

REPORT OF THE VIRGINIA DEPARTMENT FOR AGING AND
REHABILITATIVE SERVICES

Biennial Progress Report on Virginia's Four-Year Plan for Aging Services

Across the Continuum — Across the Commonwealth

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA



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Background on the Four-Year Plan

In 2009, a workgroup of aging advocates, educators, service providers, and state agency representatives developed *Virginia's Four-Year Plan for Aging Services* (available at <http://www.vda.virginia.gov/pdfdocs/FourYearPlanForAgingServices-RD461-2009.pdf>) to address the needs and leverage the strengths of a rapidly aging population. The plan recognized the great variability among older adults, a continuum that ranges from those most in need of assistance to those representing natural resources, with time and talents largely untapped.

A *Biennial Progress Report* was developed in 2011 to serve as an addendum to the original *Four-Year Plan* (available at <http://www.vda.virginia.gov/pdfdocs/FourYearPlanUpdate-RD417-2011.pdf>) and to reflect the steps that had been taken to move forward with the workgroup's recommendations. In addition, an amendment to the Code of Virginia in 2012 shifted the due date for the next Four-Year Plan to 2015, in order to gain efficiencies by aligning it with a similar Federal requirement to submit a four-year report on aging services to the Administration for Community Living (ACL). In the interim, the Department for Aging and Rehabilitative Services (DARS) presents this additional *Biennial Progress Report* to provide insight into advancements made over the past two years.

Biennial Highlights

The Governor's Commission on Government Reform and Restructuring led to the development of DARS in 2012, now responsible for planning and oversight of aging, disability, adult services and adult protective services. The new agency brought together the former Department of Rehabilitative Services, the Virginia Department for the Aging, Virginia's Long-Term Care Ombudsman Program, and the Divisions of Adult Services and Adult Protective Services, formerly housed within the Department of Social Services. Although these agencies and their local affiliates had a long history of collaboration, combining staff and systems supports has enhanced communication, streamlined access and increased opportunities to coordinate home and community-based supports for older adults and adults with disabilities.

The 2010 Census confirmed nationally and statewide, the predicted yet unprecedented, growth of the older adult population – 1,419,306 Virginians over the age of sixty, an increase of more than 33 percent since 2000. The critical need to support more with less has reinforced a growing trend emphasizing strategies to integrate Long-Term Services and Supports (LTSS) into the community. Such strategies not only improve the cost-efficiency of LTSS, but also reflect the majority choice among older adults, who prefer to remain in their home and community as they age. Research also bolsters this strategy, indicating that supporting individuals at home can lead to better health outcomes.

Over the past two years, Virginia has strengthened its provision of person-centered decision support for older adults through the development and implementation of statewide standards for Options Counseling. Additionally, grant funding through the Administration for Community Living (ACL) has enabled DARS to pilot a reimbursement model for Options Counseling with electronic data tracking to support the fiscal process and monitor for quality assurance.

As noted in the *Four-Year Plan*, successful strategies for supporting individuals at home must go beyond the older adult to support the network of family and friends providing unpaid direct care and assistance. Through a statewide collaboration led by the Virginia Caregiver Coalition, DARS secured valuable grant funding to develop a Lifespan Respite Voucher Program, providing a brief respite to 516 families across Virginia, many of which had not had a break from caregiving responsibilities in years.

The Virginia Public Guardian and Conservator Program is also essential in supporting individuals who want to remain in or transition back to their local communities. Currently, 601 adults, aged 18 and over, legally declared as incapacitated, are receiving guardianship services

through this program. While limited funding has dictated that the number served be held at a constant level for the past biennial, DARS has identified an additional 891 individuals in need of a public guardian, a number likely to grow as individuals in training centers transition from institutional to community settings.

In 2011, the Alzheimer's Disease and Related Disorders Commission presented the Dementia State Plan: Virginia's Response to the Needs of Individuals with Dementia and their Caregivers, the product of valuable input from individuals with dementia, family caregivers, researchers and clinicians. Noting Alzheimer's disease as the fifth leading cause of death with a rapid escalation of diagnoses, the Commission established five goals in the Plan. As a result, Virginia's first Dementia Services Coordinator was hired by DARS in July 2013, to advance the goals in the areas of outreach and education, data collection and analysis, policy, resource development, and collaboration and partnership.

