Secretary of Education when deemed appropriate by the Commissioner; the Commissioner for Children and Families or designee for purposes of review of expungement petitions filed under section 4916c of this title; the Commissioner of Financial Regulation when deemed appropriate by the Commissioner for an investigation related to financial exploitation; a law enforcement agency; the State's Attorney, or the Office of the Attorney General, when the Department believes there may be grounds for criminal prosecution or civil enforcement action, or in the course of a criminal or a civil investigation. When disclosing information under this subdivision, reasonable efforts shall be made to limit the information to the minimum necessary to accomplish the intended purpose of the disclosure, and no other information, including the identity of the reporter, shall be released absent a court order.”

(B) Relevant information may be disclosed to the Secretary of Human Services, or the Secretary's designee, to remediate or prevent abuse, neglect, or exploitation; to assist the Agency in its monitoring and oversight responsibilities; and in the course of a relief from abuse proceeding, guardianship proceeding, or any other court proceeding when the Commissioner deems it necessary to protect the victim, and the victim or his or her representative consents to the disclosure. When disclosing information under this subdivision, reasonable efforts shall be made to limit the information to the minimum necessary to accomplish the intended purpose of the disclosure, and no other information, including the identity of the reporter, shall be released absent a court order.”

ATTACHMENT C: INTRASTATE FUNDING FORMULA (IFF)

The OAA requires that most funds be distributed by the SUA to the AAAs through an Intrastate Funding Formula (IFF). The IFF is the method by which Title IIIB, C, D, and E funding is allocated among the five AAAs. The total amount of OAA funding Vermont receives for allocation to the AAAs is determined by the federal government.

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

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

A. Guiding Principles:

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

B. Funding Factors:

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

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

- 15% of the remaining funds distributed by the proportion of people age 75-84 in each PSA.
 - 27% of the *remaining* funds distributed by the proportion of people age 85+ in each PSA.
4. **Age and economic need:** 40% of the *remaining* funds distributed by the proportion of people age 60+ and at or below 100% of the Federal Poverty Level in each PSA.
 5. **Age and social need, defined as limited English:** 1% of the *remaining* funds distributed by the proportion of people age 60+ and with limited English proficiency in each PSA.
 6. **Age and social need, defined as minority status:** 1% of the *remaining* funds distributed by the proportion of people age 60+ and minority in each PSA.
 7. **Age and social need, defined as living alone:** 1% of the *remaining* funds distributed by the population of people age 60+ and living alone in each PSA.

C. Implementation:

The Vermont IFF FFY 2023-2026 allocates approximately \$6,251,765 million in OAA federal funding and \$5,116,414 million from the State General Fund across Vermont for home and community-based services for a total of approximately \$11,368,179 million for FY 2023. (The funding approximations exclude the one-time, supplemental funds distributed through COVID-19 relief).

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

Table 1: Estimated and Final Resource Projections for next FFY: FFY23 (Est. 6 Months lead time)

*All dates are subject to change based on when Vermont receives Federal Awards from ACL

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

Final Resource Projections for Current FFY	4	Est. Aug-Sep of the current FFY	DAIL Business Office staff receives notice of the final Federal Award for Vermont used to create Final resource projections for the current FFY (Oct-Sep).
	5	Within two weeks of Step 4	DAIL Business Office staff will use the previous year's AGID funding formula values to create a document showing estimated resource projections for the next FFY and forward this to the DDPD Director, ASD staff, and AAA staff.
	6	Within three weeks of Step 4	Within three weeks of Step 4, ASD staff will post the final resource projections on the DAIL website, collocated with the State Plan on Aging.

