

STATE OF RHODE ISLAND

Department of Elderly Affairs

STATE PLAN ON AGING **OLDER AMERICANS ACT OF 1965, AS AMENDED** **October 1, 2011 to September 30, 2015**



Lincoln D. Chafee, Governor
Catherine Terry Taylor, Director

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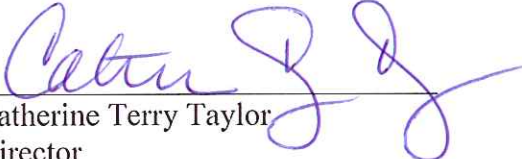
Verification of Intent

The Rhode Island State Department of Elderly Affairs State Plan on Aging ("State Plan on Aging") is hereby submitted for the State of Rhode Island and Providence Plantations for the period October 1, 2011 through September 30, 2015. Included are all assurances and plans to be implemented by the Rhode Island Department of Elderly Affairs under provisions of the Older Americans Act of 1965, as amended through Public Law 109-365, enacted October 17, 2006, (the "Act").*

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

The State Plan on Aging for Federal Fiscal Years 2012 through 2015, hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

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


Catherine Terry Taylor
Director
Rhode Island Department of Elderly Affairs

6/29/2011
Date

* A proposal has been made in the Rhode Island General Assembly to merge the Department of Elderly Affairs into the Department of Human Services; if this merger proceeds, the Department of Elderly Affairs will become a division of the Department of Human Services and will continue to serve as the State Unit on Aging. We do not have sufficient information at this time to determine what ramifications, if any, this merger would have on this State Plan on Aging. If the merger proceeds and if we determine that this plan requires substantive changes as a result of the merger, we will submit an amended plan to AoA.

Executive Summary

Created in 1977, the Rhode Island Department of Elderly Affairs (herein referred to as “RIDEA” or the “Department”) is the “principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop, and implement innovative programs to insure the dignity and independence of elderly persons...”¹

RIDEA’s mission is simple:

To preserve the independence, dignity, and capacity for choice for seniors, adults with disabilities, families and caregivers.

RIDEA’s new Director, Catherine Terry Taylor, joined RIDEA in early January, 2011. Director Taylor is committed to RIDEA’s mission. Her vision is to fulfill RIDEA’s mission by focusing our efforts on programs and services that will help older adults and adults with disabilities to live independently in the community with a high quality of life for as long as possible.

These are difficult economic times throughout the United States. Rhode Island has been one of the states hardest hit by the recession. Rhode Island has one of the highest unemployment rates in the nation, with unemployment standing at 10.9% during the month of May, 2011 (down from a high of 11.8% approximately one year earlier). Rhode Island also faced a budget deficit of approximately \$186 million for the upcoming state fiscal year which starts on July 1, 2011. While in absolute numbers that figure pales in comparison to the deficits faced by several other states, when the size of Rhode Island’s total budget and population, as well as the cost cutting measures undertaken by the State in the last few years, are taken into account, the significance of this deficit becomes clearer.

Rhode Island is home to 151,622 citizens sixty-five (65) years of age or older – over fourteen percent (14%) of the population, and the State ranks eleventh nationally in the percent of persons over age sixty-five (65). Rhode Island has the third highest percent of population in New England over age 65, with only Maine and Vermont having higher percentages. Many of Rhode Island’s older adults live alone, in poverty and/or with disabilities. For the State’s 2010 fiscal year, older adults and persons with disabilities accounted for \$395 million in total Medicaid long term care spending; nursing homes accounted for \$344.7 million of the total amount, and home and community care expenditures accounted for the remaining \$60.3 million. Also during the State’s 2010 fiscal year, RIDEA spent another \$11.5 million for services for individuals who were not Medicaid-eligible. Rhode Island’s older population is expected to continue to increase and to become a larger percentage of the overall population, with minorities being increasingly represented among Rhode Island’s older adults.

In light of this economic and demographic backdrop, it is imperative that RIDEA focus its efforts on programs and services that will help older adults and adults with disabilities to live independently in the community with a high quality of life for as long as possible. By helping older Rhode Islanders to stay healthy and independent, we not only will fulfill our mission and

¹ R.I.G.L. §42-66-4.

improve the quality of life for our seniors, we also will lessen the inevitably increasing financial burden placed on both the federal and state governments by our State's growing aging population.

Rhode Island has put several programs in place that help to keep older adults and adults with disabilities in the community. Perhaps most significantly, in 2009 Rhode Island implemented the Medicaid Global Waiver. The Medicaid Global Waiver promotes savings in state long-term care costs by diverting appropriately-determined patients from institutions to less expensive community settings. The Global Waiver gives the State with much greater flexibility than it had previously in implementing Medicaid programs. Under the Global Waiver, the State, led by RIDEA's sister agency, RI Department of Human Services ("RIDHS"), is "redesign[ing] the State's Medicaid program to provide cost-effective services that will ensure beneficiaries receive the appropriate services in the least restrictive and most appropriate setting. In exchange for the increased flexibility and the opportunity to invest in Medicaid reform, the State operates the Medicaid program during the [demonstration period] under a mutually agreed upon five-year aggregate cap of federal funds, thereby assuming a degree of financial risk with respect to caseload and per member per month cost trends."²

RIDEA has revised its Co-Pay Program under the Global Waiver. The Co-Pay program helps to pay a portion of the cost of home health care and/or adult day care. Now considered a program eligible for federal cost sharing (CNOM: costs not otherwise matchable), the Co-Pay Program has been redesigned to provide services to non-Medicaid eligible seniors over the age of 65 whose income does not exceed 200% of Federal Poverty Limit. These seniors must meet the functional requirements for the program as well (i.e., unable to leave home without considerable assistance and needing assistance with ADLs). The Global Waiver is more fully discussed in the Context section below.

Several other home and community based services and supports are available to Rhode Island's senior citizens and adults with disabilities. Many of these services generally are provided by, or in conjunction with, RIDEA's sister agency, RIDHS. See Appendix B attached hereto for a chart that sets forth these services. In addition, in early 2011, RIDHS was awarded a *Money Follows the Person* grant. These funds will be used to expand RIDHS' existing efforts to assist elders and adults with disabilities in relocating from nursing homes back into the community, and RIDEA will assist RIDHS in the implementation of this grant.

RIDEA was awarded an *ADRC Evidence-Based Care Transitions* grant in 2010. Through this grant, RIDEA, in partnership with Quality Partners of Rhode Island, the state's Medicare Quality Improvement Organization ("Quality Partners"), seeks to introduce the Coleman care transitions intervention model to patients discharging from the State's largest urban hospital. RIDEA also seeks to leverage this grant to collaborate more broadly with this hospital through Rhode Island's Aging and Disability Resource Center (the "ADRC") on care transitions in an effort to help discharged patients remain in the community and avoid hospital readmissions. If this model proves successful, RIDEA hopes to replicate it at other hospitals in the State.

² Rhode Island Global Consumer Choice Compact 1115 Waiver Demonstration 11W-00242/1, Section 1115 Quarterly Progress Report, Period: October – December 2010, p. 5.

RIDEA understands that navigating the complex world of services and supports can be confusing and intimidating. RIDEA is committed to simplifying this process through its Aging and Disability Resource Center (the “ADRC”). In 2010, RIDEA initiated collaboration among Rhode Island’s ADRC (known as THE POINT), RIDHS, and Quality Partners. As a result of this collaboration, THE POINT will have the capacity to develop into a “fully-functional” ADRC, providing comprehensive “wrap around” services for seniors and adults with disabilities who are eligible for programs and benefits offered by RIDHS. RIDEA’s partnership with Quality Partners is intended to promote THE POINT to the state’s medical community and healthcare providers to make them aware of non-medical services that THE POINT can provide to their patients, to support patient health in the community. The work of Quality Partners is being tracked and an evaluation plan is being developed to measure its success in educating statewide healthcare providers about THE POINT. RIDEA also is exploring other ways to move THE POINT towards full functionality as an ADRC, as more particularly described in Appendix D attached hereto. We envision that THE POINT will have an integral role in the streamlined delivery of comprehensive services to seniors and adults with disabilities.

Goals for the Rhode Island Department of Elderly Affairs’ State Plan on Aging consistent with our mission and vision for a comprehensive system of home and community based services for FFY 2012 through FFY 2015 are as follows:

1. To enable elders to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
2. To empower older people to stay active and healthy.
3. To ensure the rights of older people and prevent their abuse, neglect and exploitation.
4. To empower older people and their families to make informed decisions about, and be able to easily access, existing home and community-based options.

Objectives and strategies to achieve these Goals are detailed below.

This State Plan on Aging is submitted in compliance with Section 305(a) (1)(A) of the Older Americans Act of 1965, as amended through Public Law 109-365, enacted October 17, 2006. RIDEA is the designated State Agency on Aging for the State of Rhode Island and has chosen to continue to designate Rhode Island as a single planning and service area. This State Plan on Aging includes all assurances for state agencies and area plans as detailed in the Older Americans Act as amended. The mandated assurances of compliance with provisions of the Older American Act can be found attached hereto as Appendix F.

CONTEXT

Organizational Structure

The Rhode Island Department of Elderly Affairs (“RIDEA”) was created in 1977 by Title 42 Chapter 66 of the Rhode Island General Laws, which prescribes the organization and function of the Department. The Department is a cabinet level agency, led by a Director who is appointed by the Governor. A full time staff of approximately thirty (30) full-time equivalents (“FTE”) carries out the responsibilities of the Department with an annual budget for the 2011 fiscal year of approximately 25.8 million dollars. RIDEA is charged with the role of advocate for elders and persons with disabilities. RIDEA is in the process of implementing a new organizational chart, a copy of which is attached hereto as Appendix A.

RIDEA administers Older Americans Act funding under Titles III and VII for Senior Nutrition; Abuse / Protective Services/Elder Rights; Information, Referral and Assistance; Health Promotion; and the Long Term Care Ombudsman. Staff administers approximately two hundred (200) community-based grants to such grantees as regional nutrition projects; senior centers; older volunteer programs; and regional case management agencies. RIDEA administers statewide health promotion/disease prevention activities for low-income minority elders through local senior centers, community-based agencies and a local university. In addition, staff is responsible for program monitoring, policy, planning and program development and providing technical assistance, informational resources to all community grant recipients and local municipalities in the development of local senior programming.

Title III program funds are awarded by RIDEA in compliance with Older Americans Act requirements to target low income, minority older persons. The Department is the state agency responsible for administering family support services under the National Family Caregiver Support Program (“NFCSP”) enacted in the 2000 Older Americans Act Amendments. The NFCSP further enhances Rhode Island’s ability to develop initiatives that support informal caregivers’ access to information about available services, caregiver training, caregiver support groups, respite care and other supplemental services coordinated with agencies having working relationships and reputations for providing quality supportive services.

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

Highlights of Recent and Current Activities

Pharmaceutical Assistance. RIDEA administers the Rhode Island Pharmaceutical Assistance to the Elderly Program (“RIPAE”). Until now, RIPAE had been funded with state revenue and pharmacy manufacturer rebates. The introduction of Medicare Part D in 2006 provided federal prescription benefits to seniors and as a result, the function of RIPAE changed to provide *supplemental* assistance to the federal program. Prior to the implementation of the federal Patient Protection and Affordable Care Act (“PPACA”) (U.S. Public Law 111-148) enacted in March 2010, RIPAE members who were in the “donut hole” or coverage gap were responsible for the entire cost of their prescriptions to the extent such cost was not covered by RIPAE. Commencing January 1, 2011, the PPACA provides federal assistance to individuals to help pay for their prescriptions while in the donut hole, and, by January 1, 2019, the assistance provided under the PPACA will exceed the maximum assistance that is provided under RIPAE.

The RI General Assembly has included in the SFY 2012 budget, effective 7/1/11, authority for the Director to establish an interim prescription assistance program to *supplement* the benefits provided under the PPACA. This new program, referred to as “Next Generation RIPAE,” would remain in effect only until the benefits provided under the PPACA exceed the maximum benefits provided under RIPAE (i.e., until December 31, 2018).

While conducting a data analysis as part of RIDEA’s research on how to address the RIPAE issue and how best to adapt it to the implementation of the PPACA, RIDEA staff learned that *just over 300 RIPAE members accounted for approximately 50% of the cost of the program.* In addition, we learned that many of the highest RIPAE users *may not be on the Medicare Part D plan that is most appropriate for their prescription needs.* As a result, we are reaching out actively, through our regional ADRCs, to these highest users in order to help review their medication needs and counsel them as to the Medicare Part D plan that is *best* for them.

2010 Flood. In addition to being particularly hard hit by the recession, in late March, 2010, Rhode Island experienced an historic flood, with more than 8 inches of rain falling over a two day period. This rainfall was on top of more than 10 inches of rain that fell in the State during the preceding weeks. As a result of the flood, hundreds of people were evacuated from their homes, many roads were closed throughout the State (including a portion of Route 95) and countless businesses were flooded out. In response to the flood, RIDEA received from the Administration on Aging a flood disaster assistance grant in the amount of \$30,000. RIDEA distributed the funds to agencies that provide case management services for RIDEA in order for the agencies to:

- Identify and assist older adults in severely impacted communities who were affected by the flood and who needed assistance with the completion of applications for flood-related assistance from the Federal Government;
- Purchase and provide to older adults vouchers for food replacement and for personal needs directly related to the flood.

