



COMMONWEALTH of VIRGINIA

Office of the Governor

John E. Littel
Secretary of Health and Human Resources

December 30, 2022

To: The Honorable Glenn A. Youngkin, Governor
The Honorable Janet D. Howell, Chair, Senate Finance & Appropriation Committee
The Honorable Barry D. Knight, Chair, House Appropriations Committee
Michael Maul, Director, Department of Planning and Budget

From: John Littel, Secretary of Health and Human Resources

Subject: Item 283 G of the Appropriations Act, Chapter 103, Elevating Aging Workgroup Report

Item 283 G of Chapter 2 of the Virginia Acts of Assembly directs the Secretary of Health and Human Resources, or his designee, to reconvene the workgroup previously established to develop a plan that establishes a new structure that elevates the provision of aging services in the Commonwealth to be effective July 1, 2023. The language states:

The Secretary of Health and Human Resources, or his designee, shall continue the workgroup previously established and shall add one member from the House of Delegates appointed by the Speaker, one member from the Senate, appointed by the Committee on Rules, one representative from the Commonwealth Council on Aging, and one representative with a professional or academic background in gerontology, selected by the workgroup, to join the one representative from the Department for Aging and Rehabilitative Services, three representatives from Area Agencies on Aging, one representative from the Virginia Association of Area Agencies on Aging, one representative from the Department of Planning and Budget, one representative each from the appropriate staff of the House Appropriations and Senate Finance and Appropriations Committees. The workgroup shall seek outside expertise, as necessary. A Chair and Vice Chair shall be elected by the members of the workgroup at the first meeting. The workgroup shall develop a plan that establishes a new structure that elevates the provision of aging services in the Commonwealth to be effective July 1, 2023. Such plan shall: (i) define how aging services and programs should fit into the overall state organizational structure; (ii) include the necessary statutory and appropriation act changes to reflect the proposed structure; (iii) include an operational plan that reflects the necessary allocation of staff and funding at the appropriate agencies; and (iv) include an analysis of the necessary costs and funding needs to elevate aging services in a new structure. The workgroup shall evaluate all state aging services and programs and determine how they should fit in the new structure. The workgroup shall submit the plan by December 1, 2022, to the Governor, the Department of Planning and Budget, and the Chairs of House Appropriations and Senate Finance and Appropriations Committees.

In accordance with this item, please find enclosed the *Report of the Elevating Aging Services Workgroup*. Staff are available should you wish to discuss this request.

cc: The Honorable Monty Mason, Senate of Virginia
Commissioner Kathryn Hayfield, Department for Aging and Rehabilitative Services



Report of the Elevating Aging Services Workgroup

to the

Governor

**Chairman of the House Appropriations Committee
Co-Chairwoman and Co-Chairman of the Senate
Finance and Appropriations Committee
Director of the Department of Planning and Budget**

**Office of the
Secretary of Health and Human Resources**

Commonwealth of Virginia

December 30, 2022

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Executive Summary

The 2022 Appropriations Act, Item 283 G directed the Secretary of Health and Human Resources or his designee to continue the workgroup established in the previous year to review elevating aging services within the Commonwealth. The workgroup was charged with developing a plan to establish a new structure that elevates the provision of aging services to be effective July 1, 2023.

The workgroup met three times in 2022 to discuss potential ways and structures to raise the prominence of aging in Virginia. Presentations were provided on topics ranging from supporting innovation and leveraging Area Agency on Aging (AAA) services to assessing State Unit on Aging (SUA) structural options. At the final meeting held on November 22, the workgroup discussed potential options with the goal of elevating aging services and programs in the Commonwealth. The three options that the workgroup discussed most intently included:

- Creating a Division for Aging within the Department for Aging and Rehabilitative Services (DARS);
- Adding positions to enhance aging services, including a Director of Aging Innovation and Partnerships and an Aging Research and Data Analytics Coordinator; and
- Creating a standalone aging agency in which the SUA would reside.

The workgroup agreed that there was a need to have dedicated positions which focused specifically on enhancing aging services and supporting the innovation and collaboration discussed by the workgroup at the meetings. The workgroup did not reach consensus whether a separate aging division within DARS or a separate state agency would achieve the goal of elevating aging services. It was also determined that a more thorough and detailed determination of the fiscal impact, particularly around establishing a separate SUA, was needed, since the draft recommendation was from the 2021 workgroup report.

Workgroup Background

In 2021, the Virginia General Assembly created a workgroup to review and develop an optimal organizational structure for aging services within state government. Pursuant to the language in Item 291 F of the 2021 Acts of Assembly, the intent of the General Assembly was to ensure “that aging services be elevated in importance within state government.” The workgroup was directed to, “include consideration of reestablishing a separate agency on aging under the Office of the Secretary of Health and Human Resources” as well as the appropriate placement for aging services, adult services, adult protective services, and auxiliary grant. Guided by the budget language, the 2021 workgroup members were the Commissioner of the Department for Aging and Rehabilitative Services (DARS), representatives from Virginia’s Area Agencies on Aging, and staff from the House Appropriations Committee, Senate Finance and Appropriations Committee, Department of Legislative Affairs, and Department of Planning and Budget. A link to the 2021 report may be found here <https://rga.lis.virginia.gov/Published/2022/RD37>.

The 2022 Appropriations Act, Item 283 G directed the Secretary of Health and Human Resources (SHHR), or his designee, to continue the workgroup established in the previous year to look at elevating aging services within the Commonwealth. The Appropriations Act language is included as Appendix A.

In accordance with Item 283 G of the 2022 Appropriations Act, the membership of the workgroup consisted of representatives as noted below:

- One member from the House of Delegates appointed by the Speaker;
- One member from the Senate of Virginia, appointed by the Committee on Rules;
- One representative from the Commonwealth Council on Aging;
- One representative with a professional or academic background in gerontology, selected by the workgroup;
- One representative from the Department for Aging and Rehabilitative Services (DARS);
- Three representatives from Area Agencies on Aging (AAA)
- One representative from the Virginia Association of Area Agencies on Aging (V4A)
- One representative from the Department of Planning and Budget (DPB); and
- One representative each from House Appropriations and Senate Finance and Appropriations Committee staff.

The workgroup met on the following dates:

- October 17, 2022
- November 7, 2022
- November 22, 2022

Procedurally, the workgroup was to select a Chair and Vice Chair. This was done at the first meeting with the Honorable Monty Mason, representing the Senate of Virginia being elected as Chair and William S. Massey, representing one of the AAAs, being elected as Vice Chair.

The workgroup was charged with developing “a plan that establishes a new structure that elevates the provision of aging services in the Commonwealth to be effective July 1, 2023.” The plan would include how aging services programs should fit into the overall state organizational structure, necessary statutory and appropriation act changes, an operational plan for the allocation of staff and funding, and an analysis of costs and funding needed in a new structure.

The complete budget language and workgroup membership list are included in Appendices A and B, respectively.

Workgroup Meetings

Continuing to build on the work from the previous year, the workgroup held three meetings in 2022. The October 17, 2022 meeting was an in-person meeting and open to the public. The November 7 and November 22 meetings were virtual meeting that were lived-streamed and also open to the public. Agendas, minutes, and presentations from the October 17, and November 7, and November 22 meetings are included as Appendices C, D, and E. The meeting highlights are also summarized in the following section.

October 17, 2022 Meeting

The October meeting first addressed administrative matters with the election of Senator Monty Mason and William Massey as Chair and Vice Chair respectively. Tracey Gendron, Ph.D., Chair of Virginia Commonwealth University’s (VCU) Department of Gerontology and Director of the Virginia Center on Aging, was confirmed as the designated workgroup member with a professional or academic background in gerontology.

The meeting then proceeded with an overview of information and perspectives for new and returning workgroup members. DARS Commissioner Kathy Hayfield provided a review of the state agencies involved in the delivery of services to older adults; an overview of DARS as the designated state unit on aging (SUA) under the Older Americans Act (OAA) as well as other DARS’ aging services; current DARS’ initiatives; and a summary of the 2021 Aging Services Workgroup report. At the end of the presentation, Commissioner Hayfield put forth a proposal that had not been previously considered during the 2021 deliberations—the creation of a separate Division for Aging within DARS.

Marta Keane, V4A President, presented the AAA perspective, discussing points of agreement, areas of concern, and ideas as to how to potentially fund a standalone state unit on aging (SUA)

including through contracting with insurance companies and other health care providers, obtaining grants, and increasing funding for home and community-based services.

During the meeting discussion, it was suggested that the workgroup could build upon the work done in 2021 by finding areas of agreement. Common themes in the discussion included the need to encourage and support innovation in aging services, raising the profile of aging within the Commonwealth, and addressing ageism. One member brought to the workgroup's attention that there are legislative commissions for other populations, such as youth, but not for aging. AAA representatives reiterated their support for a standalone SUA agency. Other members suggested that the workgroup consider better supporting the current agency.

November 7, 2022 Meeting

At the November 7th meeting, and in response to the comments received regarding innovation, there were presentations on supporting innovation and leveraging AAA services. Kathy Vesley, President and CEO of Bay Aging, presented on multiple pioneering programs underway at this AAA. A wealth of information was provided on VAAA Cares and how Bay Aging is working to address health-related social needs. There was also considerable discussion regarding diversification of revenue streams through other services and projects to outside entities, such as health systems, health plans, and the federal Department of Veterans Affairs.

Dr. Tracey Gendron, Executive Director of the Virginia Center on Aging (VCoA), presented on innovation and aging from a university perspective. She addressed ageism and how it permeates the many facets of the lives of the citizens of the Commonwealth as well as the impact on public policies. Dr. Gendron also discussed innovative initiatives that are currently underway such as university and community partnerships, social health connector assessment and applications, and research and data collaborations. She also shared the VCoA's vision for the future that focuses on fostering innovation, serving as a research and dissemination hub, and a statewide data hub source to help inform legislative decision-making.

Information and perspectives on where the Commonwealth's SUA should reside were provided by William Massey, President and CEO of Peninsula Area Agency on Aging, and Kathy Hayfield, Commissioner of DARS. The Older Americans Act (OAA) requires that the Commonwealth designate an SUA. Currently, DARS is the designated SUA for the OAA.

Mr. Massey presented on the option of creating a stand-alone agency for Virginia's SUA. This option was supported by V4A during the 2021 workgroup. Concerns were raised that DARS oversees other programs outside of aging and that a designated leader is necessary to prioritize aging issues and increase visibility. The need for additional state positions to help promote aging and foster innovative initiatives and partnerships around social determinants of health, caregivers, and other related issues were also supported.

DARS Commissioner Hayfield spoke with the workgroup about another option to create a separate Division for Aging within DARS. This new Division would be led by a Deputy Commissioner with a focus on serving older Virginians. The creation of a new division would provide a clear and easily identifiable entity to oversee aging issues and spearhead efforts in this area. In addition, it would be more easily and expeditiously implemented than other options; not require legislation; avoid disruption and the untangling of services and administrative functions; and allow for the ability to leverage current administrative and program efficiencies.

The workgroup had a robust discussion focusing on the programs and functions that would be included in a separate Division for Aging or a standalone SUA. It was noted that additional staff to address supporting and elevating aging did not appear to be included in the Division for Aging proposal and that additional details were needed. A proposal of the 2021 workgroup included supporting additional state staff to address opportunities for innovation and collaboration. Questions were raised as to how a standalone SUA would differ from the former Virginia Department for the Aging. The importance of focusing older adult needs and identifying metrics to measure success were also discussed.

November 22, 2022 Meeting

The final 2022 meeting of the workgroup concentrated on potential options to elevate aging within the Commonwealth based upon the work conducted in both 2021 and 2022. To better understand current funding at DARS, a background document on the allocation of aging dollars at the agency was provided to workgroup members and is included in the Appendices. Varying possibilities as to how to elevate aging services based upon previous discussions was presented. All of the avenues discussed require legislative and/or budgetary action with the exception of Option 3, which renamed the Deputy Commissioner for Community Living to the Deputy Commissioner for Aging and Disability Programs. These options are highlighted in the following section.

Elevating Aging Options

Options that the Elevating Aging Services Workgroup considered were in response to discussions held and issues raised at previous meetings or referenced in the 2021 workgroup report. Six options were debated and considered. The proposed options presented to the workgroup are included as Appendix F.

2023 Workgroup Potential Options to Elevate Aging	
Option 1	Create an Aging Commission within the Legislative Branch

Option 2	Fully Support the Commonwealth Council on Aging (CCoA) <ul style="list-style-type: none"> ○ CCoA Staff Person ○ Other Non-Personnel Services
Option 3	Rename the Deputy Commissioner for Community Living to the Deputy Commissioner for Aging and Disability Programs
Option 4	Create a Division for Aging within DARS <ul style="list-style-type: none"> ○ Creation of a New Deputy Commissioner Position ○ Administrative Assistant ○ Other Non-Personnel Services
Option 5	Add Positions to Enhance Aging Services <ul style="list-style-type: none"> ○ Director of Aging Innovation & Partnerships ○ Aging Research and Data Analytics Coordinator
Option 6	Create a Standalone Aging Agency

Option 1: Create an Aging Commission within the Legislative Branch

Creating a legislative advisory body was an issue broached at the October meeting of the workgroup. It was noted that other populations, like children and individuals with disabilities, have a stronger advocacy and legislative voice with bodies like the Commission on Youth or the Disability Commission and that older Virginians should have the same opportunity. Details of this option were not fully explored.

Option 2: Fully Support the Commonwealth Council on Aging (CCoA)

Option 2 was also discussed as a way to raise the profile of aging issues. As stated in the Code of Virginia (§ 51.5-128), the CCoA advocates for and assists in developing the Commonwealth's planning for meeting the needs of the growing number of older Virginians and their caregivers. There were concerns that there may not be enough work for a full-time employee to staff the CCoA, but it was envisioned that the scope of the CCoA would be enhanced and restructured to work across Secretariats to assist in innovation efforts and span across executive branch agencies.

Option 3: Rename the Deputy Commissioner for Community Living to the Deputy Commissioner for Aging and Disability Programs

Option 3 proposed changing the name of the position title for the Deputy Commissioner for Community Living to the Deputy Commissioner for Aging and Disability Programs. This option

was proposed since it was the option with the lowest fiscal impact and could be implemented most immediately. However, while it was acknowledged that the option did not require legislation and had a minimal, if any, fiscal impact and could therefore be implemented quickly, there was no support for this option as workgroup members acknowledged that it did not meaningfully elevate aging.

Option 4: Create a Division for Aging within DARS

The option of creating a separate Division for Aging within DARS was initially proposed at the October 17, 2022, meeting. Although not initially discussed by the 2021 workgroup, it does seek to address issues raised by the workgroup in 2021 and 2022 by increasing the visibility to the public of aging services within DARS and the Commonwealth by creating a dedicated division and leadership position for aging services. In addition, it would not require legislation and would allow for continued efficiencies with administrative and other support services that would be lost with the creation of a new state agency. The initial proposal included the creation of a new Deputy Commissioner position with administrative support which would require additional funding. There was some support for this option. In addition, those in support of this option thought that additional positions to enhance aging services identified in Option 5 were also needed to fully envision the priority of elevating aging.

Option 5: Add Positions to Enhance Aging Services

Option 5 included two positions focused on innovation, partnerships, data, and analytics which had been identified as key areas to address. These positions could be added to the current DARS structure, a new Division for Aging within DARS, or in a separate state agency for aging. The addition of these positions received overall support from the workgroup with the intent that these state positions would be necessary to help reimagine and change how aging services were envisioned and delivered. Some members felt that the additional positions should be added to a separate Division for Aging within DARS while others thought the positions should be included in a separate standalone SUA agency.

Option 6: Create a Standalone Aging Agency

The final option was to create a standalone aging agency as the SUA, which received support from some members of the workgroup, particularly in conjunction with Option 5. Those in support maintained that a separate agency was necessary to raise the visibility of aging, to have greater cross-agency collaboration, and to foster innovation. Option 6 would require budget language and legislation. Cost estimates were pulled from the 2021 workgroup report, but it was determined that these needed considerable work and revision to better ascertain the fiscal impacts. This is because the 2021 estimates factored in the inclusion of other DARS programs including the Public Guardianship program, the Adult Protective Services program (APS), the Auxiliary Grant program, the Long-Term Care Ombudsman, and the Senior Community Service Employment Program (SCSEP). Workgroup members stressed that subject matter experts would need to evaluate the budget impacts of creating and maintaining a stand-alone agency as well as the impact on DARS and its remaining programs. Some workgroup members questioned the

value of a standalone agency versus adding the additional positions and resources in Option 5 to DARS.