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

	Step	Target date	Who/What
Demographic Formula for Subsequent FFY	1	Approx. April 1	The Director of the DAIL Data Planning and Analysis Unit will consult the ACL website to access the most recent ACL special tabulations by Vermont PSA. The Director will update the demographic tabs in the formula workbook, create an updated demographic formula with revised version date, and forward this to DAIL Business Office staff and ASD program staff.
	2	Within two weeks of Step 1	ASD staff will forward the demographic formula for the subsequent FFY to AAA staff and also post them on the DAIL website, collocated with the State Plan on Aging.

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

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

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

Table 4: Funding data showing the allocation by each part of Title III

		Age Well	CVCOA	NEKCOA	SWVCOA	SR SOLUTIONS	Total
Preventive Health (Title III-D)	1.86%	\$28,983	\$18,511	\$14,416	\$17,698	\$18,640	\$98,248
Title III-B	28.34%	\$441,801	\$282,162	\$219,748	\$269,776	\$284,133	\$1,497,620
Title III-C1	41.99%	\$654,696	\$418,131	\$325,639	\$399,776	\$421,051	\$2,219,293
Title III-C2	21.20%	\$330,518	\$211,090	\$164,397	\$201,824	\$212,564	\$1,120,393
Title III-E	6.17%	\$96,172	\$61,421	\$47,835	\$58,725	\$61,850	\$326,003
Proposed Total	100.0%	\$1,559,151	\$995,772	\$775,507	\$952,060	\$1,002,727	\$5,285,217

Table 5: Demographic estimates by AAA (PSA).

The data source is the AOA/AGID special tabulations by PSA, using US Census ACS estimates.

PSA	AAA	Age 60-74	Age 75-84	Age 85+	Age 60+ <100% fpl	Age 60+ limited English	Age 60+ minority	Age 60+ living alone
A	Age Well	32,005	9,665	4,050	2,955	520	1,225	11,560
B	CVCOA	18,370	5,640	2,190	1,935	24	401	6,970
C	NEVAA	10,855	3,395	1,590	1,545	92	271	4,210
D	SWVCOA	16,450	5,645	2,280	1,700	70	311	6,180
E	SR Solutions	17,920	5,210	2,325	1,950	94	458	6,680
	TOTAL	95,600	29,555	12,435	10,085	800	2666	35,600

Prior to distribution under the IFF to the AAAs, funds are deducted from the Title III funds for State Plan administration.

Prior to the distribution under the IFF to the AAAs, funds are deducted from Title IIIB for the Long-Term Ombudsman Program. Please note that the following funding is not distributed to the AAAs via IFF:

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

ATTACHMENT D: VERMONT'S AGING NETWORK

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

Vermont's Department of Disabilities, Aging, and Independent Living (DAIL) is the State Unit on Aging. It is the sole state agency responsible for administering the State Plan on Aging. DAIL comprises five divisions, each responsible for different areas of service.

Adult Services Division (ASD): The Adult Services Division is responsible for long-term services and supports for older Vermonters and adults with physical disabilities. ASD works with private organizations to provide a broad array of long-term services and supports, including residential support, community support, case management, family support, respite, crisis services, clinical interventions, assistance with Activities of Daily Living, guardianship services, nursing home level of care, rehabilitation services, supports to live at home, integrated health care and personal care. In addition, the ASD oversees the core programs of the Area Agencies on Aging, including those funded by the OAA; the Long-Term Care Ombudsman Program; Adult Day Services; Attendant Services; High Technology Home Care; Choices for Care (VT's 1115b HCBS waiver); Money Follows the Person, Adult Family Care, the Aging and Disabilities Resource Connection (ADRC) and the Traumatic Brain Injury Program.

Developmental Disabilities Services Division (DDSD): The DDSD is responsible for services to people with developmental disabilities, traumatic brain injuries, and guardianship services to adults with developmental disabilities and older Vermonters. DDSD works with private organizations to provide a broad array of long-term services and supports, including service coordination, family support, community support, employment support, guardianship services, residential support, crises services, clinical interventions, respite, and rehabilitation services. The DDSD oversees several programs and services, including Developmental Disabilities Home and Community Based Services, Flexible Family Funding, and Public Guardians.