The Department also posted flood recovery information and links to resources on its website.

ADRC Activities. RIDEA was awarded an *ADRC Evidence-Based Care Transitions* grant in 2010. Through this grant, RIDEA, in partnership with Quality Partners, is introducing the Coleman care transitions intervention model to patients discharging from the State's largest urban hospital. RIDEA also is working to leverage this grant to collaborate more broadly with this hospital through THE POINT, Rhode Island's ADRC, on care transitions in an effort to help discharging patients remain in the community and avoid hospital readmissions. To that end, RIDEA is in the process of negotiating a Memorandum of Understanding with the hospital. If this model proves successful, RIDEA hopes to replicate it at other hospitals in the State.

Also in 2010, RIDEA and the University of Rhode Island College of Pharmacy jointly were awarded a grant by the Center for Technology and Aging under the Tech4Impact Diffusion Grants Program. The purpose of this grant is to augment the care transitions initiative currently being undertaken by RIDEA through its collaboration with Quality Partners by implementing with a subset of the care transitions target population an electronic personal health record system coupled with clinical pharmacy consultation in order to address medication management issues post-discharge from the hospital. The primary goals of this grant are: (A) to apply the electronic personal health record system and clinical pharmacy expertise to support medication management activities in reducing medication-related problems during patient transitions in care among the Rhode Island ADRC's target population; and (B) to evaluate the utility of this model with standard paper-based sources/tools in identifying and addressing medication-related complications. The University of Rhode Island is responsible for implementation of this grant with the ADRC target population.

The ADRC is a key component of RIDEA's efforts to help older adults and adults with disabilities to live independently in the community with a high quality of life for as long as possible. With the participation of the ADRC Advisory Committee, RIDEA has developed its ADRC Statewide Plan, a copy of which is attached as Appendix D. The goal of the Statewide Plan is to have fully functional ADRCs operating on a statewide basis. The Plan lays out several objectives that RIDEA has developed to achieve this goal, and also addresses anticipated challenges to accomplishing these objectives and certain other matters.

Other. For a description of other RIDEA programs, please see Appendix C. All of these programs create a system of supports and services critical to elders, adults with disabilities, as well as their families and caregivers in maintaining and supporting their independence with dignity.

Home and Community Care / Medicaid Global Waiver

The Home and Community Services staff administers the Department's Home and Community Care Program. It provides case management service; homemaker/home health aide; adult day services and respite services to eligible frail elders, their families and caregivers in order to keep them independent and living in the community while providing respite and support to family and caregivers.

In cooperation with RIDHS, RIDEA administers the RIDEA Home and Community Care Medicaid waiver that offers both home care services and assisted living services. RIDEA also

enrolls elders in Rhode Island's Cash & Counseling Program, *Personal Choice*, again in cooperation with RIDHS and with the regional Case Management Agencies. Under the *Personal Choice* program, individuals make decisions about how to spend the Medicaid dollars for which they qualify. The range of home and community services and programs implemented by RIDEA and/or RIDHS are set forth in the chart attached hereto as Appendix B.

Many home and community care services are provided under the auspices of the Medicaid Global Waiver. RIDEA collaborates with its sister agency, RIDHS, in its implementation. One of the objectives of the Global Waiver is to ensure that access to institutional services is limited only to those persons who are in need of a skilled nursing facility level of care. To that end, the State has established a new Level of Care (LOC) for access to nursing homes. In order to access Medicaid-funded long-term care, a person needs to meet either the *highest* or *high* LOC. If a person meets the highest LOC, he/she may access services in a nursing home or in the community. If a person meets the high LOC, he/she may only access services in the community. The RIDHS Office of Medical Review oversees the LOC assessment process.

Also as part of the Global Waiver, the State has implemented a nursing home *diversion* pilot project at a local hospital by modifying the role of the on-site RN to identify Medical Assistance beneficiaries that could be safely discharged to a community setting. The RN works with the hospital discharge planners, the RIDHS Office of Medical Review and a long term care social worker to facilitate the discharge to the community.

The State also has designed and implemented a nursing home transition project to identify individuals that could be appropriately transitioned from the nursing home to a community-based setting. Between July 1, 2009 and March 31, 2011, 206 individuals had been transitioned under this program from a nursing home to a community setting. In addition, in early 2011, RIDHS was awarded a *Money Follows the Person* grant. These funds will be used to expand existing efforts to assist elders in relocating from nursing homes back into the community, and RIDEA will assist RIDHS in the implementation of this grant.

The full extent of the fiscal impact of the Global Waiver is unknown as yet; however, the significance of its focus on "re-balancing" the long term care system and facilitation of programs and services to help older adults remain in, or return to, the community should not be overlooked. *The Wall Street Journal* recently described the Global Waiver as a "case study in how waivers for state innovation can work."³

Key Stakeholders

RIDEA continues its long-standing practice of working collaboratively with a wide range of community organizations, institutions of higher education, advocates and sister state agencies to enhance services to elders. Collaboration ranges broadly from program planning to service coordination to consultation and technical assistance. The Department relies on its partners throughout the State to continuously inform its efforts and support it in making changes that benefit Rhode Island's older citizens and adults with disabilities.

³ "Rhode Island's Medicaid Lesson." Editorial. *The Wall Street Journal*, 28 March 2011: A16. Print.

The following are brief descriptions of RIDEA's major partners:

Rhode Island Advisory Commission on Aging. The Commission was created by state law (R.I. Gen. Laws § 42-66-7), is within RIDEA, and is comprised of twenty-five (25) members. The make-up and appointment of Commission members is as follows: four (4) Commission members are from the general assembly, twenty-one (21) Commission members are appointed by the Governor, thirteen (13) Commission members are elderly consumers representing elder Rhode Islanders.

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

The Long Term Care Coordinating Council. This thirty-five (35) member Council was established in 1987 to bring together leaders from the private and public sectors to coordinate the state's long term care agenda. RIDEA staff participates in the efforts of the Long Term Care Coordinating Council ("LTCC"), provides information and technical support as needed, and participates in subcommittee activities.

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

Home and Community Care Advisory Committee. This twenty-three (23) member advisory group, mandated by Rhode Island General Laws § 42-66.3-8, was established for the purpose of advising the Director of RIDEA about the needs and concerns of home and community care services care recipients. Prescribed membership on this Advisory Committee includes representatives of the Governor's Commission on Disabilities, several state agencies, certain provider groups, AARP and several members appointed by leaders of the Rhode Island State Legislative Assembly.

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

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

Governor's Commission on Disabilities. This is a legislative commission established by Chapter 42-51 of the Rhode Island General Laws and comprised of twenty-four (24) members. The Commission is charged with advocacy to promote and protect the rights of Rhode Island citizens with disabilities. The Commission was consulted extensively in the development and implementation of the ADRC.

AARP. Over the years, the Department has routinely received input from this organization. RIDEA from time to time seeks representation of AARP members on a variety of committees and requests input from AARP staff in program development. This organization was instrumental in helping the Department to cause the R.I. General Assembly to adopt comprehensive reverse mortgage legislation.

Statement of Need

Demographics

According to 2009 U.S. Census data, Rhode Island has approximately 151,622 citizens sixty-five (65) years of age or older – over fourteen percent (14%) of the population, and the state ranks eleventh in the nation in the percent of persons over age sixty-five (65). Thirty-one percent of Rhode Islanders age 65 and older live alone in the community.

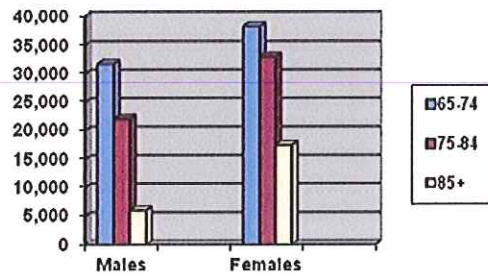
Between 1970 and 2000 the older adult population in Rhode Island increased by 46.6 %, while the State's overall population increased by only 10.7 % during this time period. Between 2000 and 2030, the State's elderly population is expected to increase by 53.4%, while the overall population increase only is expected to be 8.8%. It is estimated that by 2030 more than 20% of the State's population will be 65 years of age or older.⁴

The number of Rhode Islanders 85 years of age and older also is increasing at a high rate. The number of Rhode Islanders age 85 and older grew by 519% between 1950 and 2000 and currently numbers approximately 25,279 persons. Between 2000 and 2030, this segment of the population is expected to increase by 35%.⁵ As expected, women age 65 and over outnumber men, with the gap between the genders increasing as the population ages, as illustrated by the following chart:

⁴ Statewide Planning Program, RI Department of Administration. *Rhode Island Aging Profile*. May 2010, p. (ii).

⁵ *Ibid* at p. 12

Number of Rhode Islanders Age 65 and Older by Gender



Source: U.S. Census, American Community Survey, 2009

Women outnumber men in the 85 and over age group by close to 3 to 1.

Trends also indicate continuing expansion within Rhode Island's minority groups; particularly, in the African American and Hispanic communities. Minority older adults accounted for only 5.2% of the State's elderly population in 2000, and this figure is expected to increase to 13.9% by 2030.⁶ This estimate may be considerably understated in light of 2010 Census information: between 2000 and 2010 Rhode Island's Hispanic population grew by 40,000 (a 44% increase), and were it not for this growing segment of Rhode Island's population, the State's total population actually would have decreased from 2000 to 2010. The following chart demonstrates changes in the racial make-up of the State, from 2000 to 2010:⁷

| Race/All Ages | 2000 | | 2010 | | Change, 2000 to 2010 | |
|--|-----------|-----------------------------|-----------|-----------------------------|----------------------|---------|
| | Number | Percent of total population | Number | Percent of total population | Number | Percent |
| Total population | 1 048 319 | 100.0 | 1 052 567 | 100.0 | 4 248 | 0.4 |
| One Race | 1 020 068 | 97.3 | 1 017 780 | 96.7 | - 2 288 | -0.2 |
| White | 891 191 | 85.0 | 856 869 | 81.4 | - 34 322 | -3.9 |
| Black or African American | 46 908 | 4.5 | 60 189 | 5.7 | 13 281 | 28.3 |
| American Indian and Alaska Native | 5 121 | 0.5 | 6 058 | 0.6 | 937 | 18.3 |
| Asian | 23 665 | 2.3 | 30 457 | 2.9 | 6 792 | 28.7 |
| Native Hawaiian and Other Pacific Islander | 567 | 0.1 | 554 | 0.1 | - 13 | -2.3 |
| Some Other Race | 52 616 | 5.0 | 63 653 | 6.0 | 11 037 | 21.0 |
| Two or More Races | 28 251 | 2.7 | 34 787 | 3.3 | 6 536 | 23.1 |

As with the State of Rhode Island's aging population, the number of Rhode Island adults with disabilities who are living in the community is substantial. According to 2009 U.S. Census data, there are approximately 116,000 adult Rhode Islanders with disabilities living in the community,

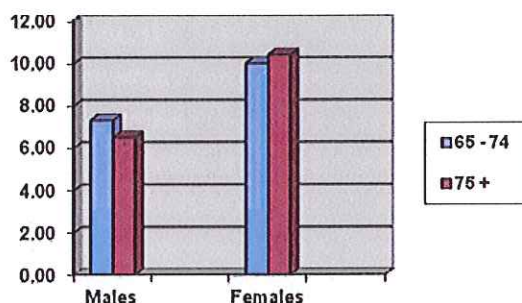
⁶ *Ibid* at p. 16

⁷ Source: U.S. Census Bureau, Census 2000 Redistricting Data (Public Law 94-171) Summary File, Tables PL1, PL2, PL3, and PL4, and 2010 Census Redistricting Data (Public Law 94-171) Summary File, Tables P1, P2, P3, and P4.

representing 11% of the community-dwelling population. Of community-dwelling persons sixty-five (65) and over, approximately 34% live with disabilities.⁸

Many of Rhode Island's older adults live in poverty. Just under 12% of Rhode Islanders age 65 and older live below the federal poverty level. Another 7.4% live between 100% and 149% of the federal poverty level.⁹ The breakdown between males and females who live in poverty is as follows:

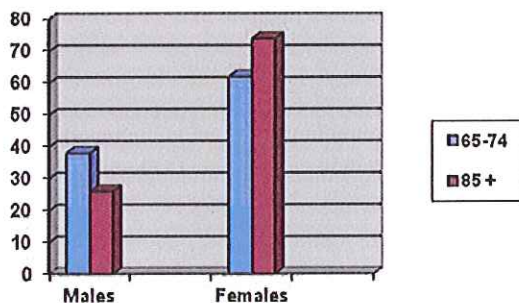
Percentages of Men and Women Who Live in Poverty



Source: U.S. Census, American Community Survey, 2009

Of the total number of Rhode Islanders age 65 and older living in poverty, the breakdown between men and women is as follows:

Percentage of Older Rhode Islanders Living in Poverty by Gender and Age



Source: U.S. Census, American Community Survey, 2009

Rhode Island has no official rural areas. According to the Economic Research Service of the U.S. Department of Agriculture, all of Rhode Island's five (5) counties are "metropolitan" (Bristol, Kent, Newport, Providence, and Washington). Despite the Federal designation of our entire state as metropolitan, many portions of the State lack convenient public transportation. Providing affordable, accessible transportation services and to expand transportation services to not only transport to medical appointments, mealsites, and kidney dialysis, but to enhance transportation for seniors and adults with disabilities to transport them to places they want to go,

⁸ 2009 U.S. Census data

⁹ U.S. Census Bureau, American Community Survey 2005-2009.

e.g., grocery shopping, religious services, spousal visits at nursing homes, etc., presents a challenge. The Rhode Island General Assembly transferred responsibility for transportation services from RIDEA to RIDHS by statute as of July 1, 2009. The current transportation services that are available are described in Appendix C.