Conclusion and Workgroup Findings

Additional information, perspectives, options, and robust discussion further enhanced the deliberations of the 2022 Elevating Aging Workgroup. The need to prioritize and raise the importance of aging in the Commonwealth was universally supported. Innovation and collaboration were cited as key components to reaching this goal.

Different options for the structure of the SUA were debated. The workgroup did not vote on the recommendations nor reach agreement as to whether a separate aging division or a separate state agency would achieve the goal of elevating aging. However, the workgroup agreed that any agency structural changes would need further detailed fiscal analysis to determine impacts.

Other structural options outside of the SUA were also discussed and included creating an Aging Commission in the legislative branch or further supporting the Commonwealth Council on Aging. There were additional questions as to how these options would be implemented and an understanding that these may be viable options but would need to be refined to reflect the goal of elevating aging in the Commonwealth. It was determined that a more thorough and detailed determination of the fiscal impact would ultimately be needed.

Finally, the Secretary of Health and Human Resources expressed a strong commitment to elevating aging services in the Commonwealth and that he plans to structure DARS in a way to better elevate aging while addressing some of the concerns referenced in this workgroup's deliberations.

Acknowledgements

The Secretary of Health and Human Resources would like to extend his appreciation and gratitude to the members of the Elevating Aging Workgroup members and all who assisted with this study. We also extend a special thank you to those who presented at the workgroup meetings.

Appendices

A. Elevating Aging Workgroup Budget Language

B. Workgroup Membership List

C. October 17, 2022 Meeting Materials

1. Agenda
2. Minutes
3. DARS Presentation
4. V4A Presentation

D. November 7, 2022 Meeting Materials

1. Agenda
2. Minutes
3. Bay Aging Innovation Presentation
4. Virginia Center on Aging Innovation Presentation
5. Standalone State Unit on Aging Presentation
6. Division for Aging Presentation

E. November 22, 2022 Meeting Materials

1. Agenda
2. Draft Minutes
3. DARS Funding and Operations Slides

F. Elevating Aging Services Options

G. Written Public Comments by LeadingAge Virginia

2022 Special Session I

Budget Bill - HB30 (Chapter 2)

Bill Order » Office of Health and Human Resources » Item 283

Secretary of Health and Human Resources

Item 283	First Year - FY2023	Second Year - FY2024
Administrative and Support Services (79900)	\$1,653,270	\$903,270
General Management and Direction (79901)	\$1,653,270	\$903,270
Fund Sources:		
General	\$1,653,270	\$903,270

Authority: Title 2.2, Chapter 2; Article 6, and § [2.2-200](#), Code of Virginia.

A.1. The Secretary of Health and Human Resources, in collaboration with the Office of the Attorney General and the Secretary of Public Safety and Homeland Security, shall present a six-year forecast of the adult offender population presently incarcerated in the Department of Corrections and approaching release who meet the criteria set forth in Chapter 863 and Chapter 914 of the 2006 Acts of Assembly, and who may be eligible for evaluation as sexually violent predators (SVPs) for each fiscal year within the six-year forecasting period. As part of the forecast, the secretary shall report on: (i) the number of Commitment Review Committee (CRC) evaluations to be completed; (ii) the number of eligible inmates recommended by the CRC for civil commitment, conditional release, and full release; (iii) the number of civilly committed residents of the Virginia Center for Behavioral Rehabilitation who are eligible for annual review; and (iv) the number of individuals civilly committed to the Virginia Center for Behavioral Rehabilitation and granted conditional release from civil commitment in a state SVP facility. The secretary shall complete a summary report of current SVP cases and a forecast of SVP eligibility, civil commitments, and SVP conditional releases, including projected bed space requirements, to the Governor and Senate Finance and Appropriations and House Appropriations Committees by November 15 of each year.

2. As part of the forecast process, the Department of Corrections shall administer a STATIC-99 screening to all potential Sexually Violent Predators eligible for civil commitment pursuant to § [37.2-900](#) et seq., Code of Virginia, within six months of admission to the Department of Corrections. The results of such screenings shall be provided to the commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) on a monthly basis and used for the SVP population forecast process.

3. The Office of the Attorney General shall also provide to the commissioner of DBHDS, on a monthly basis, the status of all SVP cases pending before their office for purposes of forecasting the SVP population.

B. The Secretary of Health and Human Resources shall create a trauma-informed care workgroup to develop a shared vision and definition of trauma-informed care for agencies within the Health and Human Resources Secretariat. The workgroup shall include representatives from the Departments of Social Services, Behavioral Health and Developmental Services, Medical Assistance Services, and Health, as well as stakeholders, researchers, community organizations and representatives from impacted communities. The workgroup shall also (i) examine Virginia's applicable child and family-serving programs and data; (ii) develop strategies to build a trauma-informed system of care for children, using best practices for families who are impacted by the human service delivery system; (iii) identify indicators to measure progress in developing such a system of care; (iv) identify needed professional development/training in trauma-informed practices for all child-serving professionals and (v) identify

data sharing issues that need to be addressed to facilitate such a system. In addition, the workgroup shall explore opportunities to expand trauma-informed care throughout the Commonwealth. The Secretary of Health and Human Resources shall report on the workgroup's activities to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees and the Virginia Commission on Youth by December 15 of each year.

C.1. The Secretary of Health and Human Resources, in collaboration with the Secretary of Administration and the Secretary of Public Safety and Homeland Security, shall convene an interagency workgroup to oversee the development of a statewide integrated electronic health record (EHR) system. The workgroup shall include the Department of Behavioral Health and Developmental Services (DBHDS), the Virginia Department of Health, the Department of Corrections, the Department of Planning and Budget, staff of the House Appropriations and Senate Finance and Appropriations Committees, and other agencies as deemed appropriate by the respective Secretaries. The purpose of the workgroup shall be to evaluate common business requirements for electronic health records to ensure consistency and interoperability with other partner state and local agencies and public and private health care entities to the extent allowed by federal and state law and regulations. The goal of the workgroup is to develop an integrated EHR which may be shared as appropriate with other partner state and local agencies and public and private health care entities. The workgroup shall evaluate the DBHDS statement of work developed for its EHR system and the DBHDS platform for potential adaptation and/or use by state agencies in order to develop an integrated statewide EHR.

2. The workgroup may consider and evaluate other EHR systems that may be more appropriate to meet specific agency needs and evaluate the cost-effectiveness of pursuing a separate EHR system as compared to a statewide integrated EHR. However, the workgroup shall ensure that standards are developed to ensure that EHRs can be shared as appropriate with public and private partner agencies and health care entities.

3. The workgroup shall also develop an implementation timeline, cost estimates, and assess other issues that may need to be addressed in order to implement an integrated statewide EHR system. The timeline and cost estimates shall be used by the respective agencies to coordinate implementation. The workgroup shall report on its activities and any recommendations to the Joint Subcommittee on Health and Human Resources Oversight by November 1 of each year.

D.1. The Secretary of Health and Human Resources shall develop a state innovation waiver under Section 1332 of the federal Patient Protection and Affordable Care Act (42 U.S.C. 18052) to implement a state reinsurance program to help stabilize the individual insurance market by reducing individual insurance premiums and out-of-pocket costs while preserving access to health insurance. The Secretary shall convene stakeholders to include representatives of health insurers, the State Corporation Commission Bureau of Insurance, consumer advocates, and others deemed necessary to assist in developing the reinsurance program.

2. The State Corporation Commission Bureau of Insurance shall provide technical assistance to the Secretary of Health and Human Resources as requested.

E. The Secretary of Health and Human Resources, in collaboration with the Virginia Department of Health and appropriate stakeholders, shall continue to support the efforts of the Virginia Task Force on Primary Care. The Secretary shall assist the Task Force to enhance the financing, quality and delivery of primary care in the Commonwealth. The Secretary of Health and Human Resources, in collaboration with the Virginia Department of Health, shall report on task force activities to the Governor and Chairmen of the House Appropriations and Senate Finance and Appropriations Committees by December 1, 2022.

F.1. The Secretary of Health and Human Resources shall establish a workgroup to review the current structure of the Department of Behavioral Health and Developmental Services (DBHDS) and make recommendations on modifications to the department's structure that improves the delivery of behavioral health and developmental disability services to the citizens of the Commonwealth. The workgroup shall include representatives of DBHDS,

the Department of Medical Assistance Services, the Department of Planning and Budget, the Behavioral Health Commission and other entities as deemed necessary by the Secretary to complete the tasks of the workgroup. Specifically, the workgroup shall evaluate: (i) whether responsibility for developmental disability services is more appropriate in another state agency or a new state agency; (ii) whether community-based behavioral health services and the operations of the state mental health hospitals should be divided into separate entities; (iii) whether a different structure or model, such as public-private partnerships, is appropriate for the operation of state mental health hospitals; and (iv) whether the current structure for community-based services can be enhanced to better deliver services.

2. Out of this appropriation, \$750,000 from the general fund the first year shall be provided for the Secretary of Health and Human Resources to contract for a feasibility analysis to transform the Catawba Hospital Campus into a state-of-the-art campus at which a continuum of substance abuse treatment and recovery services, including long-term, short-term, acute, and outpatient services, is provided in addition to the array of behavioral health services currently provided to individuals in need of behavioral health care services. This analysis shall be completed for consideration of the workgroup in its recommendations on the structure and delivery of behavioral health and developmental disability services.

3. The workgroup shall report its findings and recommendations to the Governor and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by December 1, 2022.

G. The Secretary of Health and Human Resources, or his designee, shall continue the workgroup previously established and shall add one member from the House of Delegates appointed by the Speaker, one member from the Senate, appointed by the Committee on Rules, one representative from the Commonwealth Council on Aging, and one representative with a professional or academic background in gerontology, selected by the workgroup, to join the one representative from the Department for Aging and Rehabilitative Services, three representatives from Area Agencies on Aging, one representative from the Virginia Association of Area Agencies on Aging, one representative from the Department of Planning and Budget, one representative each from the appropriate staff of the House Appropriations and Senate Finance and Appropriations Committees. The workgroup shall seek outside expertise, as necessary. A Chair and Vice-Chair shall be elected by the members of the workgroup at the first meeting. The workgroup shall develop a plan that establishes a new structure that elevates the provision of aging services in the Commonwealth to be effective July 1, 2023. Such plan shall: (i) define how aging services and programs should fit into the overall state organizational structure; (ii) include the necessary statutory and appropriation act changes to reflect the proposed structure; (iii) include an operational plan that reflects the necessary allocation of staff and funding at the appropriate agencies; and (iv) include an analysis of the necessary costs and funding needs to elevate aging services in a new structure. The workgroup shall evaluate all state aging services and programs and determine how they should fit in the new structure. The workgroup shall submit the plan by December 1, 2022, to the Governor, the Department of Planning and Budget, and the Chairs of House Appropriations and Senate Finance and Appropriations Committees.

H.1. The Secretary of Health and Human Resources shall establish a Task Force on Eligibility Redetermination to ensure that the Commonwealth redetermines eligibility for Medicaid in the most efficient and prudent manner possible to meet the unwinding requirement associated with the end of the federal Public Health Emergency and the provisions of the maintenance of eligibility requirement in Medicaid pursuant to the Families First Coronavirus Response Act (P.L. 166-127). The Task Force shall include representatives from the Department of Medical Assistance Services, the Department of Social Services, the Department of Planning and Budget, and staff from the House Appropriations and Senate Finance and Appropriations Committees. The Task Force shall: (i) assess the current status of the shift of eligibility for individuals to the appropriate aid category that was assumed in the November 2021 forecast; (ii) evaluate the current plan, including the timeline, of the Department of Medical Assistance Services and the local departments of social services to redetermine Medicaid eligibility in the most efficient manner after the expiration of the maintenance of eligibility requirement; (iii) assess the resources and operational capabilities of the agencies to handle the increased workload efficiently; and (iv) make recommendations as appropriate to improve the unwinding process until its conclusion.

2. At the direction of the Secretary of Health and Human Resources, the Department of Medical Assistance Services is authorized to utilize federal American Rescue Plan Act funds allocated for this purpose to help address operational challenges in addressing eligibility redeterminations for Medicaid that may include providing additional funds to support overtime costs at local departments of social services and/or issuing emergency contracts to hire contractors to assist in the efforts.

3. The Secretary shall provide an update to the Governor and the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by October 1, 2022, and every 90 days thereafter through the end of fiscal year 2023, on the efforts and challenges related to eligibility redetermination efforts.

Appendix B

Secretary of Health and Human Resources

Elevating Aging Services Workgroup

MEMBERSHIP LIST

Member	Representation
Secretary John Littel	Secretary of Health and Human Resources (SHHR) or his designee
Commissioner Kathy Hayfield	Representative from the Department for Aging and Rehabilitative Services (DARS)
Ron Boyd	Representative from an Area Agency on Aging (AAA) <ul style="list-style-type: none">• Local Office on Aging (Roanoke and surrounding areas)
Bill Massey (Vice-Chair)	Representative from an Area Agency on Aging (AAA) <ul style="list-style-type: none">• Peninsula Agency on Aging (Newport News and surrounding areas)
Harold Sayles	Representative from an Area Agency on Aging (AAA) <ul style="list-style-type: none">• Crater District Area Agency on Aging (Petersburg and surrounding areas)
Marta Keane	Representative from the Virginia Association of Area Agencies on Aging (V4A) <ul style="list-style-type: none">• Jefferson Area Board for Aging (Charlottesville and surrounding areas)
Kenny McCabe	Representative from the Department of Planning and Budget
Susan Massart	Staff Representative from the House Appropriations Committee
Mike Tweedy	Staff Representative from the Senate Finance and Appropriation Committee
Delegate Kimberly Taylor	Member from the House of Delegates, appointed by the Speaker
Senator Monty Mason (Chair)	Member from the Senate, appointed by the Committee on Rules
Beverly Soble	Representative from the Commonwealth Council on Aging
Dr. Tracey Gendron, Ph.D.	Representative with a professional or academic background in gerontology, selected by the workgroup <ul style="list-style-type: none">• Virginia Commonwealth University, Department of Gerontology Chair and Executive Director Virginia Center on Aging

Office of the Secretary of Health and Human Resources (SHHR) Staff Support:

Leah Mills, Deputy Secretary

Department for Aging and Rehabilitative Services (DARS) Staff Support:

Charlotte Arbogast, Senior Policy Analyst

Marcia DuBois, Deputy Commissioner of Community Living

Catherine Harrison, Director of Policy and Legislative Affairs

Appendix C: Agenda



Secretary of Health and Human Resources Elevating Aging Services Workgroup

**October 17, 2022
2:30 PM – 4:30 PM**

**Patrick Henry Building
East Reading Room
1111 E. Broad Street
Richmond, VA 23219**

MEETING AGENDA

Welcome and Introductions	Secretary John Littel
Review Workgroup Purpose	Secretary Littel
Officer Elections <ul style="list-style-type: none">• Chair• Vice-Chair	Secretary Littel
Workgroup Confirmation of Member with a Professional or Academic Background in Gerontology	Workgroup Chair
Aging Services in Virginia Overview	DARS Commissioner Kathy Hayfield
Area Agency on Aging Perspective on Aging Services in Virginia	Marta Keane, President V4A
Workgroup Discussion	Workgroup Chair
Public Comment Period	Workgroup Chair
Next Steps	Workgroup Chair

Appendix C: Minutes

**Elevating Aging Services Workgroup
Item 283 G of the 2022 Appropriations Act
October 17, 2022
2:30 pm – 4:30 pm
Patrick Henry Building**

FINAL MINUTES

Members Present: Secretary John Littel, DARS Commissioner Kathy Hayfield, Ron Boyd, Bill Massey (Vice-Chair), Harold Sayles, Marta Keane, Kenny McCabe, Susan Massart, Mike Tweedy, Delegate Kimberly Taylor, Senator Monty Mason (Chair), Beverley Soble, and Dr. Tracey Gendron

Members Absent: None

Meeting Discussion:

Secretary Littel opened the meeting and welcomed the members and guests. Members introduced themselves. Secretary Littel reviewed the Elevating Aging Services Workgroup purpose and shared some statistics on older Virginians and the services provided by the Virginia Department for Aging and Rehabilitative Services (DARS), Area Agencies on Aging (AAAs) and local departments of social services (LDSS). His opening statement was followed by opening remarks from Senator Mason, who noted that he would like to see someone who comes to work and their only focus is on aging.