Division of Licensing and Protection (DLP): The DLP enforces federal and state statutes and regulations for providers of health care (Survey and Certification) and investigates cases of alleged abuse, neglect, and exploitation of vulnerable adults (APS).

Division for the Blind and Visually Impaired (DBVI): The DBVI is the designated state unit to provide vocational rehabilitation and independent living services to eligible Vermonters who are blind and visually impaired. Programs and services include Transition Services, counseling and guidance, independent living services, homemaker services, assistive technology equipment, vocational training, job-seeking skills, employer assistance, and job-placement services.

Division of Vocational Rehabilitation (VR): The mission of VR Vermont is to help Vermonters with disabilities prepare for, obtain, and maintain meaningful employment and help employers recruit, train, and retain employees with disabilities. They also oversee DAIL's Mature Worker Initiative to encourage the hiring and retention of older worker.

Community Partners Comprising our Aging Services Network:

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

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

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

social opportunities, activities to foster independence, and support and education to families and caregivers.

Senior Centers: Senior centers serve as focal points within communities for information, referrals, and opportunities for engagement, wellness, education, and volunteering. They are dispersal sites for important information about the abuse, neglect, and exploitation of older Vermonters and knowledge to increase awareness and prevent fraud. Senior centers play an essential role in helping to prevent social isolation and provide opportunities for people of all ages to connect and contribute to their community. For example, Vermont's senior centers are where older Vermonters can obtain information about area services and resources, participate in health promotion programs, practice yoga or Tai Chi, email grandchildren, share meals and learn a new language, or learn English as a second language. Many centers also provide meal programs and receive Older American Act (OAA) funding and other support through Vermont's Area Agencies on Aging.

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

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

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

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

Nursing Homes: Vermont's nursing homes are licensed facilities providing 24-hour nursing care, supervision, therapies, personal care, meals, nutrition services, activities, and social

services. Nursing facilities are an essential component of Vermont's Aging Network. They provide long-term care for individuals who require and want 24-hour nursing care and supervision and short-term rehabilitation for many Vermonters who need support after an illness or injury.

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

Public Transit Providers and Private Transportation Agencies: Vermont's public transit providers, along with numerous private transportation providers, play an essential role in helping older Vermonters get to medical services, social services, senior centers, community meals programs, grocery stores, drug stores, and shopping. Key players include the Vermont Transportation Agency, which administers the Elderly and Disabled (E&D) Transportation funds in all designated regions in Vermont, and the Vermont Department for Health Access (VDHA) administers Medicaid transportation services. In addition, transportation services help older Vermonters stay connected with and participate in community events.

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

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

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

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

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

AARP Vermont: The Association for the Advancement of Retired Persons promotes the welfare of older Vermonters. AARP is a nonprofit, nonpartisan membership organization that helps people age 50 and over improve the quality of their lives. It is comprised of different legal entities. In collaboration with aging network members, the Vermont AARP has been a state leader in promoting understanding and adoption of livable communities projects like Complete Streets and Age-Friendly Communities and is an active lobbyist for senior health care issues in the Vermont state government.

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

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

Associates for Training and Development: Associates for Training & Development (A4TD) is the trade name of Vermont Associates for Training and Development, Inc., a private nonprofit 501(c)3 corporation founded in 1983. A4TD operates Mature Worker Training Centers in Vermont and Connecticut. Its mission is to provide training and employment services to workers

aged 55+. A4TD assigns over 400 people per year to community service positions at 501(c)3 organizations through the Senior Community Service Employment Program. On-going training and support are essential to program components. While learning job-specific skills, SCSEP participants provide needed community service to the organization and the community. The demand for this training has been overwhelming, and the project has been oversubscribed since its inception.

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

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

ATTACHMENT E: VERMONT ALZHEIMER'S PLAN

[To be included in final draft]