As their need for medical care increases with age, aging Rhode Islanders are placing, and will continue to place, an increasing strain on Medicare, Medicaid and other social security programs. As the State's elder population grows older and increases in number, we anticipate a growing demand for supportive services to assist with developmental disabilities, behavioral and mental health services. The chronic illnesses and disabilities of these individuals become more challenging as they age and acquire additional age-related illnesses and disabilities. The cost of care increases and provides programming challenges to the traditional elder services system. In addition, while a large portion of our older adults face significant financial hardship, we recognize also that many older Rhode Islanders have resources. Given longer life expectancies, RIDEA also will work to develop programs and services where the cost is shared between the government and those it serves in order to help individuals who have resources remain in the community with a high quality of life for as long as possible, and delay for as long as possible spending down to Medicaid.

FOCUS AREAS

A. Older Americans Act Core Programs

1. Title III and Title VI Program Coordination

According to the 2010 U.S. Census, Rhode Island's Native American population is quite small. Approximately 5,000 Native Americans live in Rhode Island, and less than 500 of Rhode Island's Native Americans are age 65 or older. Given its small Native American population, Rhode Island receives no Title VI funding for Native American programs. RIDEA seeks to reach out to our State's Native American population, the Narragansett Indian Tribe, by making Title III funds available to the Tribe. Specifically, we allocate annually a portion of our Title IIIC funding to the Narragansett Indian Tribe for its meal site, and we also allocated a portion of our American Recovery and Reinvestment Act of 2009 supplemental nutrition funding to the Tribe. In FFY 2010, the Narragansett Indian Tribe meal site served 3,392 meals.

In addition, RIDEA distributes by competitive bid \$400,000 annually in Title IIIB funds which may be used for a variety of supportive services for older individuals and adults with disabilities in order to empower them to remain independent and self-sufficient. Pursuant to the terms of the Request for Proposals, Tribal organizations are eligible and invited to apply for these funds. Going forward, RIDEA will reach out to the Narragansett Indian Tribe to ensure that it is aware of funding opportunities for which it is eligible to apply, as well as of the variety of programs and services that are available to the Tribe's older individuals and adults with disabilities.

2. Strengthen Title III and Title VII Programs

RIDEA constantly seeks ways to improve the delivery of Older Americans Act core services.

Nutrition

An example of these efforts is our experience this past winter with our home delivered meals program. We experienced several snow storms this past winter which caused Meals on Wheels of RI, the home-delivered meals provider, to close on certain days when it was scheduled to deliver meals. To address this issue, we ensured that Meals on Wheels delivered an extra meal the day before a storm was expected to hit, and Meals on Wheels also publicized its delivery of the extra meal, together with its closure announcement, so that seniors and their caregivers could have comfort that there would be no interruption in meal delivery. We also will explore other possible ways to ensure that there will no interruption in meal delivery during inclement in the future, such as the specific recruitment of volunteers who will be willing to be available to deliver meals during inclement weather.

In recent years, maintaining levels of overall participation total for the Congregate Meal Program has been a challenge. One reason for this challenge may be a generation of eligible participants who are more active and less likely to gravitate toward a mealsite setting atmosphere. RIDEA's response has been the establishment of a Restaurant/Voucher program that is operated through a collaborative effort between the service provider agencies and restaurants such as Chelo's, IHOP, and most recently Newport Creamery. The program uses vouchers to satisfy the "younger senior" or "Baby Boomer" generation that require a less "traditional" mealsite program setting. In addition, the program allows for the capacity to offer meals in the evening and on the weekends through frozen meals and take home meals. Several provider agencies have recognized the need for new and innovative ideas to sustain and increase program participation. RIDEA will continue to encourage the providers to develop new ideas to attract program participants.

To improve and enhance the operations and provision of Title III Nutrition Program services, over the next several months, the RIDEA staff plans to update the Title III Nutrition Program Policies and Procedures. Topics will include such areas as Menu Policy and Procedures, Program Income Donations, Designation of Congregate/Home Delivered Meals, Removal of Meals from Mealsite, Service Cancellation Policy, Reporting Forms, Evaluations, Assessments, Participant Intake Form, and other applicable standards of operations.

Supportive Services and Senior Centers

RIDEA's Senior Centers and Supportive Services Program is funded with Title IIIB funds. Every three (3) years RIDEA awards funds for this program through a competitive bidding process. We continuously update the scope of work for this program, based on our review of program performance, in order to ensure the availability of critical services for Rhode Island's seniors and adults with disabilities throughout the State.

RIDEA administers a Health Promotion and Disease Prevention Program using Title IIID funds. The goal of this program is to provide health education workshops, fall prevention education, chronic disease self-management assistance, physical activities classes and medication management outreach. Supplementing these services, RIDEA has joined a falls prevention committee, which is coordinated by the Rhode Island Department of Health (“RIDOH”) and which is made up of a variety of aging network organizations. In addition, RIDOH currently is seeking to implement an evidence-based falls prevention program in Rhode Island, and RIDEA is assisting RIDOH in its efforts. Finally, RIDEA recently has become aware of, and plans to begin to observe annually, Falls Prevention Awareness Day, which takes place on the first day of fall each year, in order to increase awareness of the importance of fall prevention among older adults.

Case Management

Case management services are provided for RIDEA by outside agencies. Case management agency staff assist RIDEA in the implementation and oversight of protective services designed to keep the elder safe in the community. Regularly scheduled meetings are held between the RIDEA administrators and case management agency supervisors for the purpose of addressing: 1) specific concerns and challenges related to protective services clients; and 2) an ongoing review of changes in policy and procedures. The case management agencies also assist RIDEA in the provision of home and community care services through the performance of assessments and the development, implementation and monitoring of care plans.

The case management program is divided into different geographic regions, with each agency assigned to a specific portion of the State. RIDEA, with input from members of minority communities, is reviewing and possibly reorganizing the existing regional structure in order to ensure that each region is served by culturally competent case management staff. RIDEA plans to issue a Request for Proposals later this year to solicit bids from outside agencies for the provision of case management services, with the goal of improving the effectiveness of RIDEA’s outreach to minority communities.

Information, Referral and Counseling

A key component of RIDEA’s efforts to strengthen its provision of information, referral and counseling services is Rhode Island’s ADRC, known as THE POINT. Since March 2010, THE POINT has been hosted and managed by United Way of RI, located in the heart of Providence, under a contract with RIDEA. In addition to this main office, there are eight regional POINT offices located throughout the State. These eight community agencies are known locally as, “regional POINTs.” The role of the “regional POINTs” is to partner with the RIDEA, THE POINT, and other related partners, to support and assist with ADRC programs and services. In addition, regional POINTs serve as comprehensive “walk-in” centers that accommodate clients in the service region with a range of services, including screening, assessment, counseling, eligibility determination and other enrollment assistance. Referrals are often made electronically (either by fax or email) from THE POINT to a designated contact person within the regional POINT. THE POINT project manager trains regional POINT staff, as needed, in accordance with a consistent training protocol. In addition, the Ocean State Center for Independent Living is a partner in the provision of ADRC services for adults with disabilities.

Our goal is to achieve fully functional ADRCs on a statewide basis. The ADRC plan attached hereto as Appendix D sets forth our plans to improve coordination of services and functions across information technology systems, identify and coordinate the continuum of services as one distinct ADRC system, ensure that I&R/A is practiced uniformly and that the quality of services provided is consistent across the ADRC system, and ensure that options counseling, care transitions services, and other assistance are consistently available statewide for older adults and adults with disabilities of all income levels.

The *Money Follows the Person* grant program, which is in the process of being developed by RIDHS in collaboration with RIDEA, will include as a key component consumer control and choice. This will be accomplished through options counseling, case management and other tools. THE POINT, as Rhode Island's ADRC, will be involved in the effort, as part of Rhode Island's *Money Follows the Person* grant program, to provide streamlined access to information and services, in addition to options counseling, for individuals transitioning back to the community.

For 35 years, RIDEA has published The Pocket Manual of Elder Services. The Pocket Manual serves as a reference to programs and services for seniors and adults with disabilities and is widely recognized as one of the most comprehensive service guides published by RIDEA. More than 20,000 copies are distributed to aging network agency staff, consumers, families, caregivers and other interested parties. The Pocket Manual also directs elders to life-long learning programs such as Elderhostel, tuition-free programs at state colleges, educational programs available through the state's private universities and colleges, as well as education programs that may be available through local school departments, libraries, senior centers and other organizations. RIDEA is in the process of updating The Pocket Manual, the first update since 2009; we anticipate that the new version will be available later this year.

Adults with Disabilities

RIDEA is a member of the Rhode Island Elder Mental Health and Addiction Coalition. This Coalition is comprised of representatives of the Department of Elderly Affairs; the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals; the Department of Human Services; the Department of Health; community mental health organizations; housing resident service coordinators; visiting nurse associations; domestic violence advocates; and case management agencies. The mission of this Coalition is to promote collaboration between aging, mental health, and addiction recovery service providers, coordinate shared training, identify system issues and challenges in the field of elder mental health and advocate on behalf of elders and their caregivers.

The Department of Elderly Affairs will reach out to its sister agency, the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals ("BHDDH"), to coordinate mental health services for the aged and disabled and increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services. Emphasis will be placed upon developing and encouraging collaborative relationships among RIDEA, BHDDH, our case management agencies and the community mental health centers and

other behavioral health organizations. RIDEA will seek to develop more opportunities for elders and disabled to access mental health treatment in the least restrictive environment.

As a number of the protective service calls handled by RIDEA's Protective Services Unit concern elders with behavioral health issues, RIDEA, through the Elder Mental Health and Addiction Coalition, and in further collaboration with sister state agencies will be working to more effectively integrate state behavioral healthcare services with adult protective services.

The RIDHS Office of Rehabilitation Services "(ORS") provides a broad range of services to adults with disabilities. During the past year, ORS has placed adults with disabilities as interns at THE POINT, allowing them to gain valuable work experience that may assist them as they seek permanent employment opportunities.

Transportation

Responsibility for transportation services was transferred to RIDHS by statute as of July 1, 2009. Public bus passes are available for residents who are 65 years old or older/ and for adults with disabilities who qualify.

In addition, the RIDE Program, which is administered by RIDHS, provides transportation services to individuals who are 60 years of age and older and for adults with disabilities under 60 who meet certain criteria. Transportation is generally available weekdays from 10:00 a.m. to 2:00 p.m. for doctors' appointments, therapy, medical tests, adult day care, kidney dialysis, cancer treatments and congregate meal sites for lunches. There is small fee per ride. Adult day service clients and people who have Medical Assistance (Medicaid) are not charged any fees.

For people who are enrolled in the RI Medical Assistance Program and cannot use any of the services above, assistance is available in procuring transportation for non-emergency transportation for Medicaid covered services.

Despite these services, many portions of the State lack convenient public transportation. Providing affordable, accessible transportation services and to expand transportation services to not only transport to medical appointments, mealsites, and kidney dialysis, but to enhance transportation for seniors and adults with disabilities to transport them to places they want to go, e.g., grocery shopping, religious services, spousal visits at nursing homes, etc., presents a challenge. RIDEA will seek to collaborate with other agencies within the R.I. Executive Office of Health and Human Services in seeking ways to maintain and expand affordable transportation opportunities for seniors, including without limitation support for privately funded sustainable models that offer flexible transportation for both social and medical needs.

Elder Rights

Rhode Island Legal Services ("RILS") receives Title IIIB funding from RIDEA for the provision of legal services to low-income older Rhode Islanders. Through its Elder Law Project ("ELP"), RILS provides legal representation with respect to a variety of legal issues, such as landlord-tenant, foreclosures, and tax/public benefit issues. In 2009, RILS received a grant from the Administration on Aging to enhance the delivery of legal assistance to older adults in Rhode

Island. Through this grant, RILS is able to have the attorney who heads the ELP work at RIDEA one day each week. This close working relationship has enhanced collaboration between RIDEA and RILS and has helped to streamline older Rhode Islanders' access to legal services. Please see Appendix C for more information on elder rights services.

RIDEA is in the process of strengthening its Title VII Ombudsman program through the adoption of regulations that will address conflicts of interest and other areas of concern. These regulations are in the process of being drafted. We anticipate that hearings on the proposed regulations will commence within the next few months, with the regulations being implemented later in calendar year 2011.

Volunteer Recruitment

The recruitment of volunteers to help staff programs is an important element of the Older Americans Act and various Administration on Aging programs. One such program that depends in large part on volunteers is the Senior Medical Patrol (SMP). RIDEA, along with other states, has been given the opportunity to apply for supplemental SMP funding that will allow RIDEA to expand the capacity and reach of its SMP program through recruitment and improved training of senior citizen volunteers. RIDEA intends to apply for this supplemental funding.