Secretary Littel nominated and Senator Mason seconded the nomination of Tracey Gendron, Ph.D., Chair of the VCU Dept. of Gerontology and Director of the Virginia Center on Aging as the designated workgroup member with a professional or academic background in gerontology. After being nominated by Secretary Littel and seconded by Senator Mason, the workgroup confirmed Dr. Gendron to join the workgroup.

Bill Massey nominated Senator Mason as the workgroup chair, which was approved by the workgroup. Marta Keane nominated Bill Massey as vice-chair, which was also approved by the workgroup members.

Kathy Hayfield, DARS Commissioner, presented on aging services in Virginia which included a review of the state agencies involved in providing services to older adults, a discussion of DARS' services and current initiatives, and a summary of the 2021 report from the Elevating Aging Services Workgroup. At the end of the presentation, Commissioner Hayfield put forth a proposal that had not been considered by the workgroup or in the 2021 report, which was to create a separate Division for Aging within DARS.

Marta Keane, Virginia Association of Area Agencies on Aging (V4A) President, presented the AAA perspective by discussing points of agreement, areas of concern, and ideas for how to fund

a standalone state unit on aging (SUA) through contracting with insurance companies/hospital systems/health care providers, obtaining grants, and increasing funding for home and community based services.

Secretary Littel asked for specific thoughts for Medicaid AAA contracts. The practice of MCOs contracting with AAAs to cover home delivered meals, friendly visits, care coordination, and care transitions was discussed. Additional information on VAAACares was also provided. Ron Boyd referenced previous contracts with MCOs which included language that the MCOs were to work with AAAs, but he informed the workgroup that only two MCOs work with the AAAs. He suggested stronger language and that it would make sense for the AAAs to perform care coordination, care transitions, and Medicaid-funded home delivered meals. There was further discussion around the innovative work that VAAA Cares does through Bay Aging. When an AAA cannot provide a service to the MCO, VAAACares and Bay Aging assist; therefore, this is a statewide contract.

Senator Mason discussed flushing out from the 2021 Elevating Aging report what areas could be endorsed. There was discussion that given the timeframe, the report for 2022 may need to be continued into 2023. The workgroup then discussed pursuing a more collaborative approach and the need for coordination across both state and local levels. There was discussion about possibly identifying short-term actions, which could be proposed to the 2023 General Assembly, as well as longer-term action items.

Comments were given that the workgroup should consider better supporting the current agency and not just supplanting it. Commonwealth Council on Aging (CCOA) Chair Beverley Soble mentioned the Council's priorities and the Council's 2022 Annual Report as an option to also consider discussing (such as nutrition and food insecurity, home modifications, and access to assisted living and the Auxiliary Grant). Several members noted the need to address ageism. Senator Mason indicated he would like someone who can solely focus on moving the ball for CCOA/aging recommendations. Another workgroup member also brought up the need to remember Adult Protective Services (APS) and Adult Services and the important role they play in providing services to older adults.

Secretary Littel indicated that there will be a focus on aging in this Administration but that it is important to follow the funding stream and the important role that Medicaid plays. He asked for AAA recommendations regarding the MCO procurement effort that was underway and future discussions regarding innovations in the field of aging. He also encouraged members to make recommendations to the various boards and councils to ensure representation and to seek out those opportunities.

Howard Sayles mentioned the Commission on Youth and inquired why there was no corresponding "Commission on Aging." Marta Keane asked if there was a way to create the Division for Aging without legislation or regulatory changes so that there would not be a delay and suggested that future recommendations could be built upon other areas of consensus. Bill Massey raised concerns that a separate unit on aging (SUA) was not thoroughly explored with

the 2021 report and indicated that if the workgroup was going to explore a separate Division for Aging within DARS; then a standalone SUA agency should be given the same consideration. He also noted that if a Division for Aging was created, there should be safeguards that it would not be eliminated with budget pressures. It was also brought up that they don't want to create just a "figure head" agency; the agency should have clout, authority, and funding.

Ron Boyd brought up other issues directly impacting AAAs and aging services including the direct care workforce crisis (e.g., workforce challenges and the impact of paying increasing wages to hire and retain employees and the potential to impact service delivery) and federal mandated changes to the Intrastate Funding Formula (IFF), which will result in funding gains and losses among the AAAs to reflect changes in the population.

Public Comment:

- 1) Eldon James (V4A) – Noted issues confronting aging services in the Commonwealth:
 - a. Intrastate Funding Formula (IFF) –There are "winners and losers;" there are services that are being provided now that will go away. In the past, the General Assembly has back-filled those AAAs so people would not lose their services. This is something to monitor.
 - b. Senior nutrition needs additional funding to meet the rising need.
 - c. Workforce – This is not just minimum wage issue, but a workforce issue and the result of the funding cliff from federal investments that will end.

Proposed Upcoming Meeting Agenda Items:

The workgroup members then discussed proposed agenda items for the next meeting. The discussed agenda items are listed below.

- Kathy Vessley VAAA Cares Presentation
- Medicaid AAA Contract Recommendations
- Areas of Agreement from the 2021 Elevating Aging Report
- Virginia's State Plan on Aging (Recommendations)
- Dr. Tracey Gendron presentation about her work at the Virginia Center on Aging
- Discussion about potential structures/recommendations

The Secretary suggested that the next meeting be a virtual meeting. Potential next meeting dates were November 7 or November 9. Staff would be contacting the workgroup members to schedule the next meeting and set the agenda.

Appendix C: Presentation 1



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*Providing resources and services to
 improve the independence of older Virginians*

Aging Services in Virginia

Elevating Aging Services Workgroup
 October 17, 2022

1

- **Aging Services Across State Agencies**
- **Department for Aging and Rehabilitative Services (DARS)**
- **DARS Initiatives**
- **2021 Elevating Aging Services Workgroup**

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AGING SERVICES ACROSS STATE AGENCIES




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State HHR Agencies with Oversight Responsibilities

<p style="text-align: center;">DARS</p> <ul style="list-style-type: none"> • AAAs • APS & Adult Services <ul style="list-style-type: none"> • LDSS • Auxiliary Grant <ul style="list-style-type: none"> • LDSS • No Wrong Door • LTC Ombudsman • Dementia Coordination • SCSEP 	<p style="text-align: center;">DMAS</p> <ul style="list-style-type: none"> • Medicaid • Medicaid LTSS (HCBS, Nursing Facility, and PACE) 	<p style="text-align: center;">VDH</p> <ul style="list-style-type: none"> • Licensing: <ul style="list-style-type: none"> • Nursing Facilities • Home Care • Hospice • Hospitals • Local Health Departments 	<p style="text-align: center;">DSS</p> <ul style="list-style-type: none"> • Licensing: <ul style="list-style-type: none"> • Assisted Living • Adult Day • Public Benefits <ul style="list-style-type: none"> • Medicaid • SNAP • Energy Assistance
		<p style="text-align: center;">DHP</p> <ul style="list-style-type: none"> • Licensing of Various Health Professionals 	<p style="text-align: center;">DBHDS</p> <ul style="list-style-type: none"> • CSBs



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Other State HHR Agencies with Service Delivery Responsibilities

<div style="background-color: #003366; color: white; text-align: center; padding: 5px; font-weight: bold;">DBHDS</div> <ul style="list-style-type: none"> State Hospitals Dementia Pilot Program 	<div style="background-color: #003366; color: white; text-align: center; padding: 5px; font-weight: bold;">VDH</div> <ul style="list-style-type: none"> Health Screenings Health Promotion Programs
<div style="background-color: #003366; color: white; text-align: center; padding: 5px; font-weight: bold;">DBVI</div> <ul style="list-style-type: none"> Independent Living Services for Older Adults with Low Vision 	<div style="background-color: #003366; color: white; text-align: center; padding: 5px; font-weight: bold;">VDDHH</div> <ul style="list-style-type: none"> Virginia Relay Communication Equipment & Interpreter Services

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Other State Agencies with Service Delivery Responsibilities

<div style="background-color: #003366; color: white; text-align: center; padding: 5px; font-weight: bold;">DHCD</div> <ul style="list-style-type: none"> Livable Homes Tax Credit Housing Programs 	<div style="background-color: #003366; color: white; text-align: center; padding: 5px; font-weight: bold;">Virginia Housing</div> <ul style="list-style-type: none"> Rental Unit Modifications Housing Programs 	<div style="background-color: #003366; color: white; text-align: center; padding: 5px; font-weight: bold;">DRPT</div> <ul style="list-style-type: none"> Mobility Transportation Grants 	<div style="background-color: #003366; color: white; text-align: center; padding: 5px; font-weight: bold;">VDACS</div> <ul style="list-style-type: none"> Food Assistance Programs
<div style="background-color: #003366; color: white; text-align: center; padding: 5px; font-weight: bold;">DVS</div> <ul style="list-style-type: none"> Veteran Supports LTC Facilities 	<div style="background-color: #003366; color: white; text-align: center; padding: 5px; font-weight: bold;">DPOR</div> <ul style="list-style-type: none"> Consumer Protection Fair Housing 	<div style="background-color: #003366; color: white; text-align: center; padding: 5px; font-weight: bold;">DOC</div> <ul style="list-style-type: none"> Geriatric Inmates 	

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Purpose

Code of Virginia [§ 51.5-117](#). Declaration of purpose; Department for Aging and Rehabilitative Services created.


A. It is hereby found and determined by the General Assembly that there exists in the Commonwealth a need to ensure effective programs and services, and to improve coordination of these programs and services, for citizens of the Commonwealth who, for reasons of age, disability, or other physical factors, face challenges in living independently in the community and accessing the full range of programs and services to help them achieve independence and an improved quality of life.


B. To achieve the objectives described in subsection A, there is hereby created the Department for Aging and Rehabilitative Services, with such powers and duties as are set forth in this chapter. The Department shall work to ensure effective communications access, technology, vocational, support, and protective services for these citizens within the agency and across the Commonwealth.

C. The Department shall be in the executive branch of state government and shall be assigned to the Secretary of Health and Human Resources.

2012, cc. 803, 835

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Mission

To improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.

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Mission-Driven Divisions

Divisions

- Community Living
- State LTC Ombudsman
- Adult Protective Services
- Vocational Rehabilitation
- Disability Determination Services

Infrastructure Support

- IT
- Fiscal
- General Services
- HR
- Policy
- Communications

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Key Programs Supporting Older Virginians

- Division of Community Living
 - Office for Aging Services
 - Nutrition services, legal services, insurance counseling*, respite care*, Public Guardianship Program*, GrandDriver, dementia coordination*, etc.
 - No Wrong Door*
- LTC Ombudsman*
- Adult Protective Services Division
 - APS*
 - Adult Services*
 - Auxiliary Grant*
- Division of Rehabilitative Services
 - Senior Community Services Employment Program (SCSEP)

** Indicates the program also serves individuals under the age of 60 or 55*

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FEDERAL REQUIREMENTS FOR AGING SERVICES

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Older Americans Act (OAA) Titles

Title
Title 1: Declaration of Objectives
Title 2: Establishment of the AoA
Title 3: Grants for State and Community Programs on Aging
Title 4: Activities for Health, Independence, and Longevity
Title 5: Community Service Senior Opportunities Act
Title 6: Grants for Services for Native Americans
Title 7: Vulnerable Elder Rights Protection Activities

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State Units on Aging (SUA)

- **SUAs are designated under 42 U.S.C § 3025(a)(1)**
 - This law requires states to designate an agency to:
 - Develop and administer a state plan on aging;
 - Be primarily responsible for planning, policy development, administration, etc. of state activities as it pertains to aging;
 - Serve as an advocate for older individuals and provide technical assistance to any agency, organization, etc. representing the needs of older individuals; and
 - Divide the State into distinct planning and service areas (PSAs).
- **In the Commonwealth of Virginia, DARS serves as the SUA**
 - DARS is designated as the agency to oversee all state programs using funds provided by the federal OAA and the Virginia General Assembly.

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Additional SUA Roles

- Designates AAAs w/ the assistance of local governments
- Establishes Funding Formula and Disburses Federal and State Funds
- Prepares and oversees Virginia’s State Plan for Aging Services
- Approves AAA Area Plans and Develops Contracts with AAAs to Provide Services
- Establishes Regulations, Service Standards, Policies, Guidelines
- Monitors Programs and Fiscal Operations
- Provides Technical Assistance and Training
- Collects Data for Federal and State Reports

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OAA Core Services and Programs

Care Coordination	Care Transitions	Communication Referral Information Assistance	Options Counseling	Transportation
LTC Ombudsman	Adult Day Care	Homemaker	Personal Care	Legal Assistance
Employment	Nutrition Services	Disease Prevention and Health Promotion	National Family Caregiver Support Program	Elder Rights/Elder Abuse Prevention

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Grant and State Funded Programs and Initiatives

Chronic Disease Management Program

Falls Prevention Program

Virginia Lifespan Respite Program

Insurance Counseling

Senior Farmers' Market

GrandDriver

Care Coordination for Elderly Virginians Program

Public Guardianship and Conservator Program

Dementia Coordination

Senior Cool Care

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STATE REQUIREMENTS FOR AGING SERVICES

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DARS Powers and Duties Related to Aging Services

§ 51.5-135 of the Code of Virginia

"The Department shall provide aging services to improve the quality of life for and meet the needs of older persons in the Commonwealth and shall act as a focal point among state agencies for research, policy analysis, long-range planning, and education on aging issues."

- Focus on older persons with greatest economic needs and social needs.
- Serve as lead state agency in coordinating the work of state agencies on meeting the needs of an aging society.
- Program design should enable older Virginians to be as independent and self-sufficient as possible.
- Evaluate and monitor aging services and provide information to the public.

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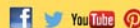
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DARS Aging Services Administrative Responsibilities

§ 51.5-137 of the Code of Virginia

- Develop appropriate fiscal and administrative controls over aging services;
- Develop a state long-term care plan to guide the coordination and delivery of aging services;
- Identify and assure the equitable statewide distribution of resources for aging services; and
- Perform ongoing evaluations of the cost-effective utilization of aging services.

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State Plan for Aging Services

Fulfills the obligations for the OAA-required State Plan

Strategic Plan for Virginia that encompasses all of the required elements identified in § 51.5-136

Development includes the receipt of reports from all state agencies on the impact of aging on their work/scope and staffing

Development process includes significant stakeholder engagement and solicitation of public comment

[§ 51.5-136](#) and [State Plan for Aging Services](#)

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DARS Advisory Boards



Commonwealth Council on Aging

- [§§51.5-127](#) and [51.5-128](#)



Alzheimer's Disease and Related Disorders Commission

- [§51.5-154](#)



Public Guardian and Conservator Advisory Board

- [§§ 51.5-149.1](#) and [51.5-149.2](#)

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Commonwealth Council on Aging

Established pursuant to §§ 51.5-127 and 51.5-128, the CCOA promotes an efficient, coordinated approach by state government to meeting the needs of older Virginians.