In 2012, DARS established a Legal Services Developer position, to fulfill a requirement of the Older Americans Act and improve the quality and quantity of legal services for older adults and adults with disabilities in Virginia. Coordination with Guardianship, Ombudsman, and Adult Protective Services provides a valuable collaborative approach to strengthen the fight against abuse, neglect and financial exploitation, increasing at an alarming rate.

Chronic Disease Self-Management Education (CDSME) has expanded efforts over the past two years, helping adults with chronic illnesses learn how to manage their conditions and minimize negative effects. To date, nearly 3,000 individuals in the Commonwealth, mostly older adults, have completed the program with successful results.

Special Areas of Focus

Virginia's Four-Year Plan for Aging Services resulted in 42 recommendations. Specifically, four areas of focus with related recommendations were designated as priorities: Mental Healthcare; Gerontological Education – Workforce Development/Preparedness; Virginia's No Wrong Door/Aging and Disability Resource Initiative; and the Virginia Insurance Counseling and Assistance Program (VICAP). Details below provide progress at-a-glance for each of the four priorities from the original *Four-Year Plan*.

Mental Healthcare

Priority Recommendation: *Develop a full continuum of collaborative care for older adults who have mental health needs, intellectual disabilities, and substance abuse issues.*

Strategies and Progress:

Support the Geriatric Mental Health Partnership (GMHP) in developing a conceptual framework for a continuum of care for older adults.

- Developed "*Continuum of Care for Older Adults: An outline of a Continuum of Care for Older Adults' Mental Health Needs*" itemizing 12 settings/supports that together provide a comprehensive model for regional adaptation to meet community needs across Virginia.
www.vaseniors.org

Survey Community Services Boards, Behavioral Health Authority, and private service providers regarding the range of services corresponding to the continuum of care model.

- A Survey Advisory Team has been established with GMHP members to research other States' Surveys, review similar surveys conducted in Virginia, and develop an Action Plan.

Expand current state and community-based partnerships focused on reversing the escalation of issues which can lead to expensive and preventable institutionalization.

- Developed a document for distribution, providing details of eight best practices to support regions in replication efforts.
- Established Bay Rivers Telehealth Alliance, connecting 21 sites (hospitals, counseling centers, assisted living facilities and behavioral health centers) to expand access to and coordinate mental health services for older adults and improve and expand training of mental health care providers.

Progress on Related Recommendation: *Develop a comprehensive suicide prevention plan for older adults and integrate into current plans.*

- Conducted seven Regional Summits attracting 578 stakeholders, to assess suicide statistics, explore available prevention resources, identify community needs, and initiate/enhance local planning.
- Certified 24 trainers to teach Applied Suicide Intervention Skills, who in turn provided suicide prevention training to 725 professionals and community members last year.
- Supported a major collaborative Suicide Prevention Conference for 160 providers, advocates and health care professionals in the Tidewater Region.
- Hired a full-time suicide Prevention/Mental Health First Aid Coordinator.

Mental Healthcare Benchmarks:

1. Percent of population with access to services consistent with the continuum of care model. (Available upon completion of the Survey)
2. Number of professionals participating in collaborative care training and education. (See above)
3. Annual number of adults in Virginia, 60 and older, who commit suicide. (264, based on average of last two years)

Gerontological Education – Workforce Development/Preparedness

Priority Recommendation: *Implement the capacity taskforce recommendations of the Virginia Health Reform Initiative to build the workforce of direct support and health care professionals and to improve preventative care and wellness programs for adults, especially high risk populations.*

Strategies and Progress:

Develop a comprehensive strategy to raise awareness about the positive aspects of careers related to eldercare and recruit direct care workers such as paid caregivers, certified nursing assistants (CNAs), and personal and home health aides. Build capacity of the healthcare workforce to address the severe lack of professionals trained in geriatrics. Provide collaborative care education and training for physicians, RNs, CNAs, pharmacists, and other direct care workers, as well as facility administrators and discharge planners.

- As defined in the Dementia State Plan, Virginia hired its first full-time Dementia Services Coordinator who, among other responsibilities, leads a Training Work Group focused on providing dementia training to First Responders.
- Provided webinars through collaboration between VCU’s Department of Gerontology, the Riverside Center for Excellence in Aging and Lifelong Health and the Virginia Geriatric Mental Health Partnership supported through a grant from the Virginia Center on Aging’s Geriatric Training and Education Initiative. Used the interactive webinars on geriatric mental health topics to train more than 1,900 direct care workers, administrators in long-term care facilities, staff of CSBs, AAAs, respite agencies, and professionals in social work, counseling, psychology, medicine and pharmacy.