RIDEA believes that the opportunities provided by the new supplemental SMP funding for improved volunteer recruitment, training and management can be translated to other RIDEA programs and activities and hopes to increase participation by retired senior citizen volunteers in other areas. This will allow RIDEA to expand the scope and/or reach of certain programs, while at the same time providing the benefits of volunteering (e.g., social interaction, physical activity and mental health benefits) for the volunteers.

Technology

Obtaining key data from sister agencies can be problematic. This issues is being addressed in several ways: (1) the Executive Office of Health and Human Services ("EOHHS"; the State department which oversees RIDEA, RIDHS and the other state human services agencies) has established a data warehouse, through which RIDEA is able to obtain data from RIDHS and the other human services agencies; (2) EOHHS is planning for the establishment of a shared MMIS system that will allow the EOHHS agencies to share data (this system currently is anticipated to be fully operational by 2013-2014 and may help to alleviate the need for redundant entries of data); (4) THE POINT, Rhode Island's ADRC, makes referrals to RIDEA's case management agencies for home and community care services; in order to improve the ability of THE POINT to engage in short-term case management, in collaboration with our various case management agencies, we have developed a process that allows THE POINT to track and follow up on referrals made to the case management agencies for home and community care services for its clients; (5) The project lead for the ADRC program in Rhode Island is co-located with State agency staff who make financial (and also functional) eligibility determinations for public programs; the ADRC project lead serves as a conduit for the State ADRC representatives and facilitates communication and collaboration between THE POINT staff and the staff of the State

agency that makes these eligibility determinations; and (6) THE POINT also coordinates with RIDHS and RIDEA staff to track the status of applications.

Other

Please see Sections B and C of this *Focus Areas* section for additional information as to RIDEA's plans to strengthen and expand the provision of core services, such as caregiver support and home and community care services.

3. Integrate Titles III and VII with AoA Discretionary Programs

RIDEA is focused on the integration of its Title III and VII programs with its AoA discretionary programs, in particular with the ADRC. In September 2010, RIDEA was awarded a two-year \$400,000 grant to introduce, in partnership with Quality Partners, an evidence-based care transitions intervention with individuals discharging from the State's largest urban hospital who are members of THE POINT's target population. To date, more than sixty (60) people have received care transitions coaching from Quality Partners. RIDEA is leveraging this grant opportunity to involve THE POINT more broadly in care transitions activities, in order to help patients discharging from the hospital to successfully transition back to the community and avoid rehospitalization. RIDEA currently is negotiating a Memorandum of Understanding with this local hospital in order to formalize a partnership among THE POINT, Quality Partners and the hospital regarding care transitions. Presentations have been made to hospital discharge planners and social workers to educate them about the assistance THE POINT can provide to discharging patients, and referrals to THE POINT from hospital staff have begun to occur. RIDEA hopes to expand these care transitions efforts to other hospitals within the State.

For a more detailed description of our plans to fully integrate the ADRC with our core services, please see our statewide ADRC plan, which is attached as Appendix D. Other discretionary grants are discussed in Section B below.

B. AoA Discretionary Grants

Lifespan Respite Grant

RIDEA is in the second year of a three year, \$200,000 Lifespan Respite grant from AoA. Under this grant RIDEA works with the Parent Support Network (PSN), the Diocese of Providence, and THE POINT to design programs that assist family caregivers to obtain accessible and high quality respite care services and to expand participation in "TimeBank" respite care services by older adults and caregivers of older adults. A TimeBank is a community of people who help each other by sharing their abilities, talents, and experiences. When a person provides a service for another TimeBank member, that person earns one TimeBank dollar for each hour. The person can then exchange his/her time dollars for services provided by other members of the TimeBank. Members exchange such things as child care, transportation, home improvement, translation, tutoring, yard work, business services and much more.

RIDEA's goals are for the Lifespan Respite program to enhance the range of respite care

services in Rhode Island that are available for caregivers of older adults and to increase membership in the TimeBank on the part of caregivers of older adults, so that the TimeBank will continue to supplement and expand upon the respite benefits funded by Title IIIIE funds. RIDEA recently applied for a supplemental grant from the Administration on Aging that will allow RIDEA to further enhance the respite activities conducted pursuant to the original grant. If RIDEA is a successful applicant, this funding opportunity will allow RIDEA to continue to collaborate with PSN to expand the TimeBanks programs to additional populations who can benefit from respite services in a coordinated statewide system.

The Diocese of Providence, a faith-based organization and a partner in the Lifespan Respite program, administers a respite program under contract with RIDEA that is funded with Title IIIIE federal funds. In addition, the Diocese has a grant directly from the Rhode Island General Assembly to offer respite care. The respite program operated by the Diocese provides relief to primary caregivers who live with someone fifty-five (55) years or older who is in need of personal care assistance. In-home respite, adult day services and overnight stays in assisted living or nursing care facilities are provided on a cost-sharing basis. In addition, homemakers are available for a reduced hourly rate to anyone fifty-five (55) years or older and handicapped or adults with disabilities of any age whose incomes are within the guidelines of the State's Pharmaceutical Assistance Program. This program recruits, trains and matches respite homemakers with eligible clients. Homemakers can provide assistance with home maintenance and companionship, but certified nursing assistants are required to do all personal care.

Alzheimer's Disease Supportive Services Program *Live and Learn* Grant

RIDEA's Alzheimer's Disease Supportive Services Program *Live and Learn* grant expired on March 31, 2011. Pursuant to this grant RIDEA was able to partner with the R.I. chapter of the Alzheimer's Association (the "RIAA") in providing weekly programs for individuals with early stage Alzheimer's Disease and related disorders. Weekly programs of challenging and informative activities have been provided at community libraries, and weekly outdoor activities were provided at YMCA sites. This program has provided the added benefit of respite for caregivers as a result of their partner's participation in program activities, supplementing RIDEA's other respite programs. This program also supplemented two other caregiver support programs administered by RIAA that are funded in part by RIDEA using Title IIIB and Title IIIIE funds. The first program provides a telephone helpline, care plan development and consultation and coordination of a state-wide wandering program. The second program provides outreach to hard-to-reach caregivers, as well as education opportunities and support groups.

ADRC Grants

Please see subsection A.3 above, as well as Appendix D.

Chronic Disease Self-Management Program-Living Well Rhode Island

RIDEA partners with the Rhode Island Department of Health in the Stanford University Chronic Disease Self-Management Program ("CDSMP"), *Living Well Rhode Island* that began in 2006. This program supplements RIDEA's Title IIID health promotion activities and supports our

efforts to focus on programs and services that will help older adults and adults with disabilities to live independently in the community with a high quality of life for as long as possible. Individuals with developmental disabilities; persons who suffer severe, debilitating trauma; those who suffer from serious and persistent mental and physical illnesses; and people who struggle with addiction to alcohol and other substances are living longer today because of better medical treatment and more humane social policies. They are now aging into the traditional long term care system. Economic resources will not be available to address the chronic health care needs of the expanding aging population if these needs continue to be as extensive and debilitating as they are for the present aging population. Self-management and prevention of further disability and disease are keys to preventing unnecessary institutionalization. This program is discussed in more detail in Appendix C.

C. Consumer Control and Choice

RIDEA seeks to accomplish its mission by ensuring that programs and services are user-friendly, consumer-directed and delivered in the least restrictive environment. Currently, Rhode Island spends eighty-five percent (85%) of its long term care expenditures for institutional care. A major goal for RIDEA and its sister agency RIDHS is to re-balance long term care services in Rhode Island so that more dollars are spent on home and community care services for more people (which are less costly on a per-person basis than institutional care) and so that the proportion of State dollars spent on, and the number of persons served in, institutional care, decreases. This is the goal of the Global Waiver, and the new *Money follows the Person* grant also will be focused on this goal.

A key element of this re-balancing effort is consumer direction and choice. The *Money Follows the Person* grant program, which is in the process of being developed by RIDHS in collaboration with RIDEA, will include as a key component consumer control and choice. This will be accomplished through options counseling, case management and other tools. THE POINT, Rhode Island's ADRC, will be involved in the effort, as part of Rhode Island's *Money Follows the Person* grant program, to provide streamlined access to information and services, in addition to options counseling, for individuals transitioning back to the community.

THE POINT is funded in part with Title III funds. Please see Appendix D attached hereto for a more detailed discussion of RIDEA's plans for the Rhode Island ADRC and its anticipated contributions to consumer control and choice. These plans also include, among other things, better coordination between the ADRC and RIDEA's Title III-funded case management agencies in order to improve the quality of services provided. Among other duties, the case management agencies assess clients in the community and work with the clients to develop care plans for them. Clients have the opportunity to be actively involved in the development of these care plans.

GOALS AND OBJECTIVES

GOAL I

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

Objective 1.1

Provide affordable home and community-based care services and living options to prevent or delay institutionalization.

Strategies:

- Continue to implement and expand existing options through federally supported programs within the RI Global Waiver for **non-Medicaid** eligible individuals, to allow such individuals to remain in the community with necessary health care services and supports. This will delay long-term care facility admission, as well as Medicaid enrollment, for this population.
- Continue to implement and expand existing options through federally supported programs within the RI Global Waiver for **Medicaid** eligible individuals, to allow such individuals to remain in the community with necessary health care services and supports. This will delay long-term care facility admission, as well as reduce Medicaid costs, for this population.
- Expand provision of benefits counseling and other services to older adults of all income levels throughout the State through the regional ADRC offices.
- Increase awareness of energy assistance, property tax reduction, reverse mortgages, and other programs that make it easier for elders to remain in their own homes.
- Support the development of alternative communities to provide options for older adults with changing needs to remain independent and engaged in the community.
- Encourage the home-delivered meal provider to improve the home-delivered meals program through volunteer recruitment and other means in order to prevent reductions in service, reduce waiting lists and minimize disruption in meal delivery during inclement weather.

Objective 1.2

Provide opportunities for seniors in nursing homes and discharging from hospitals to return to the community.

Strategies:

- Collaborate with RIDHS in the implementation of the *Money Follows the Person* grant.
- Continue to implement the Coleman care transitions coaching model pursuant to the ADRC Evidence-Based Care Transitions grant and expand care transitions activities.
- Develop a memorandum of understanding with the State's largest urban hospital regarding care transitions collaboration between the hospital and Rhode Island's Aging and Disability Resource Center (the "ADRC"); if successful, look to expand model to other hospitals and to nursing homes in the State.

Objective 1.3

Provide opportunities for community involvement.

Strategies:

- Increase public awareness of programs available by means of the local senior center network, public libraries and the ADRC.
- Collaborate with other agencies within the R.I. Executive Office of Health and Human Services in seeking ways to maintain and expand affordable transportation opportunities for seniors, including without limitation support for privately funded sustainable models that offer flexible transportation for both social and medical needs.
- Encourage the recruitment and training of older adults to serve as volunteer staff for RIDEA-sponsored programs and services.

Objective 1.4

Provide family caregivers with the information they need to make informed decisions and to access services.

Strategies:

- Promote expansion of respite care for family caregivers, and increase awareness of all available respite care services.

- Increase public awareness of the services adult day care programs provide to elders and their caregivers.
- Encourage the development of caregiver support programs to reduce stress, thereby improving the quality of life and extending the life expectancy of caregivers.

Goal I Performance Measures:

1. Individuals leave nursing homes to live in the community through the *Money Follows the Person* program.
2. Increase in the number of people receiving care transitions coaching and other assistance.
3. Increase in the number of people who participate in home and community care programs.
4. Reduction in hospital readmission rates at hospitals that collaborate with RIDEA on care transitions activities.
5. Reduction in waiting list for home-delivered meals.
6. Continuity of home-delivered meal delivery during inclement weather.
7. Improvement in transportation opportunities for seniors and adults with disabilities.
8. Growth in volunteer participation in RIDEA-sponsored programs.

GOAL II

EMPOWER OLDER PEOPLE TO STAY ACTIVE AND HEALTHY

Objective 2.1

Encourage self-management of chronic disease.

Strategies:

- Continue to collaborate with the RI Department of Health on the Stanford University Chronic Disease Self-Management Program, which is being implemented in the State of Rhode Island as the *LivingWellRI* program.
- Continue to promote, through local partner agencies, health promotion and medication management outreach activities.
- Work with Rhode Island's medically needy older adults to enroll them in the most appropriate Medicare Part D prescription drug plan for their needs.
- Develop, identify funding for, and implement an interim supplemental state prescription assistance plan to assist Rhode Island's medically needy older adults while in the Medicare Part D "donut hole," to help them manage the transition to full implementation of Part D benefits in 2020.

Objective 2.2

Promote a healthy lifestyle among older adults.

Strategies:

- Educate older adults about the importance of a healthy diet and encourage participation in congregate meal sites and home delivered meal programs, as well as other publicly funded programs that lead to better nutrition.
- To improve and enhance the operations and provision of Title III Nutrition Program services, update the Title III Nutrition Program Policies and Procedures.
- Continue to encourage the providers to develop new ideas to attract program participants
- Educate older adults about the importance of exercise and provide opportunities at senior centers and other sites, such as libraries, to participate in exercise and dance classes and other physical activities.
- Encourage use of Title III funds by senior center grantees for exercise and other programs that will help older adults to lead a healthier lifestyle.

Objective 2.3

Engage in falls prevention activities.

- Strengthen collaboration with the RI Department of Health (“RIDOH”) on falls prevention activities, such as assisting RIDOH in the implementation of an evidence-based falls prevention program (e.g., Tai Chi or Stepping On).
- Participate in the Falls Prevention Subcommittee coordinated by the RIDOH Violence and Injury Prevention Program.
- Increase awareness among seniors of the issue through the observance of Falls Prevention Awareness Day.