Advises the Governor and General Assembly on aging issues and aging policy

- Beginning in 2022, an annual report regarding the activities and recommendations of the Council must be submitted to the Governor, General Assembly, and Department for Aging and Rehabilitative Services by October 1
- [2022 Annual Report](#)

Additional responsibilities

- Examines the needs of older Virginians and their caregivers and ways in which state government can most effectively and efficiently assist in meeting those needs
- Advocates for and assists in developing the Commonwealth's planning for meeting the needs of the growing number of older Virginians and their caregivers
- Assists and advises the Department regarding strategies to improve nutritional health, alleviate hunger, and prevent malnutrition among older adult

Council Membership

- Gubernatorial Appointees: A member from each of the 11 congressional districts
- House Speaker Appointees: 4 At-Large Members
- Senate Rules Appointees: 4 At-Large Members
- Ex-Officio Members: Representatives from SHHR, DARS, DMAS, DSS, and V4A

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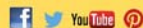
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PROGRAMS

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Office for Aging Services (OAS)

Housed in the Division for Community Living

Summary	Distributes funding to the Area Agencies on Aging (AAAs) Monitors the delivery of Older Americans Act (OAA) services Oversees the implementation of related aging services As available, implements OAA discretionary grant programs
Target Population	Individuals who are 60+; Caregivers of individuals who are 60+ or who have dementia; and Grandparents raising grandchildren
Funding	Federal Older Americans Act (OAA) State General Funds Local Matching Funds <i>Temporary</i> COVID-19 Relief Funds <i>As available</i> , OAA Discretionary Grants & other grants

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Public Guardian Program

Housed in the Division for Community Living Office for Aging Services

Summary	Contracts with human service agencies to provide public guardianship and conservatorship services to 1,049 individuals Monitors the delivery of program services
Target Population	Individuals who are 18+, incapacitated and indigent
Funding	State General Funds

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No Wrong Door

Housed in the Division for Community Living	
Summary	Built out of the federal Aging and Disability Resource Centers (ADRC), NWD is a interdisciplinary network led by Area Agencies on Aging as local leads and other community providers linked through a secure technology system that shares client information safely and quickly to easily connect clients to services. AAAs serve as the local leaders for NWD and NWD's referral entry (CRIA) is the portal for the entire referral and case management data system utilized by OAS, NWD, LTRCM, APS/AS, VATS and many other certified NWD partners.
Target Population	All ages
Funding	<i>As available</i> , OAA Discretionary Grants State General Funds <i>Temporary</i> COVID-19 Relief Funds

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Adult Protective Services, Adult Services and Auxiliary Grants Program

Housed in the Adult Protective Services Division	
Summary	State supervision of three programs administered by APS and Adult Services staff in Local Departments of Social Services (LDSS): APS, Adult Services (including in-home services, LTC assessments, and guardianship reports), and the Auxiliary Grants Program
Target Population	APS = Individuals who are 18-59 and incapacitated, and 60+ AS = Individuals who are 18+ and impaired AG = 18+, aged, blind or disabled, and ALF or residential level of care
Funding	Federal Social Services Block Grant (SSBG) State General Funds Local Matching Funds <i>Temporary</i> COVID-19 Relief Funds <i>As available</i> , Discretionary Grants Through ACL

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State Long-Term Care Ombudsman

Housed in the Office of the State Long-Term Care Ombudsman	
Summary	Advocates for individuals receiving LTC services in nursing homes, assisted living facilities, and in home and community-based settings. Advocacy assistance for individuals who are participants in the Medicaid Commonwealth Coordinated Care Plus (CCC+) Program
Target Population	All ages
Funding	Federal Older Americans Act (OAA) State General Funds Local Matching Funds Medicaid Funding Medicaid Administrative Claiming <i>Temporary COVID-19 Relief Funds</i>

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Senior Community Services Employment Program (SCSEP)

Housed in the Division of Rehabilitative Services	
Summary	Federally sponsored job creation program targeted to low-income older Americans
Target Population	Individuals who are 55+
Funding	Federal Older Americans Act (OAA) State General Funds

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MAJOR INITIATIVES FOR 2022

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New Aging-Related Funding for DARS

JCHC Aging in Place Needs Assessment	APS Regional Consultant	Dementia Case Management	Public Guardian and Conservator Program
<ul style="list-style-type: none"> \$250,000 one-time funding 	<ul style="list-style-type: none"> 5 new positions 	<ul style="list-style-type: none"> \$112,500 each year in increased funding 	<ul style="list-style-type: none"> \$2.6 million each year in increased funding for 300 additional slots, 1 new staff position, rebasing of the rates, and a study
Senior Farmers' Market Nutrition Program	Senior Legal Helpline	State Long-Term Care Ombudsman Program	Virginia Insurance Counseling and Assistance Program (VICAP)
<ul style="list-style-type: none"> \$125,000 each year in new funding 	<ul style="list-style-type: none"> \$100,000 each year in new funding 	<ul style="list-style-type: none"> \$450,000 for 5 new positions 	<ul style="list-style-type: none"> \$600,000 each year in increased funding

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DARS Aging-Related Studies

Private Guardianship Visitation	<ul style="list-style-type: none"> • HB 634 • Due: November 1, 2022
APS Central Registry	<ul style="list-style-type: none"> • Letter Request • Due: November 1, 2022
JCHC Needs Assessment	<ul style="list-style-type: none"> • In-Home Services & Home Modification • 331 L State Budget with \$250,000 one time funding • Due: December 1, 2022
Public Guardianship Program Ratio	<ul style="list-style-type: none"> • § 51.5-150 B 10 • Due: December 1, 2022 (thereafter every 10 years)
Public Guardianship Program Overall	<ul style="list-style-type: none"> • § 51.5-150 B 9 and with \$75,000 one-time funding • Roughly Due: Winter 2022/23 (and as funding is appropriated thereafter)

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State Plan for Aging Services

October 1, 2023 – September 30, 2027 – Under Development Now

Fulfills federal requirements for the Older Americans Act State Plan & must be approved by the Administration for Community Living (ACL)

Fulfills state requirements for a Virginia Strategic Aging Plan that includes all of the elements identified in § 51.5-136

Plan development includes receiving reports from all state agencies on the impact of aging on their work/scope and workforce

Development process includes a needs assessment, significant stakeholder engagement, and solicitation of public comment

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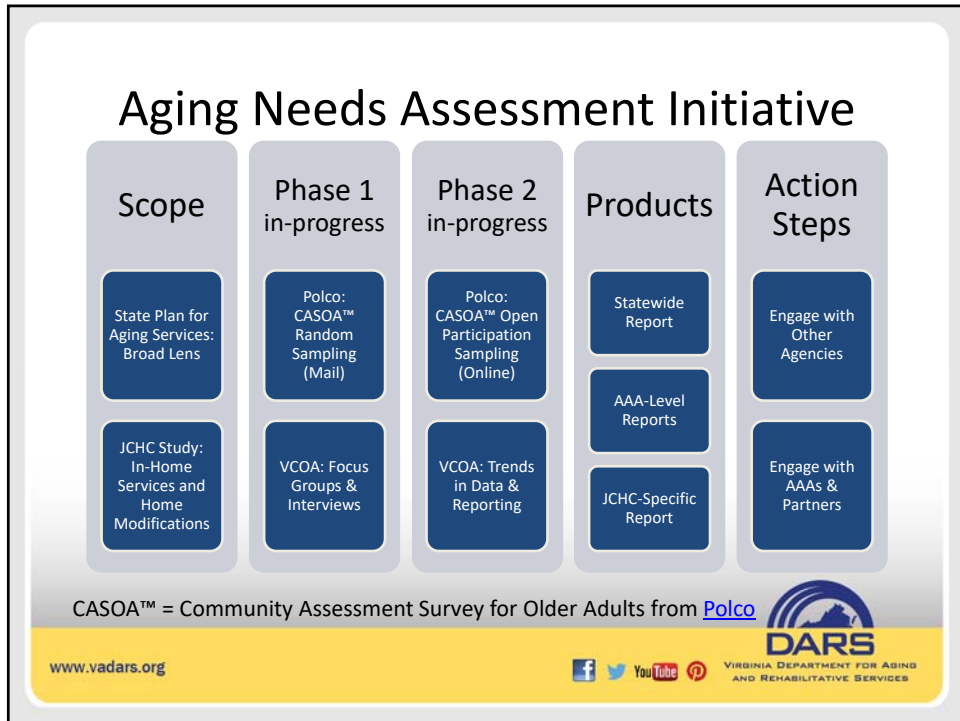
[§ 51.5-136](#) and [State Plan for Aging Services](#)





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Meetings and Membership

Members

- Secretary Daniel Carey and Deputy Secretary Catherine Finley (DARS)
- Commissioner Kathy Hayfield (DARS)
- Ron Boyd, Bill Massey, and Harold Sayles (AAAs)
- Kenneth McCabe (DPB)
- Susan Massart (House Appropriations)
- Mike Tweedy (Senate Finance and Appropriations)
- Sarah Stanton and David May (Legislative Services)

Meetings

- Five meetings were held with the opportunity for public comment at each meeting.
 - July 13
 - July 27
 - September 7
 - October 7
 - November 3

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Stakeholder Engagement

- Advancing States conducted stakeholder engagement through:
 - 2 virtual community forums
 - 43 oral interviews with key stakeholders
 - Workgroup discussion with representatives from three states (FL, MN, and OH)
- Opportunity for public comment was provided at workgroup meetings.

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Elevating Aging Objectives

The workgroup and stakeholders generally agreed that aging services are not sufficiently elevated in the Commonwealth. **The following themes or objectives were identified to elevate aging:**

- Institutionalizing collaboration at the state level and promoting collaboration at the local level
- Promoting a positive perception of aging
- Supporting focused, dedicated leadership
- A broad vision of aging services, including a focus on healthy aging in the community
- Fostering innovation
- Improving visibility of aging programs and communication from DARS
- Developing and advancing policies that strengthen service delivery in the aging network

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Identified Elevating Aging Potential Structures and Options

- Create a stand alone aging agency
- Create an aging cabinet
- Appoint a Secretary of Aging
- Appoint a Deputy Secretary on Aging in the SHHR
- Name a Deputy Commissioner of Aging in DARS
- Create an aging committee in the General Assembly
- Require an aging subject matter expert within each agency
- Increase the size of DARS
- Increase resources, staffing, and aging expertise in DARS
- Rename DARS
- Work with universities to perform a needs assessment and/or develop a strategic or master plan on aging
- Create a statutory requirement for aging board reports to the General Assembly
- Ask older Virginians and caregivers for their input

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AND REHABILITATIVE SERVICES

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40

Structural Options

- The final report more closely examined the following structural options:
 - Create a standalone agency for aging services
 - Create a coordinating organization (e.g. Aging Cabinet) and/or a Strategic or Master Plan
 - Expand aging programs
 - Appoint a dedicated aging leader in the Governor’s Office (e.g. Secretary of Aging)
 - “Reimagine” Aging Services

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Transition Plan Options

- Create a standalone aging agency
- Meet unmet needs for aging services within DARS to elevate aging
- Create a stand alone agency to meet unmet needs and elevate aging services

The workgroup did not make a final recommendation for a structure to elevate aging.

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Questions and Discussion

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AND REHABILITATIVE SERVICES

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Appendix C: Presentation 2

Thank you for the opportunity to share
our thoughts on Elevating Aging Services



1

Virginia Association of Area Agencies on Aging= 25 AAAs

- ▶ Mountain Empire Older Citizens... Appalachian Agency for Senior Citizens... District Three Government Cooperative... New River Valley Agency on Aging... Local Office on Aging... Valley Program for Aging Services... Seniors First, Shenandoah Area Agency on Aging... Alexandria Division of Aging and Adult Services... Arlington Agency on Aging... Fairfax Area Agency on Aging... Loudoun County Area Agency on Aging... Prince William Area Agency on Aging... Rappahannock-Rapidan Community Services... Jefferson Area Board for Aging... Central Virginia Alliance for Community Living... Southern Area Agency on Aging... Lake Country Area Agency on Aging... Piedmont Senior Resources Area Agency on Aging... Senior Connections- The Capital Area Agency on Aging... Healthy Generations Area Agency on Aging... Bay Aging... Crater District Area Agency on Aging... Senior Services of Southeastern Virginia... Peninsula Agency on Aging... Eastern Shore Area Agency on Aging- Community Action Agency

2

Seniors in the Commonwealth

- ▶ 1,791,275
- ▶ 21% of total population

- ▶ 17% live in rural areas
- ▶ 23% live alone
- ▶ 7.6% live in poverty

▶ *Weldon Cooper Center

3

Points of agreement for work group and stakeholder discussions

- ▶ Aging services are not sufficiently elevated in the Commonwealth: under-funded, under-staffed, under-prioritized

- ▶ Aging Services needs a “seat at the table”

- ▶ Important focus needs to promote a positive perception:
 - ▶ Combat ageism
 - ▶ Show the benefits of seniors

4

More points of agreement

- ▶ Broad vision, focus on healthy aging:
 - ▶ Preventive, wrap-around services
 - ▶ V3A Cares
 - ▶ Social determinants of health
 - ▶ Increased Medicaid funding for home/community based programs

- ▶ Foster innovation

5

Agree on concept Not implementation

- ▶ Visibility and Communication:
 - ▶ Communication with other government officials and agencies
 - ▶ Better improve understanding of what programs DARS/AAAs are responsible for
- ▶ Develop and advance policies
- ▶ Support innovation by reducing barriers

6

Concerns

- ▶ Lost within DARS- need to re-establish independent SUA
- ▶ Scant evidence of synergies (despite assertion in the report)
- ▶ DARS and other agencies reflect that staff are too few- yet not a legislative priority
- ▶ "DARS needs additional resources to support a culture of innovation." V4A believes a culture of innovation drives resources
- ▶ Aging services have plateaued at DARS- need a vision and innovation to assure the Commonwealth can meet the growing needs of seniors in the most cost effective way possible

7

RECOMMENDATIONS:

- ▶ Code of Virginia structured to ensure the agency has the clout and relationships to elevate aging
- ▶ Voice on other state agency boards that provide services that older Virginians need
- ▶ Aging director required to have training, knowledge and background in gerontology, aging or related health services
- ▶ Agency's plan must be the Commonwealth's plan
 - ▶ Promote healthy aging and age wave planning and coordination of services

8

How fund this stand-alone State Unit on Aging

- ▶ **Innovative/ Entrepreneurial**
- ▶ (1)Contract with insurance companies and hospital systems/health care providers
 - ▶ Social determinants to reduce their costs
 - ▶ Obtain grants to invest in development of infrastructure, interoperability, pilots
- ▶ (2)Increase funding for Home Community Based Services vs. Nursing Facilities
 - ▶ Down payment on more cost effective delivery of services
 - ▶ Keep people independent as long as possible/ in community (lower costs)
- ▶ **Synergies** through improved communication with other agencies: positioned on Boards to ensure efforts are efficient and effective

Appendix D: Agenda



Secretary of Health and Human Resources Elevating Aging Services Workgroup

November 7, 2022
2:00-4:00 pm

VIRTUAL MEETING

MEETING AGENDA

Welcome and Introductions	Chairman Monty Mason
Review Workgroup Purpose Approval of Minutes Public Comment Period	Chairman Monty Mason
Supporting Innovation and Leveraging AAA Services <ul style="list-style-type: none">• VAAA Cares• Virginia Center on Aging	<ul style="list-style-type: none">• Kathy Vesley, Bay Aging• Tracey Gendron, PhD, VCoA
State Unit on Aging (SUA) location options <ul style="list-style-type: none">• Standalone agency• Division for Aging within DARS	<ul style="list-style-type: none">• Bill Massey, Peninsula Agency on Aging• Kathy Hayfield, DARS
Finding Areas of Agreement and Actionable Items <ul style="list-style-type: none">• Elevating Aging Workgroup 2021 Report• Council on Aging 2022 Report	Chairman Monty Mason
Workgroup Discussion	Chairman Monty Mason and workgroup members
Public Comment Period	Chairman Monty Mason
Next Steps	Chairman Monty Mason

Appendix D: Minutes

**Elevating Aging Services Workgroup
Item 283 G of the 2022 Appropriations Act
November 7, 2022
2:00 pm – 4:00 pm
Virtual Meeting**

MINUTES

Members Present: Secretary John Littel, DARS Commissioner Kathy Hayfield, Ron Boyd, Bill Massey (Vice-Chair), Marta Keane, Kenny McCabe, Susan Massart, Mike Tweedy, Delegate Kimberly Taylor, Senator Monty Mason (Chair), Beverley Soble, and Dr. Tracey Gendron

Members Absent: Harold Sayles

Staff: Leah Mills, Catherine Harrison, Charlotte Arbogast, Marcia Dubois, Tori Mabry

Meeting Discussion:

Chairman Mason called the meeting to order. The minutes from the October 17, 2022 meeting were presented. Ron Boyd made a motion to approve the meeting minutes, which was seconded by Tracey Gendron and subsequently agreed to by the workgroup.

No public comment was received.

Kathy Vesley, President and CEO of Bay Aging presented on innovative programs that are underway at this Area Agency on Aging (AAA). A wealth of information was provided on VAAA Cares and how Bay Aging is working to address health-related social needs. There was also considerable discussion regarding the diversification of their revenue streams through other services and projects to outside entities such as health systems and plans and the federal Department of Veterans Affairs.

Dr. Tracey Gendron, Executive Director of the Virginia Center on Aging (VCoA), presented on innovation and aging from a university perspective. She addressed ageism and how it permeates many facets of our lives and policies. Dr. Gendron discussed innovative initiatives that are currently underway such as university and community partnerships, social health connector assessment and applications, and research and data collaborations. She also shared the VCoA's vision for the future that focuses on fostering innovation, serving as a research and dissemination hub, and statewide data hub source to help inform legislative decision-making.