- Implemented a webinar training series entitled SAFE@HOME, funded through a grant from the Virginia Center on Aging’s Geriatric Training and Education Initiative to the Virginia Alzheimer’s Disease and Related Disorders Commission.
- Promoted results of Virginia’s researchers related to Alzheimer’s disease and hosted a forum to link researchers through the Virginia Alzheimer’s Commission AlzPossible Initiative.
- Developed a Continuing Education Series: *Leadership in Aging and Rehabilitation Services*, slated to launch in the Spring of 2014 through collaboration between VCU's Departments of Gerontology and Rehabilitation Counseling. Designed to reach professionals across Virginia, the Series will be delivered both onsite, using DSS training partners as well as in webinar format.
- Developed an Interprofessional Allied Health Conference: *The Health and Business of Aging* sponsored by VCU's School of Allied Health Professions. This Conference will host community providers in the form of an Opportunity Fair, with educational sessions presented by a multidisciplinary group of gerontologically-aware professionals and community partners. Slated to launch in the Spring of 2014, the conference has been modeled after the 2010 Modern Aging Event, designed to raise awareness about services and supports for older adults and their families.
- A growing number of direct service agencies and research organizations in the field of aging are providing internship opportunities for undergraduate and graduate students, with a mutual benefit. While expanding agency capacity, they are also exposing them to diverse career opportunities related to working with, serving and caring for older adults.

No Wrong Door

Priority Recommendation: *Expand the “No Wrong Door” (NWD) initiative to all regions of Virginia, enhance the NWD technology, and develop best practices.*

Strategies and Progress:

Establish new NWD/ADRC Communities.

- Trained and supported two additional planning districts within the NWD system raising the total to 24 out of 25 regions capable of automating and tracking referrals and sharing uniform assessment data between participating providers.
- Trained and supported 18 additional public and private partners within the NWD system to include: CILs, Local DSS, Hospitals, Home Health, PACE, Transportation, Home-delivered Meals, and Home Modification.

Cultivate a statewide collaborative approach between health care professionals and community-based providers to foster education about and support for person-centered programs and services.

- Two Community-based Care Transitions Programs were awarded funding through CMS to utilize the Coleman Model for successful transitions from the hospital to home. One program is lead by Appalachian Agency for Senior Citizens in collaboration with four community hospitals. The second program, Eastern Virginia Care Transitions Partnership, is a formal coalition of 5 major health systems, 11 hospitals and 5 Area Agencies on Aging, led by Bay Aging. Both programs provide a collaborative approach to reducing 30-day readmissions.
- 46 professionals have been trained as “coaches” to deliver transition support using the Coleman Model to reduce institutionalization and unnecessary rehospitalizations.

Support older adults and adults with disabilities in the home and community

- Developed an online training curriculum and certification process to educate professionals on the statewide standards for Options Counseling.
- Created a reimbursement model using grant funds to support Options Counseling for older adults and adults with disabilities.

Progress on Related Recommendation:

Support and adopt federal and national initiatives to transform Virginia's system of LTC through coordinated efforts to streamline access to information and services.

- Secured federal grants to develop and/or expand the following initiatives: Section Q; Options Counseling; Lifespan Respite; Chronic Disease Self Management Education.

No Wrong Door Benchmark:

1. Percent of individuals with at least two ADLs (needing assistance in bathing, bladder, bowel, dressing, eating, toileting, or transferring) living in the community 12 months after receiving support through No Wrong Door (67%).

Virginia Insurance Counseling and Assistance Program

Priority Recommendation: *Expand the capacity of the Virginia Insurance Counseling and Assistance Program (VICAP) to assist Medicare beneficiaries in understanding and accessing their benefits and managing their costs.*

Strategies and Progress:

Improve volunteer recruitment/retention strategies to increase the number of volunteers who are certified to provide insurance counseling.

- Embedded the recruitment strategy and volunteer roles defined and introduced through the VICAP COMPASS Team: Counselors, Outreach assistants, Marketers, Part D specialists, Aministrative assistants, Specialized counselors, and Site managers.
- Incorporated training on volunteer engagement, leadership, recruitment and retention into Annual VICAP Coordinators' Conference and monthly teleconferences.
- Expanded opportunities to learn from other teams across the country through CMS hosted webinars on volunteer engagement.
- Expanded number of Part D-only Counselors to 41 certified volunteers.
- Attended "Power Up," a National Volunteer Collaborative of public and private stakeholders from the Aging and Volunteer networks.