Goal II Performance Measures:

1. Decrease falls among older Rhode Islanders, as evidenced by hospitalization reports obtained from the Rhode Island Department of Health.
2. Increase meal site participation.
3. Increase participation by older adults in exercise and other activities conducted by senior centers.
4. Increase the number of low income seniors assisted with enrollment in Medicare Part D plans.

5. Implement interim prescription assistance program.
6. Continue, through outside contracted agencies, to hold at least the same number of health promotion and medication management outreach events each year.
7. Increase the number of elders who participate in falls prevention activities.

GOAL III

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

Objective 3.1

Strengthen protection and rights of residents in long term care facilities.

Strategy:

- Establish, promulgate and implement formal rules, standards, protocols and reporting requirements for the Rhode Island Long Term Care Ombudsman Program that conform with federal guidelines, with input from the public.

Objective 3.2

Expand access to legal assistance for older people in the community.

Strategies:

- Continue to collaborate with Rhode Island Legal Services and the Rhode Island Bar Association to expand or improve the delivery of legal assistance to older persons, especially those with social and/or economic needs.
- Continue to collaborate with Rhode Island Legal Services to conduct outreach and education events for the public regarding elder rights.

Objective 3.3

Strengthen protections of older people in the community.

Strategies:

- Promote educational and public awareness efforts (through media campaigns and/or other methods) to empower the general public to report suspected victimization of elders.

- Continue regular meetings with the regional case management agency supervisors to address emerging issues and ensure that seamless protective and social services are delivered to victims of abuse, neglect and exploitation.
- Maintain and strengthen relationship with the Rhode Island Attorney General's Office, with the goal of increasing the percentage of abusers of elders who are tried for their offenses.
- Continue to collaborate with a contracted agency to operate a response program for elders in crisis outside of departmental hours of operation, to complement existing DEA Protective Service programs and enhance and strengthen the ongoing partnership between DEA, public safety personnel, and other providers of crisis intervention services for vulnerable elders in the community.
- Continue to collaborate with a contracted agency to operate a volunteer guardian program for elders who need a guardian of the person, with a focus on increasing the number of individuals who are willing to serve as volunteer guardians for elders in the community.

Goal III Performance Measures:

1. Adopt Long Term Care Ombudsman Program regulations.
2. Increase the number of older Rhode Islanders who receive legal assistance through the RILS and RIBA programs.
3. Identify funding each year to allow the after hours response program for elders in crisis to continue and to provide the same level of service.
4. Increase the number of outreach/public awareness activities.
5. Identify funding each year to allow the After Hours and Volunteer Guardian Programs to continue.
6. Increase the number of volunteer guardians.

GOAL IV

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

Objective 4.1

Help Rhode Island's older adults and their families and caregivers to be well-informed about available options and services.

Strategies:

- Increase public awareness of the ADRC, the services it provides, locations and hours of operation.
- Research the possibility of a single “800” number that Rhode Islanders could use to access the ADRC office located closest to them (or an alternative system that would allow callers to be connected to the ADRC location of their choice).
- Update and expand resources contained on the ADRC website.
- Develop written operating standards and protocols for the services provided by the various ADRC locations in order to ensure consistency in services, including without limitation options counseling and care transition services. Continue monthly ongoing training sessions for all ADRC staff.
- Strengthen RIDEA’s relationships with existing community partners, such as senior centers, in order to reach a wide range of older people and their families.
- Assist older adults in locating programs and services that help to enhance economic security, such as employment opportunities and other benefits.

Objective 4.2

Continue to work toward a “fully functional” ADRC in Rhode Island.

Strategies:

- Expand the provision of options counseling and assistance in obtaining other services to older adults and adults with disabilities of all income levels throughout the State through regional ADRC offices and/or other means.
- Collaborate with the State’s Medicaid office to implement an effective data sharing system that will serve to meet federal requirements for a fully functional ADRC with streamlined access to services.
- Strengthen the partnership with the RI Department of Human Services and with the RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals at the highest levels regarding the ADRC to ensure a collaborative approach to ADRC sustainability.
- Continue to promote and implement the Coleman care transitions coaching model pursuant to the ADRC Evidence – Based Care Transitions grant and expand care transitions activities.

- Develop a memorandum of understanding with a local hospital regarding care transitions collaboration between the hospital and the ADRC; if successful, look to expand model to other hospitals and to nursing homes in the State.
- Expand short-term case management capabilities.
- Improve intake procedures to most efficiently respond to inquiries.
- Provide state-wide access to the ADRC both in-person and by telephone.

Goal IV Performance Measures:

1. Increase calls and walk-ins to the ADRC.
2. Implement “800” number.
3. Update the ADRC website.
4. Increase the number of individuals who receive care transitions coaching and other assistance.
5. Implement effective data sharing practices between RIDEA and RIDHS to ensure that services are provided in a more seamless and efficient fashion by the ADRC.
6. Implement written operating standards and protocols for the services provided by the various ADRC locations; continue trainings of ADRC staff.

SUMMARY OF PUBLIC HEARING AND COMMENT PROCESS

In preparing the State Plan on Aging, RIDEA held six (6) public hearings in different regions of the State of Rhode Island. Five of the public hearings were advertised in the following local newspapers on the following dates:

Wednesday, May 18th: Valley Breeze North Providence; Valley Breeze Pawtucket; Barrington Times; Warren Times-Gazette

Thursday, May 19th: Warwick Beacon; Cranston Herald; Johnston Sunrise; Valley Breeze Cumberland; Valley Breeze North Smithfield/Woonsocket; Valley Breeze & Observer; Bristol Phoenix; Sakonnet Times; North East Independent; South County Independent; Newport This Week

Friday, May 20th: East Providence Post; Seekonk Star

The sixth public hearing was added at the request of members of the public and was not scheduled until after the advertisement ran in the newspapers. A copy of the ad that ran in the newspapers is attached as Appendix G. Notice of all six hearings also was posted on the RIDEA website and in the public meetings section of the Rhode Island Secretary of State website. The hearing schedule was as follows:

Tuesday, May 31, 2011

Westerly Senior Center
39 State Street
Westerly, RI 02891

Wednesday, June 1, 2011

The Center
25 St. Dominic Road
South Kingstown, RI 02879

Thursday, June 2, 2011

Johnston Senior Services
1291 Hartford Avenue
Johnston, RI 02919

Friday, June 3, 2011

East Providence Senior Center
610 Waterman Avenue
East Providence, RI 02914

Monday, June 6, 2011

Woonsocket Senior Services
84 Social Street
Woonsocket, RI 02895

Monday, June 6, 2011

Pilgrim Senior Center
27 Pilgrim Parkway
Warwick, RI 02888

All Public Hearings were held from 1:00 p.m. to 3:00 p.m., except for the Pilgrim Senior Center hearing, which took place from 9:30 a.m. to 11:30 a.m.

The Department accepted written comments through June 6, 2011, and individuals were permitted to present both written and oral comments at the public hearings. A total of nineteen (19) people attended the six (6) hearings, and 18 of the 19 attendees participated in the hearing discussions.

The public comments primarily centered on the following topics:

- Transportation: Hearing participants expressed concern that current transportation options for senior and adults with disabilities are limited and can be inconvenient. It was suggested that efforts to improve transportation include research into privately funded sustainable models that offer flexible transportation for both social and medical needs. In response to these concerns, RIDEA has expanded its transportation-related strategy in Objective 1.3 above to include support for these types of transportation services.
- Nutrition: Hearing participants raised the following issues with respect to the home-delivered meals program: whether the menu is nutritious, that the emergency contact requirements that must be met in order to qualify for services are too onerous, that occasionally meals are not delivered as scheduled, and that the time frame for delivery of meals each day (between 10:00 a.m. and 2:00 p.m.) is too long. RIDEA agreed to follow up with the home-delivered meals provider regarding these concerns.
- Expansion of Various Programs/Development of New Programs: Suggestions were made by a few commentators that the Department add programs, increase services and/or service hours to certain programs, as well as expand eligibility for certain programs. In these difficult economic times where cutbacks, rather than expansion, in services are the norm, this suggestion is a challenge. RIDEA plans to continue to implement, and seek ways to expand, existing options through federally supported programs within the RI Global Waiver for both Medicaid-eligible and non-Medicaid eligible individuals, to allow such individuals to remain in the community with necessary health care services and supports (see Goal I above). As also provided in several of the Goals and Objectives above, RIDEA will be seeking ways to expand and improve a variety of programs and services and to improve the public's awareness of available resources and programs.

- Improvement in Public Outreach and Counseling: A few commentators requested improvements in education of the public as to available programs and services and in counseling with respect thereto. RIDEA is addressing these concerns in the Goals and Objectives set forth above, as well as through the ADRC Plan (see Appendix D).
- Caregiver Support: A senior advocacy organization asked that RIDEA develop a statewide caregiver support program that would include increased capacity to provide respite to caregivers. This concept is addressed in Objective 1.4 above. In addition, through the Lifespan Respite Grant (discussed in more detail in the Focus Areas section of this Plan), RIDEA is working to develop an integrated system of respite care for families across the age spectrum.
- Senior Centers: RIDEA was asked by a senior advocacy organization to distribute senior center funding to every city and town throughout the State (there are approximately 39 cities and towns in the State). The Department is unable to comply with this request, as it is impractical due to funding limitations. RIDEA has responded to this request through the addition of a new strategy to Objective 4.1 above which provides for efforts to strengthen the Department's relationships with its existing community partners, including senior centers, in order to reach a wider range of seniors throughout the State.
- Economic Security: RIDEA was asked by a senior advocacy organization to add a 5th goal to enhance older Rhode Islanders' economic security by making sure they have sufficient resources to cover their basic living expenses. RIDEA has responded to this request by adding a new strategy to Objective 4.1 above which provides that the Department will assist older adults in locating programs and services that help to enhance economic security, such as employment opportunities and other benefits.

EMERGENCY PREPAREDNESS

RIDEA has a responsibility to ensure that Rhode Island's elder and adult disabled populations have adequate access to available state and community emergency preparedness, response and recovery services. Elders and the adult disabled are vulnerable, special populations who need extra support to successfully respond and recover from disaster and emergencies. To fulfill this responsibility, RIDEA participates in state wide collaborative planning and response efforts in cooperation with EOHHS and the Rhode Island Emergency Management Agency (RIEMA).

To facilitate coordinated planning and response, the Director of RIDEA, or her designee, is a member of RIEMA, chaired by Lieutenant Governor Elizabeth Roberts. This group meets on a monthly basis to confer on emergency planning and management issues that require cross-departmental collaboration.

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

This involvement at the state level provides the opportunity for elder and disabled needs to be addressed in any state wide long range planning or coordination of specific response activities to an event. RIEMA has plans in place to activate whatever command structure and resources are necessary to address the unique needs of any type of disaster. Because of overlap in target populations, RIDEA is cognizant of the need to work closely with RIDOH and the Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH).

During the Rhode Island floods in the spring of 2010, RIDEA worked with EOHHS agencies, FEMA and other federal and local agencies to meet the needs of affected seniors and adults with disabilities. RIDEA worked with state and local officials in outreach efforts that enabled the affected populations to register with the appropriate agency and get them the assistance that they needed, both in the short term and preparing for their long term care needs. In the time immediately following the floods, RIDEA worked with a coalition of federal and state agencies to assist victims in meeting immediate needs by contacting the local Community Action Programs. Long term, RIDEA worked with appropriate faith based national agencies to help seniors and adults with disabilities put their lives and homes back together. RIDEA collaborated with a RIEMA-sponsored Special Needs Work Group, to develop a Special Needs Registry. The plan specifically addresses the needs of the frail elderly, medically compromised, chronically ill, and disabled – including those with severe and persistent mental health needs and developmentally disabled- during a disaster. This group defined and developed preparedness and assistance plans for these populations before, during and after a disaster. The RIDEA Director is committed to having a continuing presence with RIEMA in addressing future disaster preparedness needs and analyzing performance in the event of a disaster.

In preparation for the possible advent of the Pandemic Flu, then Governor Donald L. Carcieri requested in November of 2005 that all state departments develop a Continuity of Government Plan (COOP/COG). In response to the Governor's request, the Director of RIDEA convened and led a work group comprising of several senior management staff. The RIDEA COOP was originally completed in 2007 and was updated in May 2009.

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

Also in preparation for a pandemic outbreak of influenza, the State of Rhode Island developed a Pandemic Influenza Plan that identifies vulnerable populations and strategies to ameliorate the impact of a pandemic outbreak of influenza on elders and disabled. As evidenced by the historic floods in Rhode Island in the spring of 2010, many of these same strategies are applicable in the face of other impending natural or man-made disasters.

Elders and adults with disabilities are especially vulnerable to consequences from a catastrophic disaster or other emergency. Strategies to address this vulnerability include disaster and/or evacuation protocols, sheltering, food, water, sanitation and medication needs, among others. RIEMA works closely with civic, health, federal, state and municipal governments and their emergency preparedness officers to ensure that the needs of this population are met, and RIDEA is part of the RIEMA advisory group. RIDEA will continue to collaborate with RIEMA and other state agencies to ensure that appropriate support is provided to these vulnerable populations during an emergency.