Bill Massey, President and CEO of Peninsula Area Agency on Aging, presented on the option of creating a stand-alone agency for Virginia's state unit on aging (SUA). This option was supported by the Virginia Association of Area Agencies on Aging (V4A) during the 2021 workgroup. The presentation promoted an "all of Government" strategy that is focused on improving social determinants of health and an agency to mobilize initiatives around

volunteers, caregivers, and assisting older Virginians in engaging in the workforce. He shared a concern that there are too many programs for the DARS Commissioner to handle currently and that a designated leader for aging is needed. Another reason provided for a standalone SUA was to increase the visibility of aging in Virginia and leverage resources. Several positions were suggested to help promote elevating aging with the suggestion that these would not all need to be new positions but that current staff could be repurposed. Additional comments were provided that DARS currently focuses too heavily on monitoring and oversight instead of innovation.

Kathy Hayfield, Commissioner of DARS, presented on the proposal to elevate aging by creating a Division for Aging within DARS. The rationale for this proposal include: providing a clear and easily identifiable entity to oversee aging issues; speedier implementation; execution without legislation; continuity of services; avoidance of disruption and service untangling and administrative functions; and the ability to leverage current administrative and program efficiencies.

After the presentations there were several questions regarding what services would be included in the Division for Aging. It was clarified that Older Americans Act services would be included in the Division for Aging. Other programs identified in the Commissioner's presentation, including No Wrong Door, Adult Protective Services, Adult Services, the Auxiliary Grant (AG) program, and the Public Guardianship Program (PGP) would be housed in a different division since their focus was not entirely on the aging community and a large proportion of clients served are individuals with disabilities under the age of 60.

Members raised additional questions regarding how innovation would work with a separate division and whether additional staff be needed. The roles of current staff were also discussed. It was noted that the proposal for an aging division did not appear to have staff to address some of the issues brought up in the 2021workgroup and that there needed to be "more meat on the bones" to understand the proposal better. Members also raised questions as to how a standalone SUA would differ from the former Virginia Department for the Aging. Comments were also raised that aging was at the table more and that advocacy was critical. A couple of members noted the difference between programs being defective or broken versus program improvement and the importance of focusing older adult needs, and identifying metrics to measure success.

Public Comment:

There were no public comments, however Bobby Vassar noted the following in the Q&A CHAT Feature: If creating a Division for Aging does not require legislative approval, why hasn't it been done?

Proposed Upcoming Meeting Agenda Items:

Chairman Mason then discussed next steps in preparation for the next meeting. He requested that workgroup members send him potential discussion items for the next meeting. In addition the following potential topics were discussed: innovation follow-up discussion; additional information on DARS' role in delivering aging services, and the proposed Division for Aging; and short-term and long-term objectives. The meeting adjourned at 3:56 pm.

Appendix D: Presentation 1

VAAACares®: Business Opportunities for Area Agencies on Aging

Elevating Aging Workgroup
November 7, 2022

Kathy Vesley
President & CEO
Bay Aging
VAAACares®




1

About Us – Bay Aging


- Area Agency on Aging (AAA) headquartered in Urbanna, VA
- Nonprofit 501(c)(3) established in 1978, currently serving 33,000+ people annually
- Our mission: to provide the programs and services people of all ages need to live independently in their communities
- 3 Major Divisions – Health, Housing, and Transportation
- Evolved to Hospital, SNF, and AAA network for CMS contracts
- Strategically changed revenues to health entity contracts (VAAACares®)
- Fiscal Management Services for Consumer (Veteran) Directed Care in 7 states




2




BAY HEALTH
A DIVISION OF BAY AGING



BAY HOUSING
A DIVISION OF BAY AGING



BAY TRANSIT
A DIVISION OF BAY AGING

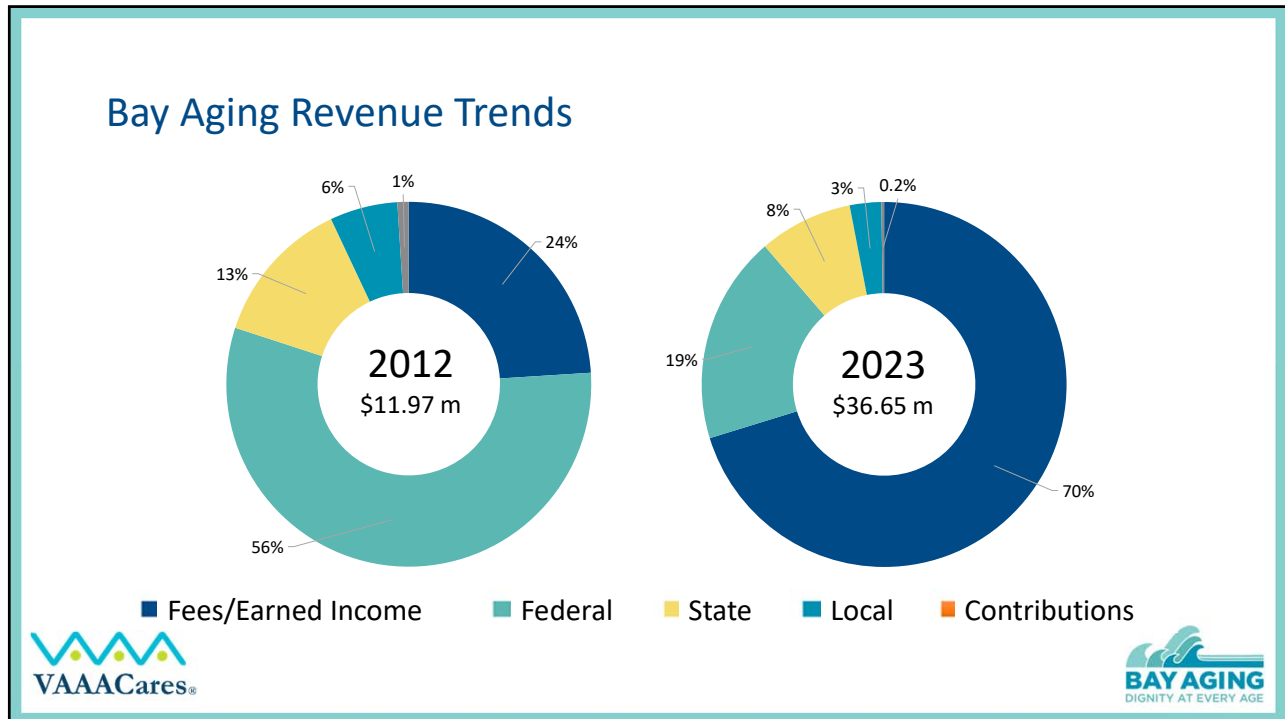


BAY AGING
DIGNITY AT EVERY AGE

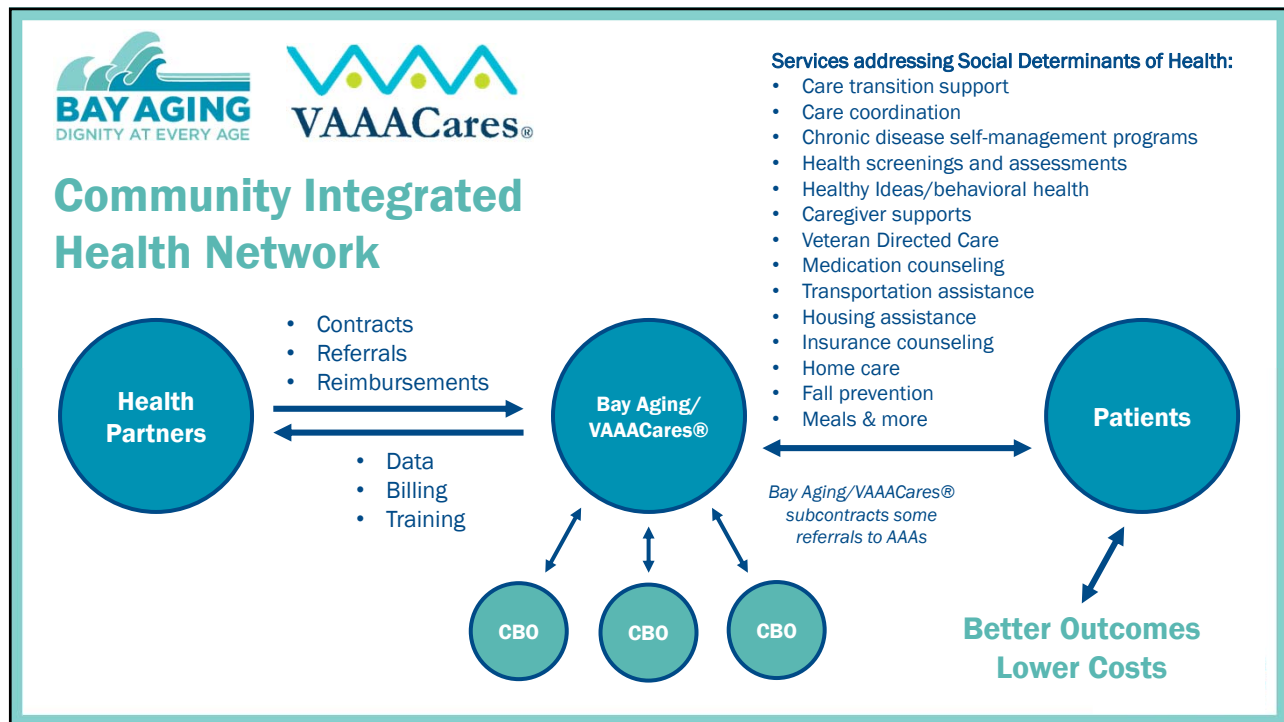
Through its comprehensive transportation, housing, community living and health services programs, Bay Aging is committed to ensuring every neighbor in our region has a choice and ready access to a range of services to help them remain independent in their chosen home.

HEALTHY LIVING	HOUSING	TRANSPORTATION
<ul style="list-style-type: none"> Active Lifestyle Centers Adult Day Care Care Coordination Caregiver Support Companion Care Legal Aid Meals on Wheels Ombudsman/Advocacy Options Counseling Personal Care Retired & Senior Volunteer Program Senior Employment Training Transitional Care Veteran Directed Care VICAP Insurance Counseling 	<ul style="list-style-type: none"> Multi-Family: <ul style="list-style-type: none"> Service-enriched Senior Apartment Communities Housing Choice Voucher Program Single-Family: <ul style="list-style-type: none"> Weatherization Emergency Home Repair Housing Rehabilitation/Reconstruction Indoor Plumbing Rehabilitation Community Action Program Partnership Development & Planning 	<ul style="list-style-type: none"> Public Transportation Medicaid Transportation New Freedom Mobility Management MedCarry Non-Emergency Medical Transportation Deviated Fixed Routes: <ul style="list-style-type: none"> The Rivah (Tappahannock) HiveXpress (Gloucester Route 17 Corridor) Paper Trail (West Point) Microtransit (Gloucester Courthouse) Seasonal Trolleys

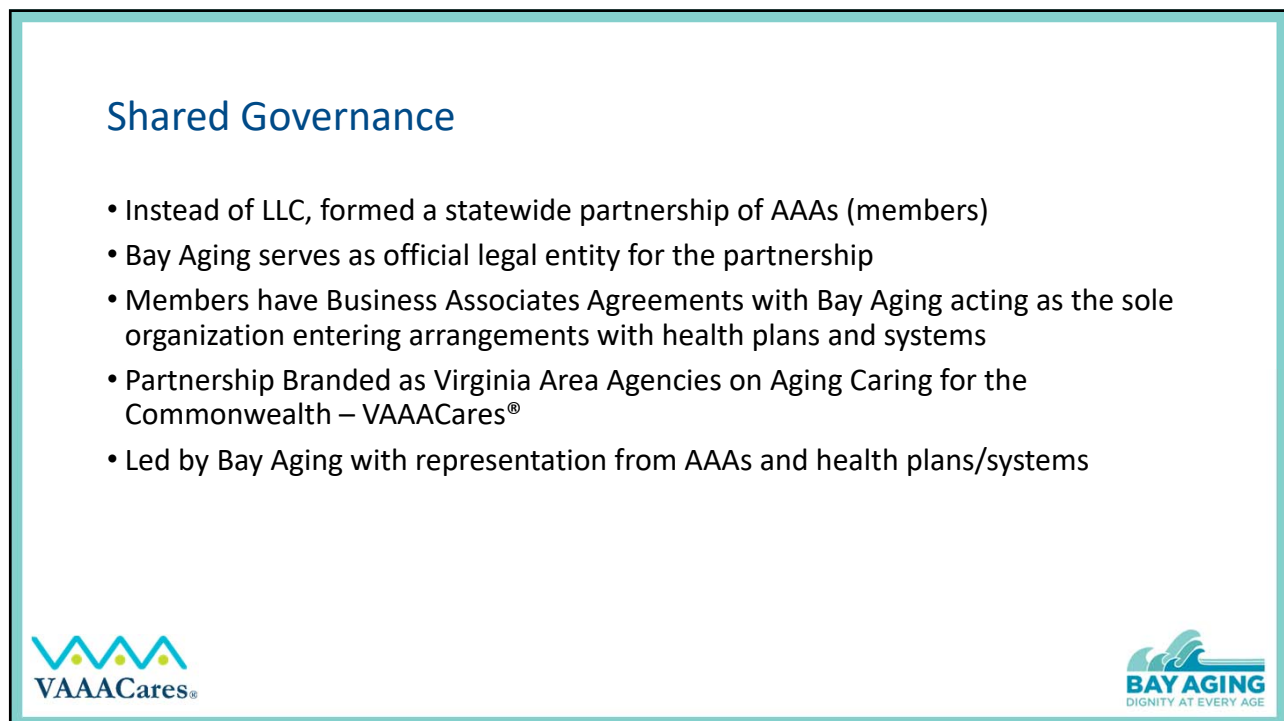
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4



5



6

Now - VAAACares® Business Model

- 100% Virginia AAA Support
- Offers major insurers and other healthcare providers a one-stop-shop for contracts
 - one contract, one referral site, one billing, one reimbursement and one source accountability
- Supports positive health outcomes and demonstrates lower costs
- Leverages AAAs' 45-years of trust and experience delivering quality services in people's homes
 - knowledge of community assets - close gaps in SDoH and HRSN



7

Why Partner with a CBO? – ACOs, Physician Groups, Health Plans

- Trusted entity
- Already engaged in the community & in homes
- SDoH and Health Related Social Needs (HRSN) expertise
- Expertise in blending & braiding opportunities – Gravity Project – Moving to more reimbursements from CMS
- Patient satisfaction
- Cost effective



8

Compliance Rate for DMAS Care Coordination Performance Measures

- On Call CM 24/7 – **100%**
- Expedited Authorization – **100%**
- Grievance Escalation – **100%**
- Transition to Community – **99%**
- Serious Events Reporting – **98%**
- Individualized Goals – **97%**
- Waiver Authorization – **96%**
- Notification No Services – **96%**
- Assess/POC Completion – **96%**
- Reassess/POC Completion – **96%**



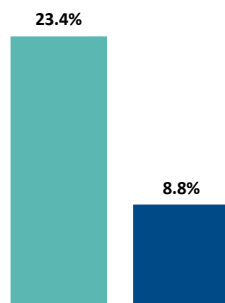
9

Care Transitions Outcomes

Readmission Reduction Rates for High Utilizers = Savings over Ten Years

Medicare Contracts

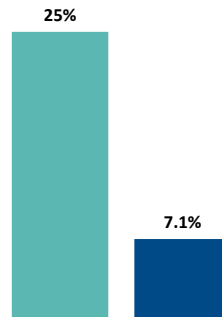
CMS Data –
Mathematica/QMR
26,752 participants