Increase the number of client contacts with Medicare beneficiaries through face-to-face interviews, telephone calls, mailings and email interactions.

- Conducted monthly teleconferences among VICAP Coordinators to train on local partnership development, community outreach and education, and reporting methodologies.
- Secured a second and third round of funding for Low Income Subsidies to target clients below 150 percent of the federal poverty guidelines.
- Increased clients over the biennial, from 48,018 individuals annually to 51,594 last year

Conduct public and media events to improve outreach to Medicare beneficiaries who need assistance with their Medicare plan decisions.

- Provided technical assistance and training to local VICAP programs which conducted 1,871 events collectively across the state, over the biennial.

Virginia Insurance Counseling and Assistance Program Benchmarks:

1. Number of certified VICAP counselors: 196
2. Number of client contacts: 102,265
3. Number of public and media events conducted: 1,871

Collaborative Efforts

In order for Virginia to be efficient in the use of resources and comprehensive in approach, efforts continue to foster consolidation and/or collaboration between governmental agencies, private and non-profit organizations, and advocacy groups. Examples include:

- Supporting the Geriatric Mental Health Partnership’s efforts to encourage professional consultation on the Continuum of Care Model and regional efforts to actualize best practices in communities across Virginia and leverage the 39 Community Services Boards and Behavioral Health Authority to implement the model.
- Utilizing recommendations from the Mental Health Workgroup of the Governor’s blue-ribbon Task Force to inform revisions to the current plan, “Suicide Prevention Across The Life Span Plan for the Commonwealth of Virginia.”
- Enhancing partnerships with institutes, schools and programs, such as the VCU Department of Gerontology, Virginia Center on Aging, Riverside Center for Excellence in Aging and Lifelong Health and the Virginia Healthcare Association, to educate and train mental health professionals and direct care workers.
- Fostering continued collaboration between Centers or Institutes on Aging at member institutions of the Association for Gerontology in Higher Education (Radford University, VCU, James Madison University, George Mason, and Virginia Polytechnic Institute and State University) or otherwise committed to gerontological education (e.g., the Beard Center on Aging, the Glennan Center for Geriatrics and Gerontology, and the Center for Excellence in Aging and Lifelong Health).
- Pursuing several efforts currently underway to enhance and formalize partnerships of our Continuing Education effort, particularly among Piedmont Geriatric Institute and CE AHL. Partnerships through the Greater Richmond AgeWave Plan (now co-led by Senior Connections and VCU’s Department of Gerontology) will significantly support the reach of these efforts.
- Strengthening data exchange between and across agencies that support older adults such as the partnership between DARS, Department of Medical Assistance Services (DMAS), Department of Behavior Health and Developmental Services and VDH, which enables secure data exchanges related to nursing home transitions, uniform assessments, and Alzheimer’s prevalence.
- Supporting efforts that leverage existing infrastructures such as the partnership between DARS and DMAS to support Virginia’s demonstration to serve individuals who are dually eligible for Medicaid and Medicare by providing benefits counseling and ombudsman supports.

The Way Forward

Despite a challenging economic climate and a rapidly growing aging population, Virginia has continued to make considerable progress toward improving efficiencies and transforming the system of long-term services and supports. Nevertheless, there remains much work to be done and the way forward, as described in the original *Four-Year Plan*, is one of shared responsibility. Individuals must continue to take steps to maintain their physical and cognitive health, engage in meaningful civic and social life of their communities, and plan financially for a secure future. Federal, State, and Local Government, in partnership with corporate and non-profit partners, can provide educational information, promote and design livable communities, and work to ensure that affordable, accessible services are available to support older adults and family caregivers.

Consistent with this responsibility and in accordance with the Code of Virginia §§ 2.2–5510 and 51.5-136, over the next two years, every state agency will conduct an analysis of how the aging of the population impacts the agency and its services and how the agency is responding to this impact. Analyses will be provided to DARS every four years on a schedule and in a format determined by the Secretary of Health and Human Resources in coordination with DARS. Information gathered from state agencies on the impact of the aging population on the agency and its services will be used in combination with data collected through a statewide aging survey (the first in 30 years) by the Older Dominion Partnership to inform further planning and reporting efforts by the workgroup with the product being a new *Four-Plan for Aging Services*, October 2015.