RESOURCE ALLOCATION PLAN

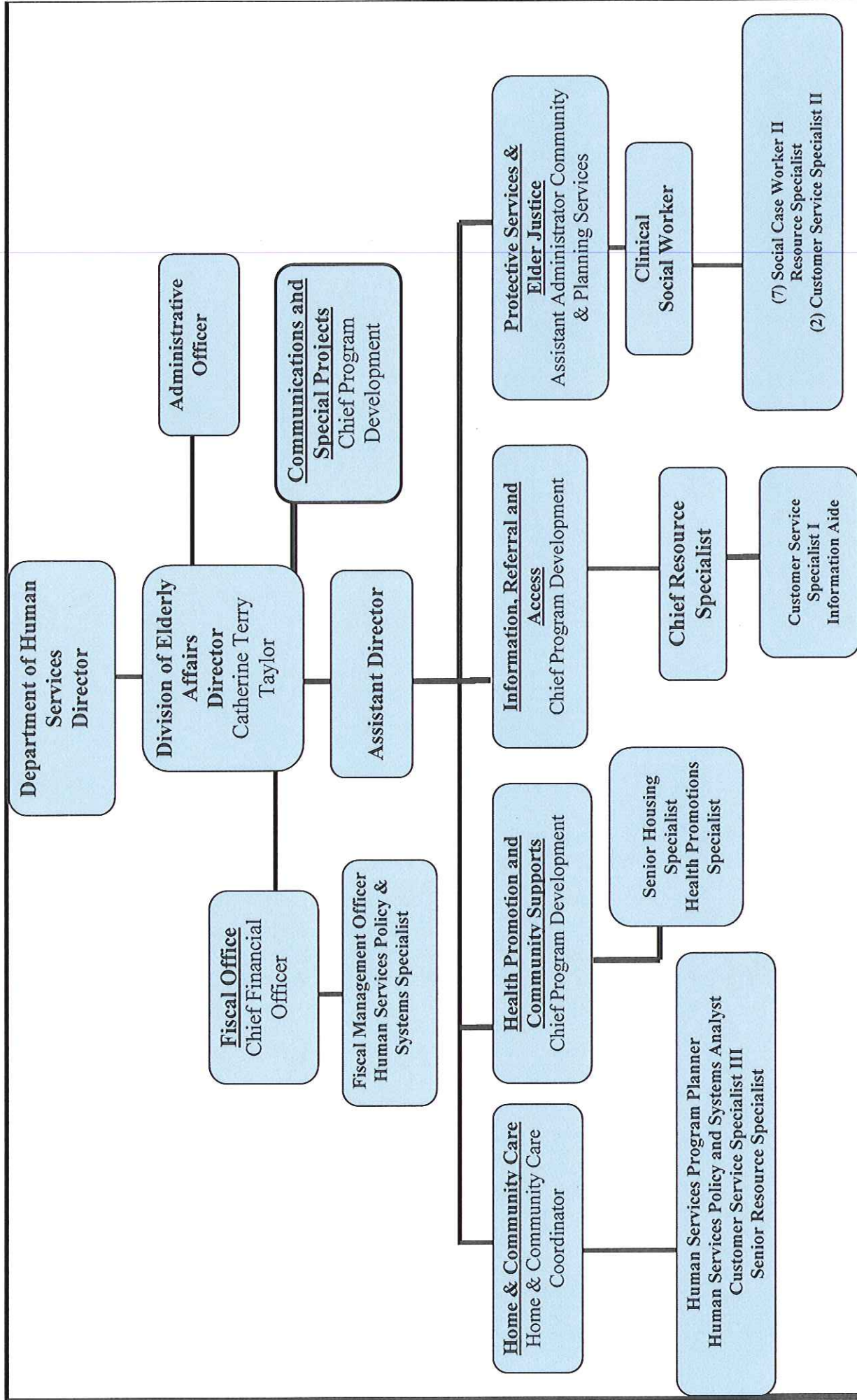
The Resource Allocation Plan is based on RIDEA's FY 2011 operating budget. It comprises a spreadsheet of estimated receipts and expenditures based on current levels for both federal and state funds. The spreadsheet is included as Appendix E.

We had hoped to be able to prepare the Resource Allocation Plan based on RIDEA's FY 2012 operating budget. RIDEA has not yet received the FY 2012 detailed budget information that would be needed in order to prepare the Resource Allocation Plan on this basis, which necessitated our use of the FY 2011 operating budget levels. We will submit an amended Resource Allocation Plan at a later date if we determine that the FY 2012 operating budget would result in a material change to this Resource Allocation Plan.

Appendix A

Department Organizational Chart

Rhode Island Division of Elderly Affairs



Appendix B

Home and Community-Based Services

Home and Community Based Services and Supports for Elders and Adults with Disabilities

| Programs | Benefit | Eligibility | How to Apply |
|--|---|--|---|
| Home & Community Based Services <i>Core Services</i> | Services available include: Homemaker/CNA services, Environmental modifications, Special medical equipment, Meals on Wheels, Personal Emergency Response System, Case Management, Senior Companion, Assisted Living, Personal Care services, Respite, Minor Home Modifications. | HIGHEST or HIGH Level of Care Adults 65 years old or older and individuals 18 years old or older who are disabled. Must be eligible for Medicaid LTC/ highest or high level of care and meet financial and program criteria. | DHS LTC Offices Refer to list in tool kit or www.dhs.ri.gov MA Application pdf online OR Department of Elderly Affairs (65 and over only) 462-0570 |
| Personal Choice Program | Self-Directed Care Program provides: Personal Care Assistant Services, Home modifications, Specialized equipment, Personal Emergency Response Systems, Home Delivered Meals, Adult Day Services and other goods and services. | Adults 65 years old or older and individuals 18 years old or older who are disabled. Must be eligible for Medicaid LTC/ highest or high Level of Care and meet financial and program criteria. | PARI 725-1966 Tri-Town CAP 349-5760 X 3 |
| Shared Living | Living arrangement where client lives in a caregiver home or, in some cases, the caregiver may live in the client's home. The caregiver is responsible for personal care, home making services, meals, transportation and more. Client may also be eligible for environmental modifications, special medical equipment, minor modifications and adult day care. | Adults 65 years old or older and individuals 18 years old or older who are disabled. Must be eligible for Medicaid LTC/ highest or high Level of Care and meet financial and program criteria. | Shared Living Agencies: Caregiver Homes of RI The Homestead Group Jane Korb 765-3700 X293 |
| PACE | All-inclusive program that includes an integrated model of medical and LTC services. Services offered include: adult day care, home care, nursing and rehabilitative services. | Adults over 55 years old. Can be Medicaid LTC eligible or Medicare. | PACE 490-6566 www.pace-ri.org |
| Habilitation Program | Community-based alternative for individuals who require a high level of skilled nursing or habilitation services. | HOSPITAL Level of Care For individuals 18 years old or older who require a hospital level of care. Must meet income and resource guidelines for Medicaid LTC. | Office of Community Programs 462-6393 |

| Programs | Benefit | Eligibility | How to Apply |
|--|--|--|---|
| Preventive Services | Homemaker/CNA Services Minor home modifications | PREVENTIVE Level of Care Must be eligible for Medical Assistance (Community MA) and also meet preventive Level of Care (need assistance with IADL and ADLs). Can't be "flex test" eligible. | <i>For SSI-Eligible Individuals:</i> DHS Medical Assistance/Adult Services See list in tool kit. <i>For Non-SSI Individuals:</i> Office of Community Programs 462-6393 |
| Adult Day Care | Provides care, supervision, for adults who are frail, functionally challenged, with Alzheimer's or dementia in a safe environment. Therapeutic services, recreation and health services, support groups, meals, medication management, and respite for caregivers are among the services provided. | NEEDS SUPERVISION during the day May be eligible for Medical Assistance. Can be determined eligible by "flex test." May also be eligible for DEA Co-pay Program, Private pay or sliding scale. | Apply directly to the Adult Day Center of choice. (See list in tool kit) |
| Home & Community Care/ Co-Pay Program | Pays a portion of the cost of home health and/or adult day care. There is a co-pay cost for participants based on income. | NEEDS ASSISTANCE WITH ADL'S RI resident, ≥65 years old Unable to leave home w/o considerable assistance; in need of personal care (assistance w/ ADLs); and not eligible for Medical Assistance. | DEA Home and Community Care 462-0570 or DEA Case Management agency.(See list in tool kit) |

| Programs | Benefit | Eligibility | How to Apply |
|---|---|--|---|
| Assisted Living/ DEA | Room or apartment, may be semi-private. Services include: meals, medication management, assistance with ADLs and IADLs and case management via DEA case management network. | NO LEVEL OF CARE needed Adults 65 years old or older and individuals 18 years old or older who are disabled. Must be eligible for Medicaid LTC/ highest or high Level of Care and meet financial and program criteria | Department of Elderly Affairs 462-0570 |
| Assisted Living/ RI Housing | Single apartment or room. Services include: meals, medication management, assistance with ADLs and IADLs and case management via DEA case management network. | Adults 65 years old or older and individuals 18 years old or older who are disabled. Must be eligible for Medicaid LTC/ highest or high Level of Care and meet financial and program criteria of category eligibility. Cannot own a home. | Department of Elderly Affairs 462-0570 |
| SSI Enhanced Assisted Living Benefit | Enhanced payment to Assisted Living facility for SSI beneficiaries. | ≥ 18 years old and disabled or 65 and over. Must be eligible for SSI; Must have need for Assisted Living. Assessment must be completed and client must be recommended for assisted living. | <i>From Community:</i> The POINT 462-4444 or <i>From Hospital, NH or other institution:</i> where currently residing |
| Homemaking Program Diocese of Providence | Homemakers are available at a reduced hourly rate. Can provide light household duties, meal preparation, food shopping, errands, etc. and/or companionship. | For individuals 55 years old or older and adults with disabilities of any age. | Diocese of Providence 421-7833 x 4 |
| Respite Care Services Diocese of Providence | Provides relief to primary caregivers. In-home respite, adult day care, and overnight stays in assisted living facilities are available. | For individuals who are 55 years old or older and who are in need of personal care assistance. | Diocese of Providence 421-7833 x 4 |

| Programs | Benefit | Eligibility | How to Apply |
|--|--|---|--|
| SOCIALIZATION | | | |
| Senior Companion Program | Volunteers provide companionship to elders in their home, at adult day centers, or in other community sites. Can provide help with food shopping. Volunteers receive a tax-free stipend. | Frail and/or isolated elders who live in the community. | Department of Elderly Affairs. 462-0569 |
| Senior Centers | Lunch time meals, activities,... | RI resident, ≥65 years old | Senior Centers (See list in tool kit) |
| FOOD & MEALS | | | |
| Congregate Meals | Hot, nutritious lunch provided at 67 meal sites throughout RI. Offered 5 days/wk. at senior centers and housing facilities. | Individuals over age 60 and individuals under age 60 if disabled and living in subsidized housing. A \$3.00 donation per meal is suggested. | Nutrition Site (See list in tool kit) |
| Home Delivered Meals | Meals on Wheels- meals for homebound individuals | ≥60 years old or disabled. | RI Meals on Wheels 351-6700 |
| Supplemental Nutrition Assistance Program (Food Stamps) | Food assistance | All ages; income limits and resources vary. | DHS Field Offices www.dhs.ri.gov 462-5300 or URI SNAP Outreach 1-866-306-0270 or CAP Agencies |

| Programs | Benefit | Eligibility | How to Apply |
|---|--|--|--|
| INCOME SUPPORTS | | | |
| Heating Assistance (LIHEAP) | Community Action Programs administer the Low-Income Home Energy Assistance Program (LIHEAP) from Nov.1-March 31 | RI residents (any age) whose annual income is at or below 60% of the RI median income. | CAP Agencies (See list in tool kit) |
| Prescription Assistance- RIPAE | Pays for a portion of the cost (15, 30 or 60 percent) of certain prescriptions. | RI resident, ≥65 years old | The Point 462-4444 |
| Medicare Premium Assistance Program | Helps pay some or all of the costs of Medicare Part A and Part B premiums, deductibles and co-payments. Medicare Part A is hospital insurance coverage and Medicare Part B is for physician services, durable medical equipment and outpatient services. | Enrolled in Medicare and meets income and resource criteria. | DHS Field Offices 462-5300 www.dhs.ri.gov |
| Supplemental Security Income (SSI) | Monthly cash assistance benefit | ≥65 years old, disabled or blind or adults ≥18 years old with disabilities | Social Security Administration www.ssa.gov 1-800-772-1213 |
| Supplemental Security Disability Income (SSDI) | Monthly cash assistance benefit. After a person receives disability benefits (SSDI) for 2 years, Medicare coverage will begin automatically. | A person who is unable to work because they have a medical condition that is expected to last at least one year or more or result in death. Need a work history in order to be eligible. | Social Security Administration www.ssa.gov 1-800-772-1213 |

Appendix C
RIDEA Programs Summary

RIDEA PROGRAMS SUMMARY

Aging and Disability Resource Center (ADRC)-THE POINT

Prior to 2005, gaining access to accurate, concise, and consistent long-term care information was difficult for seniors, adults with disabilities, their families, and caregivers. While many agencies in the Rhode Island human services network offered information and referral, the information may have varied from department to department and sometimes conflicting information was circulated. In addition, it often took numerous calls and inquiries to several different agencies to arrange a viable long-term care plan. Mirroring a national trend and to streamline program access and provide uniform program and services information, in 2005 RIDEA opened Rhode Island's Aging and Disability Resource Center (ADRC), known as THE POINT.