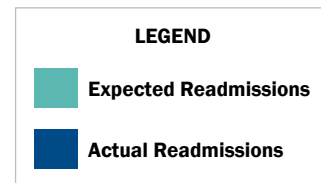
Readmissions
Avoided:
3,894

Medicaid Contracts

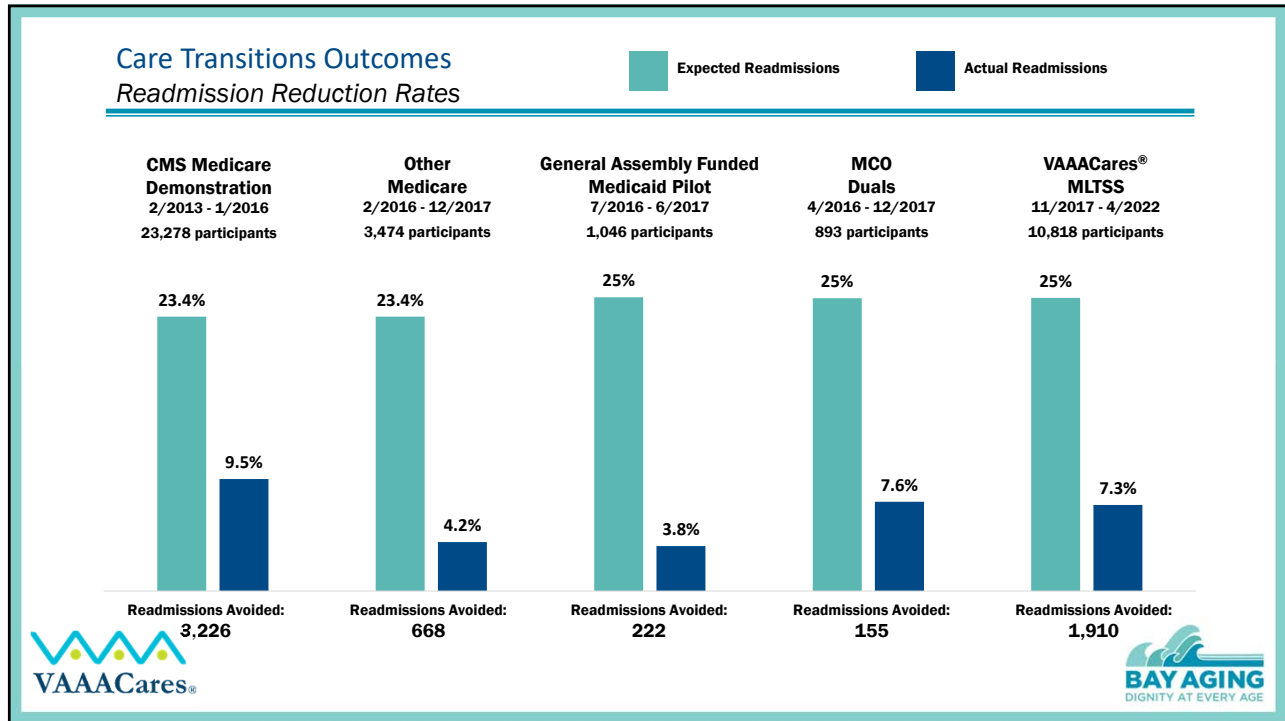
Hospital/Health Plan Data
12,757 participants



Readmissions
Avoided:
2,287



10



11

Veteran Directed Care

Bay Aging operates all aspects of “Budget Authority/Consumer Directed Care” for VAMCs in 7 states

Bay Aging works with partners using two models:

- Subcontractor for Financial Management Services
- Hub & Spoke

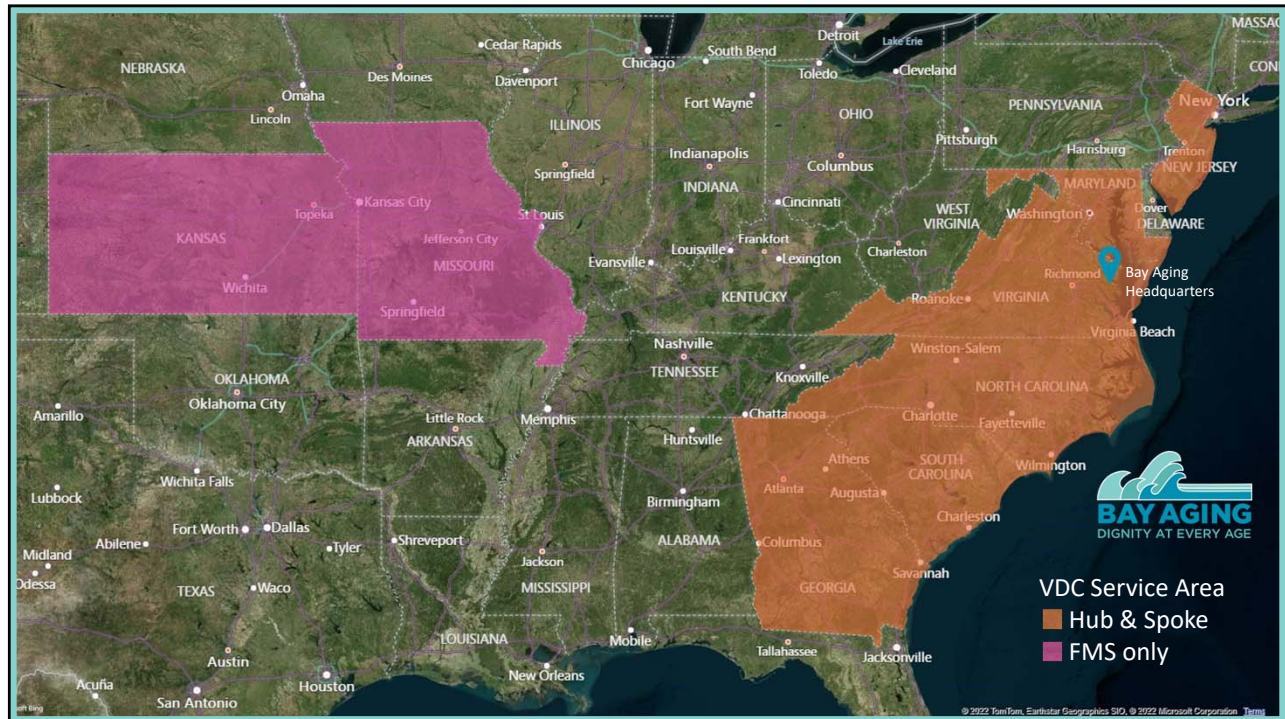
Bay Aging is approved by the Veterans Administration, Administration for Community Living, and The Lewin Group to provide all components of VDC services NATIONWIDE:

- Options Counseling
- Financial Management Services
- And as a HUB for all administration in the Hub & Spoke Model

100% Veteran satisfaction with the program through 2nd quarter of 2022

VAAACares® **BAYAGING**
DIGNITY AT EVERY AGE

12



13

Financial Management Services



MARC

MID-AMERICA REGIONAL COUNCIL



Kansas City, MO VAMC

Financial Management Services (FMS) provided by Bay Aging:

- Process bi-weekly payroll
- Pay monthly, quarterly & yearly payroll taxes
- File local, state & federal payroll tax returns
- Process W-2s for all employees
- Obtain workers' compensation insurance
- Set up employer accounts with the IRS and state and local tax agencies
- Complete required reporting for new employees, including criminal history checks and OIG searches
- Provide budget management information to options counselors and veterans
- File claims monthly with Veterans Administration for all services provided

14



15

Future Opportunities

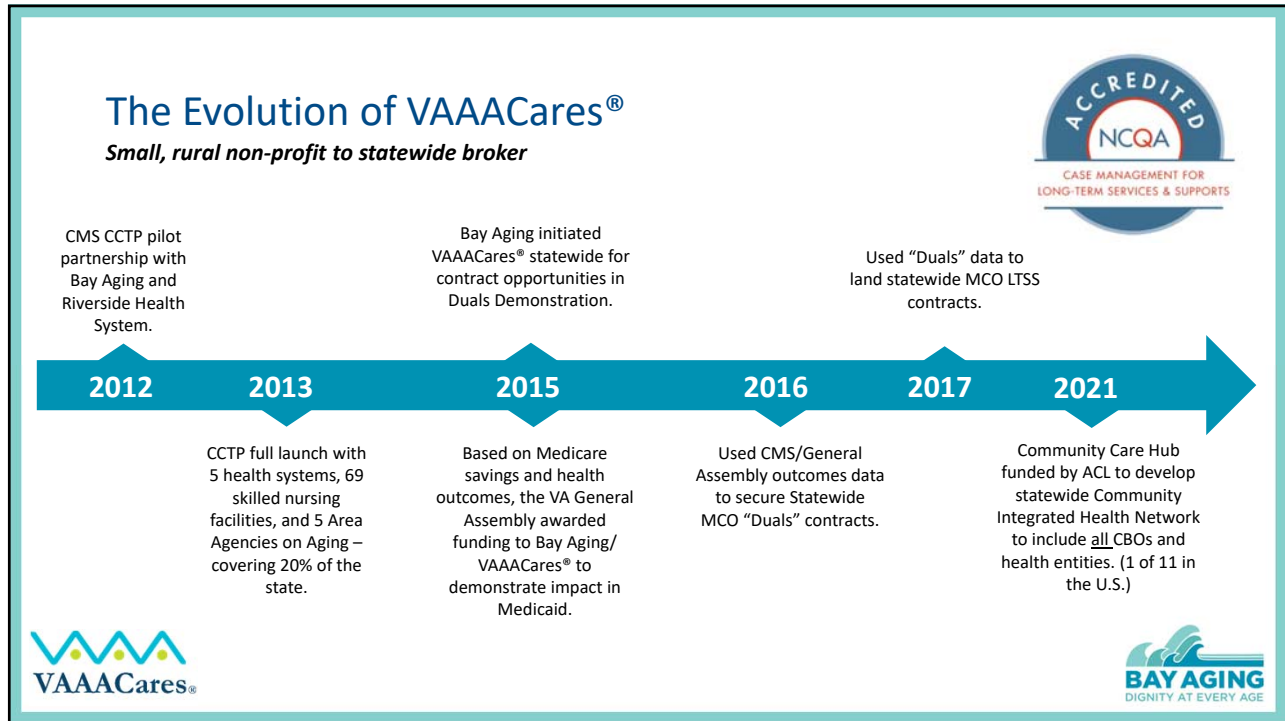
- Community Integrated Health Network (CIHN)
- Virginia Health Information – Integrate SDoH with Health Information Exchange
- Dept. of Medical Assistance Services carve out Business Opportunities
 - Example – Ohio

Require area agencies on aging to be the coordinators of home and community-based services available under Medicaid waiver programs and special needs populations. Permit Medicaid managed care organizations to delegate full-care coordination functions for those services and other health-care services for individuals as determined by risk stratification assessments.
- Consumer Directed Care – Medicaid

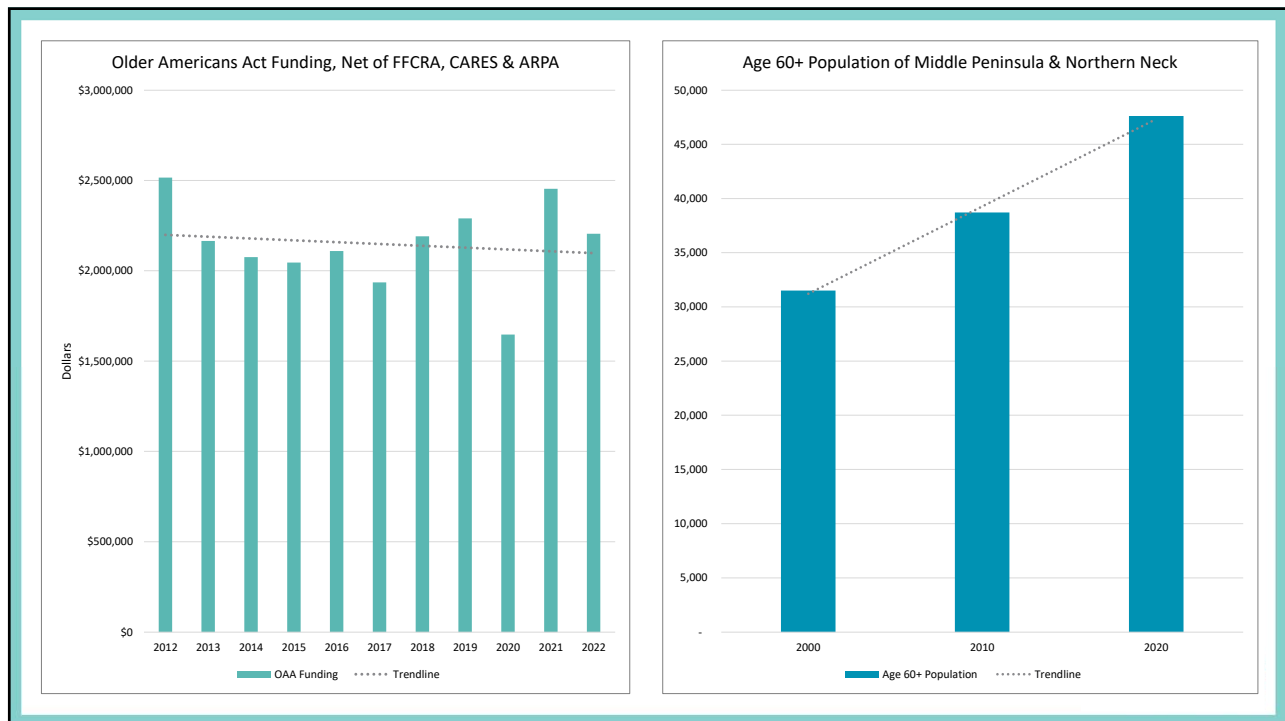
VAAACares®

BAY AGING
DIGNITY AT EVERY AGE

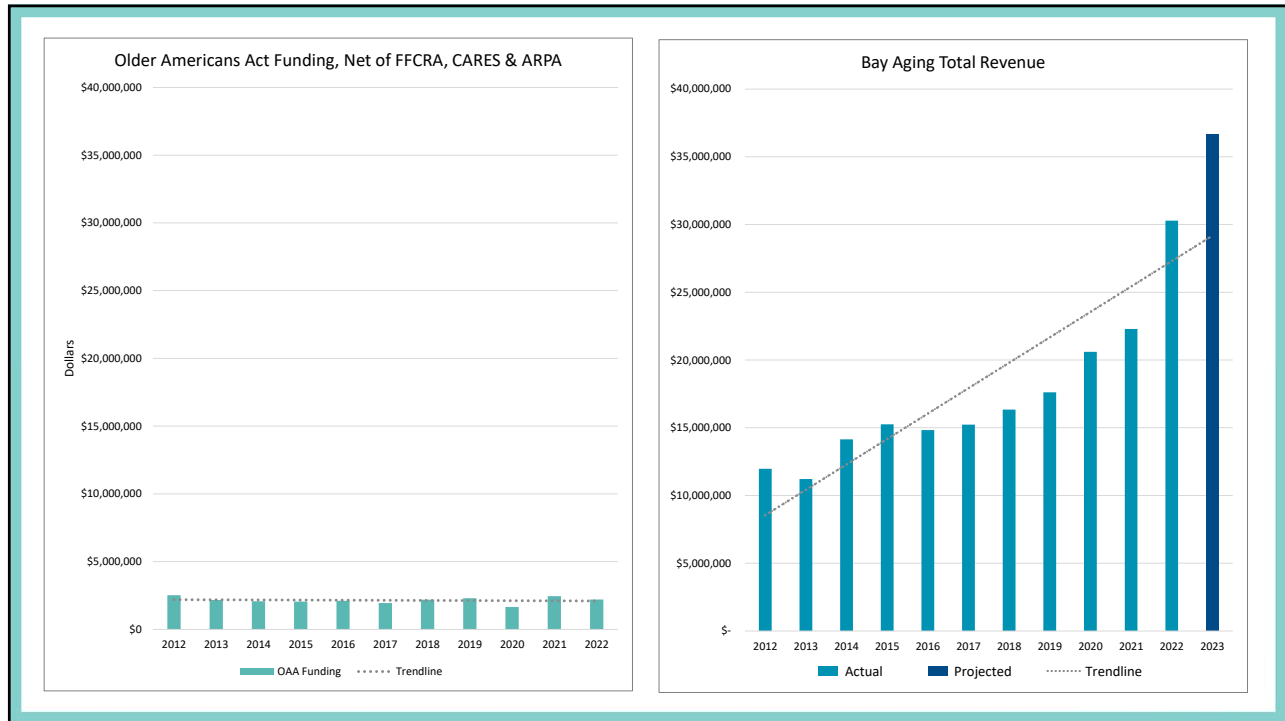
16



17



18



19

THANK YOU!

Questions? Comments?



VAAACares[®]

Kathy Vesley
 President & CEO
 Bay Aging/ VAAACares[®]
 804.758.2386 x1217
 kvesley@bayaging.org
 www.bayaging.org



BAY AGING
 DIGNITY AT EVERY AGE

20

Appendix D: Presentation 2



Aging Services and Innovation

1

A decorative graphic on the left side of the slide, consisting of a large, stylized circular shape made of overlapping segments in shades of teal, purple, and green, mirroring the VCOA logo's color palette.

- **21.7%** of the Virginia population is aged 60 or over with **10.7%** of older adults aged 65+ living alone.
- Nearly **90%** of adults over age 50 - *across all age, race, income, and health status categories* - want to remain at home and “age in place.”
- Priority areas – HCBS, direct care workers, transportation, housing, home modifications, lack of trained geriatric professionals and social connection.