THE POINT is a "one-stop shopping center" for community-based long-term care services for seniors, adults with disabilities, their families, and caregivers. Access to THE POINT is primarily through a call center and walk-in facility located in Providence that is staffed by benefits specialists with expertise in long-term care issues that impact seniors, adults with disabilities, their families, and caregivers.

THE POINT also is accessible via telephone 24 hours per day, 7 days per week and has a web site, developed under the direction of RIDEA (www.ThePointRI.org). In addition to THE POINT's main base of operations, there are nine (9) Regional "POINTS" situated throughout the state that provide the same services as the primary POINT and offer services with local community convenience.

The need for a "one-stop shopping center" for community-based services is likely to grow more rapidly due to Rhode Island's July 2009 implementation of the Medicaid Global Waiver. The Global Waiver provides information, counseling, and access to healthcare in a community setting for seniors and adults with disabilities. The Medicaid Global Waiver promotes savings in state long-term care costs by diverting appropriately-determined patients from institutions to less expensive community settings. THE POINT provides enhanced support, access and enrollment assistance to seniors and adults with disabilities for enrollment into community programs and services, increasing the likelihood of successful community living.

In 2010, RIDEA initiated collaboration among THE POINT, the RI Department of Human Services (RIDHS), and Quality Partners of Rhode Island, the state's Medicare Quality Improvement Organization. As a result of this collaboration, THE POINT will have the capacity to develop into a "fully-functional" ADRC, providing comprehensive "wrap around" services for seniors and adults with disabilities who are eligible for programs and benefits offered by RIDEA's "sister agency," RIDHS. RIDEA's partnership with Quality Partners of RI is intended to promote THE POINT to the state's medical community and healthcare providers to make them aware of services that THE POINT can provide to their patients, outside of medical care. The work of Quality

Partners of RI will be tracked and an evaluation plan will be developed to measure its success in educating statewide healthcare providers about THE POINT.

Between October 1, 2010 and March 31, 2011, THE POINT had more than 30,000 contacts (calls and walk-ins).

The statewide plan for the ADRC, which sets forth our plans to achieve fully functioning ADRCs on a statewide basis, is included in this State Plan as Appendix D.

Long Term Care Ombudsman Program; Protective Services; After-Hours Emergency Response Program

Ombudsman

Federal law holds RIDEA responsible for assuring the provision of long term care ombudsperson services to investigate complaints lodged by elders and/or their advocates against long term care facilities. RIDEA meets this responsibility through contracting for ombudsman services with the Rhode Island Alliance for Better Long Term Care. RIDEA is in the process of strengthening its Title VII Ombudsman program through the adoption of regulations that will address conflicts of interest and other areas of concern. These regulations are in the process of being drafted. We anticipate that hearings on the proposed regulations will commence within the next few months, with the regulations being implemented later in calendar year 2011. In 2010, the Ombudsman responded to more than 1,000 complaints.

Protective Services

The RIDEA Protective Services Unit is responsible for investigating complaints of abuse of Rhode Islanders 60 and older by a family member, caregiver, or person with a duty to care for the elder. Abuse may include physical, emotional, sexual, financial exploitation or abandonment.

Self-neglect also is a problem among Rhode Islanders 60 and older. Unfortunately, the statute which authorizes, and governs, RIDEA investigations of abuse of older Rhode Islanders originally did not include self-neglect. In 2007, the Rhode Island General Assembly adopted legislation proposed by then Director Corinne Calise Russo, which added self-neglect to the areas investigated by the RIDEA Protective Services Unit.

The RIDEA Protective Services Unit also operates the Early Intervention Program, a timely response that includes the assessment of risk and the provision of interventions to reduce/eliminate harm in cases where there is a reported element of risk to an older adult. This process begins when the report does not meet the criteria for abuse or self-neglect as defined by RIDEA but there is a concern for the safety of the older adult.

After-Hours Emergency Response Program

The After-Hours Emergency Response Program for Elders in Crisis was established by RIDEA in 2006 to address the need for a comprehensive response to elders in crisis after RIDEA's normal business hours and on holidays and weekends. When a call is made to

the After Hours Emergency Response Program for Elders in Crisis telephone line, a licensed clinician will make an initial assessment to determine the appropriate action to be taken immediately. The assessment team will also take routine reports, such as allegations of financial exploitation or reports of elder self-neglect, and will forward those reports to RIDEA on the next business day.

In 2010, there were 874 reports of alleged elder abuse, 990 reports of self-neglect and 352 early intervention reports made to RIDEA.

Reverse Mortgage Legislation

For most seniors, their home is their most significant asset. As they age and their expenses increase, they may look to their home as an important resource to allow them to borrow funds in order to pay increased living expenses and remain in their homes. A product, called a "reverse" mortgage, offered by banks and other mortgage lenders, allows individuals who are 62 years of age and older to borrow against the equity in their home without paying off the mortgage until the home is sold.

Reverse mortgages have become a very popular way to tap into the equity in one's home, especially in light of the tremendous increases in home values that occurred in the first part of this decade. The reverse mortgage transaction is complex and expensive and can be confusing, with a variety of products available. Concerned about the exponential growth in this mortgage product, in 2006 RIDEA, in coordination with the RI Department of Business Regulation, RI Housing and Mortgage Corporation, and the AARP of RI, drafted legislation which would add increased safeguards for Rhode Island seniors seeking a reverse mortgage. The legislation was enacted in July of 2008 and went into effect January 1, 2009.

Among other things, the legislation provides that the Department of Elderly Affairs is responsible for (a) preparing a statement on the advisability and availability of independent counseling and information services and (b) establishing and maintaining a list of approved reverse mortgage counseling programs and making the list available to lenders and to the public. The Director also has the right to prescribe the form of counseling certificate required upon the completion of counseling and to add topics to be addressed during the counseling process.

RI's State Health Insurance Program (SHIP)

RIDEA manages the Rhode Island State Health Insurance Assistance Program (SHIP), which provides one-on-one, personalized counseling about Medicare benefits and services. Trained SHIP volunteers are available to answer questions and to assist with health insurance-related questions and problems. SHIP services include community outreach, information, and education. Medicare beneficiaries are referred by SHIP counselors and volunteers to other programs and services, as necessary. In calendar year

2010, Rhode Island SHIP counselors assisted 7530 beneficiaries. The average number of minutes spent with each beneficiary was 12.8 minutes. Of the total number of beneficiaries, 4902, or 65.1% were women.

In 2010, Rhode Island SHIP achieved the **top overall weighted performance score** on a series of nine (9) performance measures (for data submitted between October 1, 2008 through September 30, 2009) among all 54 funded SHIPs throughout the United States and its territories.

Due to annual changes in the Medicare Part D program, RIDEA works with THE POINT, Regional POINT agencies, senior centers and community centers each year to host statewide enrollment events for Medicare beneficiaries before, during, and after the official Medicare Part D open enrollment timeframe. RIDEA also trains SHIP counselors and volunteers so that they can provide clear, concise, and accurate information to Medicare beneficiaries about their Medicare prescription drug plan (also referred to as a “Medicare Part D plan”) and health insurance coverage plan options.

Rhode Island Pharmaceutical Assistance to the Elderly

RIDEA manages the Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE) program, established in 1985. To qualify for the program, applicants must be Rhode Island residents 65 years and older, as well as Rhode Island residents between the ages of 55 and 64, who are receiving Social Security Disability (SSDI) payments, they must meet specific income guidelines, and they must be enrolled in a Medicare Part D plan. Members can purchase medications covered by RIPAE at the RIPAE discounted price during the deductible or coverage gap phase of their Medicare Part D plan.

RIPAE pays for a variety of generic medications. Brand name drugs are not covered by RIPAE, unless there is no generic equivalent for the brand name drug that is being purchased.

In fiscal year 2009, 18,679 Rhode Island residents were eligible for RIPAE, and RIPAE provided pharmaceutical assistance to 5,968 eligible Rhode Islanders. The average member’s co-payment per claim was \$21.27; while the average cost to the state per claim was \$23.23. RIPAE members that fall into the lowest income group also receive auxiliary benefits including a monthly telephone bill discount, free entry into state beaches, a discount on their cable bill, when an extended cable plan is purchased, and extra time to have emissions testing performed on a vehicle.

RIDEA has been at the forefront in efforts to ensure that RIPAE complements Medicare prescription drug benefits over time. In response to the adoption of Medicare Part D in 2006, the RIPAE law was amended so that members could use their RIPAE eligibility cards for medication discounts for those required to pay 100% of their medication costs during Medicare Part D deductible and coverage gap (“donut hole”) phases. In addition, the passage by the U.S. Congress in the spring of 2010 of the Patient Protection and

Affordable Care Act (“PPACA”) resulted in the availability to Medicare enrollees of new discounts for prescription drugs while in the “donut hole.” Please see the **Context** section of the State Plan for a discussion of the current status of RIPAE.

Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

In 2009, the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) program was established through a grant from the U.S. Department of Health and Human Services/Administration on Aging (AoA).

RIDEA collaborates with nine (9) community partners to accomplish the goals of the MIPPA grant. MIPPA’s primary goals include outreach to (a) Medicare beneficiaries who have limited income/resources and who may be eligible for prescription drug assistance through the “Low Income Subsidy”(“Extra Help”) program and (b) adults over age 65 and disabled adults under age 65 who are eligible to have all or part of the costs of Medicare Parts “A” and “B” premiums, deductibles, and co-payments paid through the Medicare Premium Payment programs (MPPs). Medicare Part A provides hospital insurance coverage and Medicare Part B covers physician services, durable medical equipment, and outpatient services.

RIDEA collaborates with its “sister agency”, the Rhode Island Department of Human Services (RIDHS), who administers both LIS and MPP in conjunction with the federal Social Security Administration (SSA).

RIDEA and its partners utilize US zip code data to estimate the number of potentially-eligible MIPPA beneficiaries. Aggregate zip code data from geographical areas with a significant number of low-income Medicare beneficiaries who may be eligible for LIS and MPPs are shared with the state by the SSA.. A total of 7,180 beneficiaries in all Rhode Island counties were identified in the 2009-2010 MIPPA grant year as potentially eligible and targeted to receive MIPPA materials at outreach events.

Rhode Island set a goal of enrolling no less than 720 Medicare beneficiaries (ten percent [10%] of the estimated target population) in MIPPA programs by May 2011. From June 1 – September 30, 2009, a total of 204 MIPPA applications were submitted to the Social Security Administration/DHS representing a total dollar value to beneficiaries of \$594,332. In the second quarter of the 2009-2010 MIPPA grant year (October 1 – December 31, 2009), a total of 1,235 MIPPA applications were submitted to the Social Security Administration/DHS representing a total dollar value to beneficiaries of \$3,082,629. (Total dollar value to beneficiaries from June 1, 2009 – December 31, 2009 was \$3,677,296). Rhode Island surpassed the grant goal by December 31, 2009. From January 1, 2010 through December 31, 2010 a total of 3,489 MIPPA applications were submitted with a total dollar value of \$10,144,309. The sharp increase in application submission can be related to the Annual Enrollment Period of 2010, where contact with potential applicants increased dramatically.

Senior Medicare Patrol (SMP)

SMP was launched in Rhode Island in 2005. Medicare and Medicaid fraud, waste, and abuse costs Americans and the healthcare industry billions of dollars each year. Fraudulent claims mean that less money is available for affordable healthcare that is needed for a better quality of life.

Throughout Rhode Island, trained SMP volunteers and staff of regional partner agencies educate Medicare beneficiaries, their caregivers and families to learn how to recognize fraud, waste, and abuse and *how to report it!* Fraud usually involves billing for services that are not provided or billing for services at higher than normal rates. Abuse occurs when goods and services are provided that are medically unnecessary or do not meet medical standards.

SMP also routinely circulates alerts on the latest health care scams, such as the “Distressed Grandparent Scam” that was cited in *The Providence Journal*.

Respite Care

There is a profound stress involved in caregiving. A 2009 [Caregiving.com](http://www.caregiving.com) study asked more than 300 caregiver respondents to consider caregiver challenges of balancing the demands of their caregiving role and how it affects their relationship with their spouses. The study also touched upon the toll that caregiving takes on an older adult in areas such as family finances, leisure time as well as other aspects of the relationship. Eighty percent (80%) of respondents stated that caregiving produced a strain on their marriage. Many of the respondents told of the toll on their own physical and emotional health.

Respite is temporary care offered outside or inside the home in order to provide the caregiver a break to take care of personal needs or to use the time to relax and reduce their stress levels. In Rhode Island, the Respite Care Program is funded by RIDEA and operated by the Diocese of Providence.

In 2003, in partnership with local YMCAs, and with funding from the National Family Caregiver Support Program, RIDEA established the KID KAMP Program. During the summer, or during school breaks, local YMCAs offer educational and recreational programs to children 18 years of age and younger whose primary caregivers are elder grandparents or other older adults. The program is designed to provide meaningful support to the children, while, at the same time, providing needed respite for their elder grandparents and other older caregivers.