The VCOA logo is located in the bottom right corner of the slide, featuring the same circular icon and text as seen in the first slide.

2

University-Community Partnerships



- Return on Investment Calculator
- Creating evidence-based for web-based decision-making tools
- Creating pathways to identify social isolation



3

Award Winning Assessment and App



<https://soheco.netlify.app/>



4

Journal Article
Social Isolation and the Built Environment: A Call for Research and Advocacy
 Shian Suen, PhD,* Tracy L. Gendron, PhD,** and Meghan Gough, PhD,*
 *Department of Urban and Regional Planning, Virginia Commonwealth University, Richmond, VA
 **Department of Geography, Virginia Commonwealth University, Richmond, VA
 *Correspondence: shsuen@vcu.edu
 **Correspondence: tgendron@vcu.edu
 *Correspondence: mgough@vcu.edu

Abstract
 Social isolation and its effects on health and well-being are well-documented. However, the built environment's role in social isolation is less understood. This article reviews the literature on social isolation and the built environment and discusses the need for research and advocacy to address this issue. The article argues that the built environment can play a significant role in reducing social isolation and improving health and well-being. It calls for research and advocacy to address this issue and to create a more socially inclusive built environment.

Keywords: Social isolation, Built environment, Urban planning, Health and well-being

Introduction
 Social isolation and its effects on health and well-being are well-documented. However, the built environment's role in social isolation is less understood. This article reviews the literature on social isolation and the built environment and discusses the need for research and advocacy to address this issue. The article argues that the built environment can play a significant role in reducing social isolation and improving health and well-being. It calls for research and advocacy to address this issue and to create a more socially inclusive built environment.

Conclusion
 The built environment can play a significant role in reducing social isolation and improving health and well-being. It is important for researchers and advocates to work together to address this issue and to create a more socially inclusive built environment.

Research and Data Collaboration



5

VCU Richmond Brain Health Initiative (RBHI)
 Gerontology
 College of Health Professions

What is the VCU Richmond Brain Health Initiative?
 We are a team of professionals that provide brain health support to older adults in the Richmond, VA surrounding area. We support caregivers and those living with or at risk of memory/brain health (dementia-related) needs.

What services do we provide?
 We offer 3 phone-based educational interventions at no cost:

- Health Coaching: for individuals at risk of brain health needs
- Care Navigation: for individuals living with brain health needs
- Care Consultation: for brain health caregiver/care receiver duos

Want to learn more? Contact us today!
 email: rbhi@vcu.edu | call: 804-828-1126 | go.vcu.edu/rbhi

VCU Richmond Brain Health Initiative



6

Virginia HEAR Project



7

Our Mission

The VCoA advances health, well-being and equity for the elders of today and tomorrow. Our innovative research, critical education and impactful service strive to make Virginia a place where its people can thrive at every age.



8



Our Vision

- **Fostering Innovation**
Lifespan approach to Aging | Challenging Ageism to Embrace Aging
- **Research and Dissemination Hub**
Sharing Successful Approaches | Obtain funding from external agencies to elevate responsive research
- **Statewide Data Resource**
Helping inform legislative decisions



Appendix D: Presentation 3

The Case for a Standalone State Unit on Aging

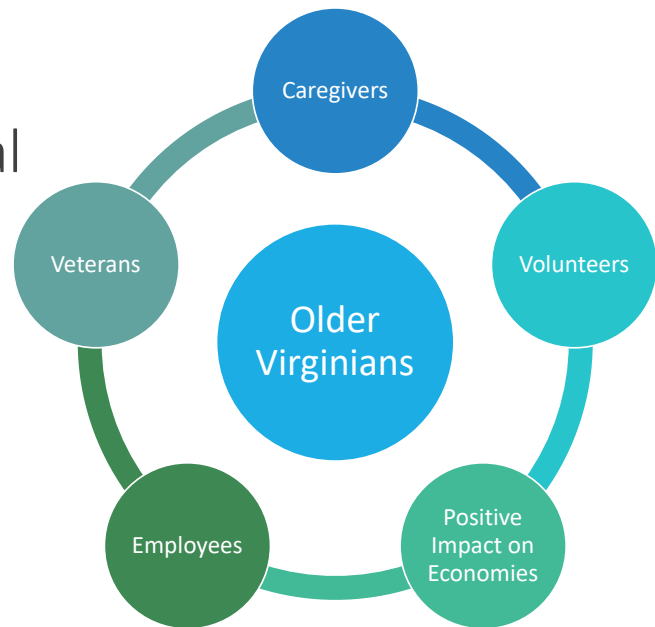
WILLIAM MASSEY, PRESIDENT & CEO
PENINSULA AGENCY ON AGING

1

1. Virginia Older Adult Population and Potential

Older Virginians are the fastest growing segment of the population and have the largest asset base of any age group.

A standalone State Unit on Aging (SUA) is needed to harness this potential.



Virginia is home to over 1.7 million adults 60 years and older. By 2030, almost 20 percent, or just over 1.8 million Virginians, will be 65 and over. This age group will represent most of Virginia's growth during the next ten years.

2

2. All of Government Strategy



A standalone SUA is needed to actively build and implement an “all of government” strategy that is focused on improving Social Determinants of Health (SDOH) outcomes leading to continued independence and community engagement.

The most progressive SUA’s in America do far more than manage Older Americans Act programs.

3

SUA’s That
Support
Successful,
Innovative
Service Delivery
Contain:

Dedicated Aging Policy and Legislative Affairs Officer

Dedicated Aging Planning, Research and Development Unit, including a demographer

Information Technology Unit to support data analysis and build the Area Agency on Aging (AAA) value proposition.

Dedicated Aging Training and Development Unit, associated with a university.

4

SUA's That Support Successful, Innovative Service Delivery Contain:

A strategy consistent with the Older American's Act (OAA) that supports and enables AAA "capacity to enter into activities for increasing business acumen, capacity building, organizational development, innovation, and other methods of growing and sustaining the capacity of the aging network to serve older individuals and caregivers most effectively and 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."

(OAA Title I, Section 118(b))

5

3. Increasing Visibility of Aging Virginia



The Office of Aging Services' (OAS) primary operational focus is on compliance with regulations. One fifth of its positions are dedicated to financial management and auditing and a substantial amount of the program support positions time is spent in monitoring.

The DARS Office of Policy and Legislative Affairs does not have a dedicated aging specialist. Without additional investment and thought leadership for innovation, collaboration, and advocacy for a more robust and substantial SUA, DARS can do little more than point out, as it does in its strategic plan, that it does not have enough funds to reach fewer than one half of one percent of older Virginians.

6

4. A Strong, Standalone SUA is Needed:

to deliver the Older Americans Act
unique platform for state
government

to support local design and
development of service delivery
systems and citizen engagement
that leverages public resources.

7

Questions?



Linking Seniors & Services since 1974

Contact

William S. Massey, CEO
ceo@paainc.org

Peninsula Agency on Aging, Inc.


739 Thimble Shoals Blvd, Ste 1006
Newport News, VA 23606

757-873-0541

info@paainc.org

8

Appendix D: Presentation 4



DARS
VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES
*Providing resources and services to
improve the independence of older Virginians*

Elevating Aging with a Division for Aging

Elevating Aging Services Workgroup
November 7, 2022

1

Division for Aging Structure



www.vadars.org

DARS
VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES


2


2

OAA Core Services and Programs

Adult Day Care	Care Coordination	Care Transitions	Communication Referral Information Assistance	Disease Prevention and Health Promotion
Elder Rights/Elder Abuse Prevention	In-Home Services	Legal Assistance	National Family Caregiver Support Program	Nutrition Services
Options Counseling	Residential Repair & Renovation	Public Information & Education	Socialization & Recreation	Transportation

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VIRGINIA DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES


3

Grant- and State-Funded Programs and Initiatives

Care Coordination for Elderly Virginians Program	Chronic Disease Self-Management Program	Dementia Coordination	Falls Prevention Program
GrandDriver	Insurance Counseling	No Wrong Door	Senior Cool Care
Farm Market Fresh/Senior Farmers' Market		Virginia Lifespan Respite Program	

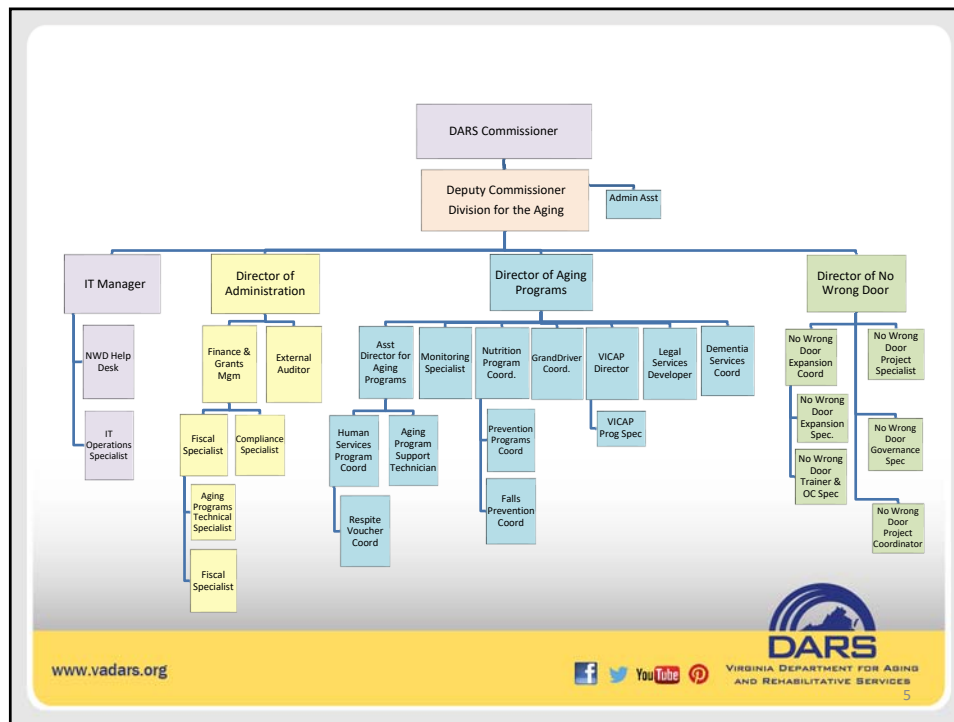
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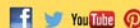


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Division for Aging Infrastructure Support

- Information Technology/Information Security
- Fiscal Services
- General Services
- Human Resources
- Policy & Legislative Affairs
- Communications

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Benefits

- ***Provides a clear and easily identifiable entity with a core mission and focus on aging***
- Could be implemented sooner
- Does not require legislative approval
- Provides continuity of services avoiding the disruption of untangling administrative services
- Ability to leverage current administrative and program efficiencies

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Questions and Discussion

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Appendix E: Agenda



Secretary of Health and Human Resources Elevating Aging Services Workgroup

November 22, 2022

2:00-4:00 pm

Virtual Meeting

MEETING AGENDA

Welcome and Introductions	Chairman Monty Mason
Approval of Minutes Public Comment Period	Chairman Monty Mason
Potential Options to Elevate Aging and Action Items	Chairman Monty Mason and Workgroup Members
Public Comment Period	Chairman Monty Mason
Next Steps	Chairman Monty Mason

Appendix E: Draft Minutes

**Elevating Aging Services Workgroup
Item 283 G of the 2022 Appropriations Act
November 22, 2022
2:00 pm – 3:30 pm
Virtual Meeting**

DRAFT MINUTES

Members Present: Secretary John Littel, DARS Commissioner Kathy Hayfield, Ron Boyd, Bill Massey (Vice-Chair), Marta Keane, Kenny McCabe, Susan Massart, Mike Tweedy, Harold Sayles, Senator Monty Mason (Chair), Beverley Soble, and Dr. Tracey Gendron

Members Absent: Delegate Kimberly Taylor

Staff: Leah Mills, Catherine Harrison, Charlotte Arbogast, Marcia Dubois, Baxter Carter

Meeting Discussion:

Chairman Mason called the meeting to order. The minutes from the November 7, 2022 meeting were presented. Bill Massey made a motion to approve the meeting minutes, which was seconded by Beverley Soble and subsequently agreed to by the workgroup.

Public Comment was provided by Bobby Vassar. In referencing his prior state government experience, Mr. Vassar's comments focused on the importance of having a stand-alone state unit on aging (SUA) to elevate aging and allow for greater prominence.

The workgroup members asked questions regarding the background document provided by the Department for Aging and Rehabilitative Services (DARS) on the allocation of aging dollars. Commissioner Hayfield clarified that some of the charts included in the document focused on only the funds that go to Area Agencies on Aging (AAA) and did not reflect other aging-related programs such as the No Wrong Door and the State Long-Term Care Ombudsman Programs.

Deputy Secretary Mills then reviewed the options with the workgroup. She noted that the proposed options had either been discussed in previous workgroup meetings or were options included in the 2021 workgroup report. The options presented for the workgroup's consideration are listed below.

- Option 1: Create an Aging Commission within the Legislative Branch
- Option 2: Fully Support the Commonwealth Council on Aging (CCoA)
 - CCoA Staff Person
 - Other Non-Personnel Services
- Option 3: Rename the Deputy Commissioner for Community Living to the Deputy Commissioner for Aging and Disability Programs
- Option 4: Create a Division for Aging within DARS

- Creation of a New Deputy Commissioner Position
- Administrative Assistant
- Other Non-Personnel Services
- Option 5: Add Positions to Enhance Aging Services
 - Director of Aging Innovation & Partnerships
 - Aging Research and Data Analytics Coordinator
- Option 6: Create a Standalone Aging Agency

Deputy Secretary Mills noted that all of the Options would require either legislation and/or budget language, with the exception of Option 3. Options 1 and 2 were first discussed. Senator Mason reiterated his interest in having an entity that could span the Executive Branch and bring all agencies together. There were several comments in favor of Option 2. A couple of workgroup members inquired about the CCoA and whether this option ensured that the AAAs were connected. It was noted that the AAAs have two representatives on the CCoA. Others questioned whether the CCoA would have a strong enough voice and support a strong SUA and there were concerns about if there was enough work for a dedicated staff person for the CCoA. Others commented this would not be the case if the CCoA were restructured so to work across Secretariats which would enable it to better lead innovation efforts.

Option 3 was presented, but there was no support for it among the workgroup members. Deputy Secretary Mills noted this was the Option presented that could be done quickly without funding but acknowledged it did not elevate the issue of aging.

Deputy Secretary Mills then presented Options 4 (create a Division for Aging) and 5 (add positions to enhance aging services). There was overall support for Option 5, which would help with reimagining and changing how aging services were envisioned and delivered. Commissioner Hayfield noted that Option 5 could be a standalone option or it could be done in conjunction with Option 4 or Option 6. Several workgroup members felt that Option 4 and 5 should go together. Some members expressed support for Options 4 and 5 together, while others stated they did not think that either would accomplish the goal of elevating aging structurally.

During the discussion for Options 4 and 5, questions also arose regarding where non-Older Americans Act (OAA) programs would reside. Those programs that impacted a significant portion of the population under the age of 60 were not included in the Aging Division proposals. There was discussion about what the threshold should be for when a program should be included within aging programs. The argument was made that the Adult Protective Services (APS) Program would not have been brought into DARS if not for DARS' aging focus.

The final option, Option 6 (creation of a standalone aging agency), was reviewed and discussed by the workgroup. There were many questions about the budget estimates used from the 2021 workgroup report and it was agreed that significant work would need to be done to determine the specific costs to create a stand-alone agency, which would be inclusive of the costs to stand up the new agency and the fiscal impact. Some members supported this option, in particular in conjunction with Option 5. Others questioned the value of a standalone agency versus adding

the resources of Option 5 to DARS. Deputy Secretary Mills noted that the fiscal impact would be revised to “TBD” to reflect that more information was needed for the 2022 fiscal impact estimate.

Secretary Littel expressed support for the focus on innovation by the workgroup. He noted that the fiscal impact would still need to be refined for Options 4, 5, and 6. He also shared some of his experiences working across agencies previously and how frustrating it can be to coordinate at the multiple levels of government.

The majority of the workgroup expressed general consensus for Option 5. Chairman Mason stated that the presentations from the workgroup meetings were very informative and suggested looking at other ways the Virginia Center on Aging (VCoA) could support elevating aging in partnership with the AAAs.

Public Comment:

Chairman Mason asked if there were additional public comments. None were received.

Next Steps:

Senator Mason thanked the workgroup members for their participation. The Secretary’s office will work on writing the report.

Appendix E: DARS Slides



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*Providing resources and services to
 improve the independence of older Virginians*

Aging Services Funding & Operations



Elevating Aging Services Workgroup
 November 22, 2022

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DARS Aging Services FY 2022

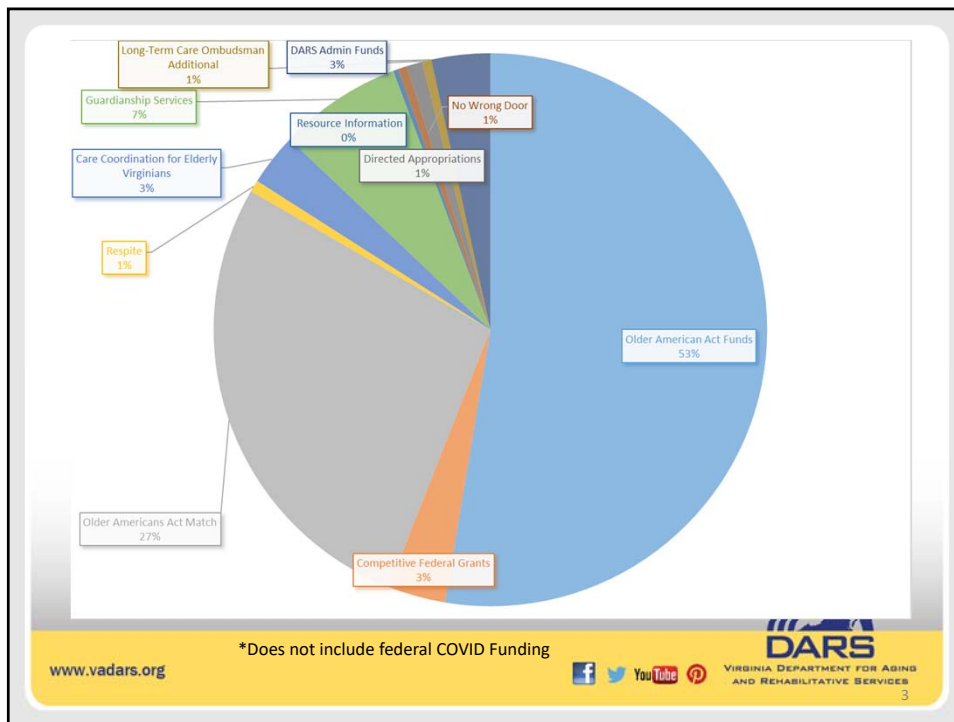
Federal Funds		
	Older Americans Act Funds	\$34,704,301
	Competitive Federal Grants	\$2,227,610
State Funds		
	Older Americans Act Match	\$14,433,024
	Respite	\$456,209
	Care Coordination for Elderly Virginians	\$2,007,625
	Public Guardianship Services	\$4,747,348
	Resource Information	\$201,875
	No Wrong Door	\$341,482
	Directed Appropriations	\$600,000
	Long-Term Care Ombudsman Additional	\$363,643
Admin Funds		
	DARS (Federal \$1,695,690 = 5% of Title III Awards/State \$565,230 = 1/3 of federal admin amount)	\$2,260,920
Total: \$62,344,036		

*Does not include federal COVID Funding

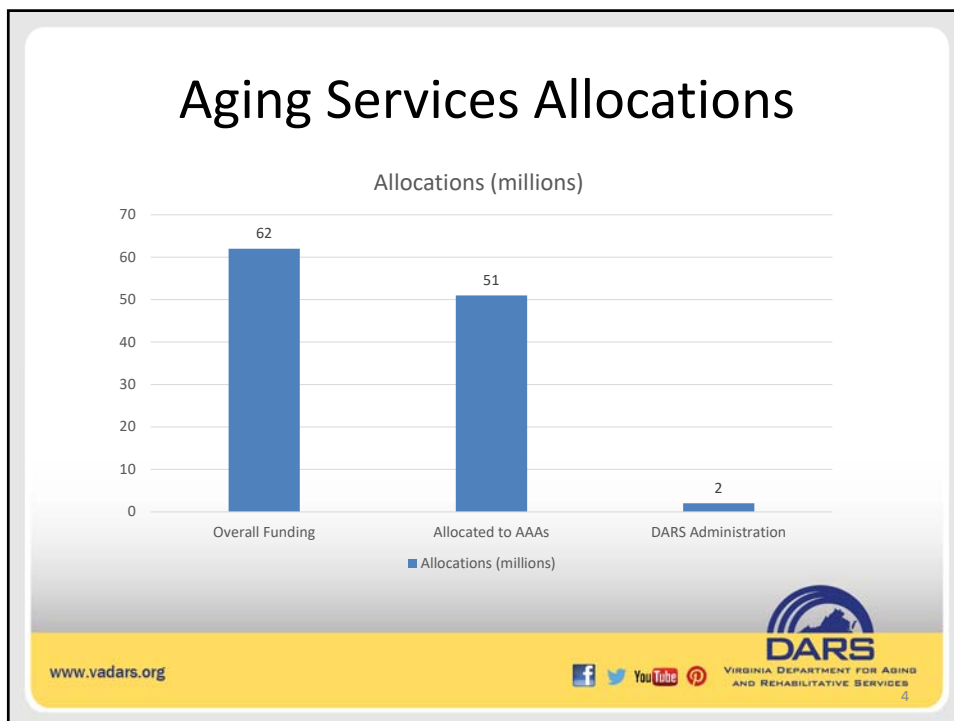
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FY 2022 Allocated to AAAs: Roughly \$51 million

Federal Funds		
	Older Americans Act (OAA) Title III	\$32.1 million
	OAA Title VII	\$.5 million
	Nutrition Services Incentive Program (NSIP)	\$1.9 million
	Total	\$34.5 million

State Funds		
	OAA Match	\$14.4 million
	Long-Term Care Ombudsman Additional	\$.3 million
	Care Coordination for Elderly Virginians	\$2.0 million
	Total	\$16.7 million

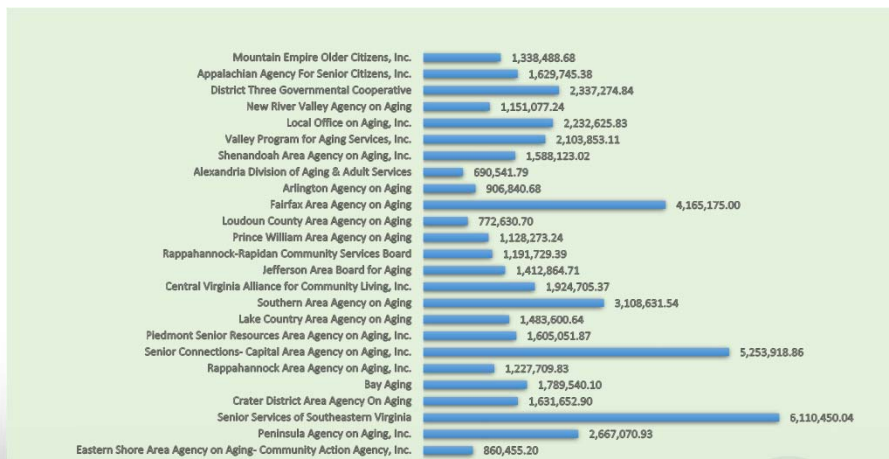
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*Does not include federal COVID Funding



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Overall Funding by AAA



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*Does not include federal COVID Funding



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DARS Pass-Through Funding to AAAs: AAA-Delivered Aging Programs and Services

- Adult Day Care
- Care Coordination
- Care Coordination for Elderly Virginians Program
- Care Transitions
- Communication Referral Information Assistance
- Disease Prevention and Health Promotion
- Elder Rights/Elder Abuse Prevention
- In-Home Services
- Legal Assistance
- National Family Caregiver Support Program
- Nutrition Services
- Options Counseling
- Residential Repair & Renovation
- Public Information & Education
- Socialization & Recreation
- Transportation

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DARS Leads Program Implementation In Partnership with AAAs & Others

- Chronic Disease Self-Management Program
- Dementia Coordination
- GrandDriver
- Falls Prevention Program
- Insurance Counseling
- Legal Services
- Senior Cool Care
- Farm Market Fresh/Senior Farmers' Market
- Virginia Lifespan Respite Program

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DARS Roles and Responsibilities in Supporting AAAs

Activity	Programs & Services	No Wrong Door	IT Management	Admin.
Training & Technical Assistance	X	X	X	X
Data Analysis & Reporting	X	X	X	X
Area Plan Review	X	X	X	X
Program Monitoring	X		X	
Fiscal Monitoring & Auditing				X
Guidance and Service Standards	X	X		
Advisory Board Staffing	X			
Contracts and Procurement Liaison	X	X		X
Contract Management	X	X		X
Budgeting	X	X		X
AMR/Reimbursement	X		X	X
IT/IS Security		X	X	

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Secretary of Health and Human Resources Elevating Aging Services Workgroup Potential Options for Elevating Aging Services and Programs Discussed by Workgroup at November 22 Meeting

Aging Services Workgroup Recommendations from 2021

The structural options identified in the 2021 Virginia Aging Service Work Group report that are addressed below include:

- Create an aging committee in the General Assembly
- Increase the size of DARS
- Increase resources, staffing, and aging expertise in DARS
- Name a Deputy Commissioner on Aging in DARS
- Create a standalone aging agency

Potential Elevating Aging Draft Options for 2022

The workgroup shall evaluate all state aging services and programs and determine how they should fit in the new structure. The workgroup shall submit the plan by December 1, 2022, to the Governor, the Department of Planning and Budget, and the Chairs of House Appropriations and Senate Finance and Appropriations Committees.

Option 1: Create an Aging Commission within the Legislative Branch (2021 Recommendation, not adopted)

Introduce legislation and/or a budget amendment to create a commission within the legislative branch of government that would provide an avenue to elevate aging, educate policy makers, and provide an avenue for advocates and stakeholders to inform the legislative process. The Commission on Aging could be modeled after other legislative commissions like the Disability Commission.

- Estimated Cost: to be determined (TBD)

Option 2: Fully Support the Commonwealth Council on Aging (2022 Proposal for Consideration)

Introduce a budget amendment to support the Commonwealth Council on Aging (CCOA) by creating a dedicated position to staff the Council with additional resources for increased meetings and support. Reimagine the scope of the Council to promote and support best practices throughout the Commonwealth.

- **CCoA Staff Person:**
 - Estimated Cost: \$112,000 (\$80,000 salary, \$32,000 benefits)
- **Other Non-Personnel Services:** This expense includes new laptops, VITA charges, phones, monthly billing for phones, cellular, and Wi-Fi services, office supplies, training, and travel expenses, and similar items.
 - Estimated Cost: TBD

Option 3: Rename the Deputy Commissioner for Community Living to the Deputy Commissioner for Aging and Disability Programs (2022 Proposal for Consideration)

Legislation or a budget amendment would not be necessary to rename the Deputy Commissioner for Community Living position to the Deputy Commissioner for Aging and Disability Programs.

- This position would still support Disability and Community Living Programs
- Estimated Cost: none or minimal



Secretary of Health and Human Resources
Elevating Aging Services Workgroup
Potential Options for Elevating Aging Services and Programs
Discussed by Workgroup at November 22 Meeting

Option 4: Create a Division for Aging within DARS (2022 Proposal for Consideration)

Budget amendments would be necessary to fund a separate Division for Aging within DARS that has a dedicated Deputy Commissioner for Aging. The Division for Aging would focus on the responsibilities related to:

- The Older Americans Act formulaic and discretionary grant programs
- State-funded and other grant programs for older Virginians
- Functions and operations related oversight of and support for the Area Agencies on Aging
- **Creation of a New Deputy Commissioner Position:** Introduce a budget amendment to fund a second Deputy Commissioner position to ensure the split two divisions have adequate leadership and oversight.
 - Estimated Cost: \$182,000 (\$130,000 salary, \$52,000 benefits)
- **Administrative Assistant:** Introduce a budget amendment to fund an Administrative Assistant position that would serve as the division's office assistant and would be responsible for coordinating and supporting the workflow of the Division for Aging. The position manages office functions and assists other division staff in the implementation of their work.
 - Estimated Cost: \$63,000 (\$45,000 salary, \$18,000 benefits)
- **Other Non-Personnel Services:** Budget amendment to support other non-personnel costs that are associated with additional positions. This expense includes new laptops, VITA charges, phones, monthly billing for phones, cellular, and Wi-Fi services, office supplies, training, and travel expenses, and similar items. This expense may vary based upon the number and type of positions.
 - Estimated Cost: \$ TBD

Option 5: Add Positions to Enhance Aging Services (2022 Proposal for Consideration)

Budget amendments would be necessary to fund additional positions to enhance aging services.

- **Director of Aging Innovation & Partnerships:** Introduce a budget amendment to support the new position of Director of Aging Innovation and Partnerships. This position leads the change management and process improvement efforts for all activities of aging. Roles include driving ongoing analysis for continued improvement and strategic planning, serving as a liaison with the area agencies on aging, other aging network partners and stakeholders, and other state agencies. Additional duties are helping elevate aging services by navigating major programmatic and service delivery transformations, challenge the status quo through critical thinking and foresight, and collaborate with the aging community to increase awareness of aging and ageism and build positive relationships and influence.
 - Estimated Cost: \$154,000 (\$110,000 salary, \$44,000 benefits)
- **Aging Research and Data Analytics Coordinator:** Introduce a budget amendment to support a Research and Data Analytics Coordinator who would be responsible for conducting statistical analysis of aging programs and related trends; identifying opportunities for outcomes,



**Secretary of Health and Human Resources
Elevating Aging Services Workgroup
Potential Options for Elevating Aging Services and Programs
Discussed by Workgroup at November 22 Meeting**

performance measures and other quality metrics in the delivery of aging services; assisting efforts for population, demographic, and service needs as well as trends, and gaps in aging services; and supporting the work of policy, program operations, innovation and partnerships, and grants.

- Estimated Cost: \$140,000 (\$100,000 salary, \$40,000 benefits)

Option 6: Create a Standalone Aging Agency (2021 Recommendation, not adopted)

Introduce legislation and budget amendments to create a standalone agency for the state unit on aging. The estimates identified below are based upon the 2021 Elevating Aging Workgroup report and reflect additional costs above the amounts currently appropriated to the programs included in 2021 estimate to ensure adequate support is provided to the standalone agency. These numbers are an estimate and may vary based upon the scope of the new agency.

- **Creation of a Standalone Aging Agency:** Introduce budget amendments and legislation to create a separate state agency for aging services.
 - Estimated Ongoing Cost: TBD (staff, other non-personnel services etc.)
 - Estimated One-Time Costs and Fees: TBD

Appendix G



December 2, 2022

To: Members of the Virginia Aging Services Work Group

From: Dana Parsons, Vice President & Legislative Counsel of LeadingAge Virginia

Re: Elevating Aging Services Workgroup 2022 draft policy options

Thank you for providing LeadingAge Virginia an opportunity to comment on the Elevating Aging Services Workgroup 2022 draft policy options. We believe the options promote positive aging in Virginia. It is also important to note that we believe a new structure to elevate aging services in the Commonwealth must include the following as core objectives:

- Ensuring that a qualified, committed workforce is available to work in aging services.
- Promoting high-quality housing, care, and services across the continuum of care regardless of consumers' ability to pay.
- Ensuring financing for older individuals who need long-term services and support.
- Supporting aging services providers so they can thrive and overcome challenges and deliver innovative and integrated care.

Aging services encompasses many levels of care which are regulated by different federal and state agencies, which results in confusion for the consumer (agency information is below). A plan to elevate aging services will only be successful if it represents the entire continuum. Therefore, we recommend that special emphasis be placed on uniting the fragmented system. LeadingAge Virginia stands ready to work with the administration to raise the visibility and quality of aging in the Commonwealth.



Levels of Care	Regulating Agency
Continuing care retirement communities	State Corporation Commission
Community-based continuing care	State Corporation Commission
Senior affordable housing	U.S. Department of Housing and Urban Development
Adult Day	Virginia Department of Social Services
Assisted Living	Virginia Department of Social Services
Nursing Homes	Virginia Department of Health – Office of Licensure & Certification
Home Care	Virginia Department of Health – Office of Licensure & Certification
Hospice	Virginia Department of Health – Office of Licensure & Certification