In 2008, Rhode Island was awarded a \$200,000 Lifespan Respite Care grant to design an integrated statewide system of respite care and related resources to serve RI families across the lifespan. RIDEA works with the Parent Support Network, the Diocese of Providence, and THE POINT to coordinate programs that assist family caregivers to

obtain accessible and high quality respite care services. This grant was used also to create and expand "TimeBank" respite care services.

A TimeBank is a community of people who help each other by sharing their abilities, talents, and experiences. When a person provides a service for another TimeBank member, that person earns one TimeBank dollar for each hour. The person can then exchange his/her time dollars for services provided by other members of the TimeBank. Members exchange such things as child care, transportation, home improvement, translation, tutoring, yard work, business services and much more.

Congregate and Home-Delivered Meals

Title III of the Older Americans Act is the authority under which Rhode Island operates an elderly nutrition program, more commonly known as the, "Ocean State Senior Dining Program". There is one (1) statewide provider of home delivered meals, Meals on Wheels of Rhode Island; and over seventy (70) statewide congregate meal sites housed in senior centers, elderly housing and community centers. There are five (5) regional congregate nutrition projects responsible for the administration and oversight of the Title III congregate program in terms of program operations, records and statistics, menu planning, volunteer recruitment, nutrition education and counseling and all financial related items in connection with their individual grant awards. Meals on Wheels of Rhode Island is the responsible administrative agency for the entire state for home delivered meals to homebound elders and eligible adults with disabilities. The agency is also responsible for volunteer recruitment, nutrition education and sponsors many annual fundraising activities to increase meal service and avoid waiting lists for potential consumers. Nationally, over the last several years or so, the congregate meals program has experienced a decrease in meals served due to a variety of factors, those being, a "younger" and more active senior population, seniors positioned better financially than in years past, and healthier seniors who find the senior center/meal site atmosphere unattractive. Conversely, the home delivered program has seen increased meals served and has leveled off due to older persons becoming frailer and at higher nutritional risk due to one or more health complications. Rhode Island continues to categorize its congregate and home delivered meal programs as critical to elders maintaining community living filled with dignity and independence.

Both nutrition programs continue to provide and promote nutritional health maintenance for all eligible participants as mandated by the Older Americans Act. Both have aggressively increased the provision of nutrition information and education through the use of agency newsletters and informational talks on various health related topics. Nutrition Counseling through the use of the "Nutrition Risk Assessment" tool has seen moderate increases and will continue to increase in the years ahead. During the 2010 federal fiscal year, the congregate program served 463,866 meals while the home delivered program served 331,536 meals. (Title III only)

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

Nutrition Program agencies continue on with enthusiasm and aggressive fervor while exploring the idea and the necessity to implement new dietary guidelines for Older Americans and will be implementing these guidelines through a statewide initiative that will enhance the nutritional value and reduce health risk issues in terms of the menus we prepare and the meals we presently serve.

Our statewide home delivered meals program continues to provide thousands of meals to at-risk, homebound elders while making provisions to avoid any kind of a waiting list. The home delivered program not only serves Title III eligible participants, but serves the states' disabled population and, through a state Medicaid Waiver, meals to those with low income and health related issues.

Nutrition Funding from ARRA. Under the provisions of the American Recovery and Reinvestment Act (ARRA-Stimulus Funds), RIDEA received a total of \$325,000 to distribute to existing Rhode Island nutrition projects to serve additional meals at statewide meal sites and/or to hire new or add additional hours to existing staff. The six nutrition projects that were provided ARRA funding included Blackstone Valley Health Inc., East Bay Community Action, Meals on Wheels of Rhode Island, Narragansett Indian Tribe, Senior Services, Inc., and Westbay Community Action, Inc. In total, due to the availability of ARRA funding, the congregate program served approximately 40,000 additional meals to program participants.

Through ARRA funding, RIDEA was able to provide an additional \$160,000 to Meals on Wheels of Rhode Island to serve additional home-delivered meals and/or hire new staff or add hours to existing staff. In total, the home delivered program provided an approximate 26,000 additional meals to program participants due to ARRA funding.

Home and Community Care

RIDEA Home and Community Care programs provide eligible seniors with innovative options to help them remain in the community and avoid premature and unnecessary long term institutionalization. These options are designed to assist a functionally impaired

senior to meet a wide variety of medical, environmental and social needs. Based on eligibility, Home and Community Care programs may provide home health aide services, adult day services, Meals on Wheels home delivered meals, Senior Companion services, personal emergency response system, minor home modifications or minor assistive devices. If appropriate, assisted living is another available option, based upon eligibility and need.

For most Home and Community Care programs, a person must be 65 or older, be a Rhode Island resident, and be basically homebound (unable to leave home without considerable assistance). Eligible participants in the Co-Pay Program pay a share of the cost of services. For some persons on Medical Assistance (Medicaid), services may be provided at no charge. Other Medicaid clients may have to make a contribution towards services. RIDEA works with a network of regional case management agencies and other senior organizations to develop care plans to help seniors remain in the least restrictive environment with maximum independence.

Case Management

Case management services are provided for RIDEA by outside agencies. Case management agency staff assist RIDEA in the implementation and oversight of protective services designed to keep the elder safe in the community. Regularly scheduled meetings are held between the RIDEA administrators and case management agency supervisors for the purpose of addressing: 1) specific concerns and challenges related to protective services clients; and 2) an ongoing review of changes in policy and procedures. The case management agencies also assist RIDEA in the provision of home and community care services through the performance of assessments and the development, implementation and monitoring of care plans. The case management program is divided into different geographic regions, with each agency assigned to a specific portion of the State.

Housing Security and Residential Services

Under Rhode Island General Laws section 42-66.1 et seq., entitled the *Security for Housing for the Elderly Act*, RIDEA is charged with statewide monitoring of over two hundred (200) public and private elderly housing complexes designated by the federal government as housing for the elderly in Rhode Island.

A grant program, through a Request for Proposal ("RFP"), also has been established to assist both public and private housing complexes to secure funding to increase security measures in the form of security guard personnel and high tech security equipment such as cameras, VCRs and keyless entry systems. Ongoing resident security, educational programs, and a safety and security plan are also required from the over two hundred (200) public and private housing complexes. For the current state fiscal year which ends

June 30, 2011, RIDEA has awarded competitive grants to successful applicants in the aggregate amount of \$95,625, all of which is state general revenue funding.

The Director of RIDEA is a member of the Housing Resource Commission ("HRC"). HRC is a legislative commission comprised of 27 members. The major charge of the HRC is to develop and promulgate state policies and plans for housing and performance measures for statutorily mandated housing programs. Among its duties is to provide opportunities for safe and affordable housing in Rhode Island.

Legal Services Developer

This federally funded position under the Older Americans Act is responsible for legal services development in the form of information, referral and assistance to elders, families and caregivers. This position is mandated by the Older Americans Act as part of our four (4) year State Plan to the Administration on Aging. This function is contingent upon receipt of funding for the Rhode Island Department of Elderly Affairs under Title IIIB of the Act which includes the provision of legal services activities affecting older consumers.

This position serves as liaison to, and oversees, two (2) RIDEA grantees, the Rhode Island Bar Association ("RIBA") and Rhode Island Legal Services ("RILS"). RIBA runs a lawyer referral network for the elderly, which links older Rhode Islanders with attorneys who can assist with any legal matters. The fees charged, if any, are based upon the elder's income level. RILS receives funding from RIDEA for the provision of legal services to low-income older Rhode Islanders with respect to certain legal issues, such as landlord-tenant, foreclosures, and tax/public benefit issues. In 2009, RILS received a grant from the Administration on Aging to enhance the delivery of legal assistance to older adults in Rhode Island. Through this grant, RILS is able to have the attorney who heads the ELP work at RIDEA one day each week. This close working relationship has enhanced collaboration between RIDEA and RILS and has helped to streamline older Rhode Islanders' access to legal services. The RILS attorney works closely with the Legal Services Developer, and they collaborate to provide outreach and education to older adults throughout the state on elder rights issues.

The Legal Services Developer also is involved in tax sales, reaching out to elders who are in danger of losing their homes as a result of failure to pay their property taxes.

Health Promotion/Medication Management

RIDEA has improved access to health education and prevention screenings for elders who traditionally do not access health services through the development of Health Promotion Grants to community agencies serving minorities. This program currently has four (4) grantees, each of which is required to develop a culturally and linguistically appropriate Health Promotion & Disease Prevention Program to address the needs of the

community they serve and to collaborate with other agencies providing services and activities to elders. Examples of possible program activities are educational workshops addressing diabetes, heart disease, arthritis, pulmonary disease, cardiovascular disease, lung disease, and cancer; physical activity (group exercise, Tai-Chi, Yoga, water aerobics, and resistance training); and fall prevention (walking program, strength training, aerobics, balance, therapeutic rehabilitation techniques, and stretching techniques).

RIDEA also has established a Medication Management Program for individuals age sixty (60) and older Under the Older American Act Disease Prevention & Health Promotion Service of Title III. This program, currently operated by the University of Rhode Island, targets and seeks to address the needs of hard to reach, minorities and non-English speaking elders throughout Rhode Island who need assistance in managing their medications. The purpose of the Medication Management Program is to: effectively assess, counsel and monitor the elderly resulting in improved medication adherence and positive therapeutic outcomes; identify actual and potential medication related problems (e.g. dosage, interaction, etc) in the older adult population; evaluate and counsel older people on the effects of medication non-compliance; and provide counseling on drug therapy and medication management to older patients, their families and caregivers, with particular attention given to low income and minority communities.

Chronic Disease Self-Management

Chronic diseases such as diabetes, heart problems, respiratory illness, arthritis or long term emotional health issues have a negative impact on the quality of life for seniors and adults with disabilities. Often, those coping with chronic medical conditions do not know about the resources that can help them live a better life. Education, awareness and support are the keys to managing chronic diseases.

The Chronic Disease Self-Management Program-Living Well Rhode Island (LWRI) is comprised of free workshops held once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. Workshops are held in English and Spanish, and each weekly workshop is two and a half hours. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic diseases themselves. Subjects covered include techniques to deal with problems such as frustration, fatigue, pain and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with family, friends, and health professionals, nutrition; and how to evaluate new treatments.

Living Well Rhode Island follows a model created by Stanford University in California. The LWRI partnership includes the state Departments of Health, Human Services, Elderly Affairs, also AARP.

Transportation

Responsibility for transportation services was transferred to RIDHS by statute as of July 1, 2009. Public bus passes are available for residents who are 65 years old or older/ and for adults with disabilities who qualify.

In addition, the Ride Program, which is administered by RIDHS, provides transportation services to individuals who are 60 years of age and older and for adults with disabilities under 60 who meet certain criteria. Transportation is generally available weekdays from 10:00 a.m. to 2:00 p.m. for doctors' appointments, therapy, medical tests, adult day care, kidney dialysis, cancer treatments and congregate meal sites for lunches. There is small fee per ride. Adult day service clients and people who have Medical Assistance (Medicaid) are not charged any fees.

For people who are enrolled in the RI Medical Assistance Program and cannot use any of the services above, assistance is available in procuring transportation for non-emergency transportation for Medicaid covered services.

Senior Companion Program

Since 1974, Senior Companion Program (SCP) volunteers have served frail or isolated older adults in their own homes, adult day centers and other community sites. The volunteers help solve problems and bolster self-esteem. While they are not social workers and do not provide home care or transportation, Senior Companions help their friends live with added zest.

In an average week, 80 Senior Companions visit with more than 300 seniors. Over the course of more than 35 years of service to Rhode Island's seniors, volunteers have dedicated countless hours of friendship, compassion and a much-needed human interaction to those in need of a helping hand. It is estimated that based on service records, SCP volunteers passed two (2) million hours of dedicated service to their clients.

The Senior Journal

The Senior Journal cable television program is devoted to exploring the issues of growing older in Rhode Island through the personal perspectives of seniors. Programs are produced by senior volunteers and are sponsored by the Rhode Island Department of Elderly Affairs, in a cooperative venture with the Rhode Island Public Broadcasting System and Rhode Island Public, Education, and Government Access Television. Programs are aired three times each week over statewide interconnect cable channels. Programming reaches a potential audience of 400,000 cable subscribers.

Since the first program was broadcast in November 1989, more than 550 programs have been broadcast featuring topics such as Medicare, Medicaid, health insurance, community health services, Meals on Wheels of Rhode Island, social security, housing, home care, protective services, heating assistance, pharmacy assistance, legal services,

information and referral, transportation and other issues of interest to seniors, families, and caregivers.

Over the years, the Senior Journal production cast has been recognized with numerous public access awards for programming by the Rhode Island Public Utilities Commission and Cox Communications. In 1993, the Senior Journal received an award for public awareness by the American Association of Critical Care Nurses. And in 1996, Senior Journal received the Beneficiary Services Award from the federal Health Care Financing Administration (now the Center for Medicare and Medicaid Services-CMS).

The Senior Journal was featured in the September 2010 edition of the National Association of States United for Aging and Disabilities newsletter.

Volunteer Guardianship Program

The Volunteer Guardianship Program (VGP) began in 2001. The program provides volunteer guardians to elders in the community and in long-term care settings, and the primary focus of the VGP is to enable elders to live with dignity as their health declines. During the 2010 calendar year, 108 frail or homebound seniors were enrolled in the program.

Governor's Centenarians Brunch

The annual Rhode Island Governor's Centenarians Brunch is held each year at a different assisted living site in Rhode Island. Annual surveys conducted by RIDEA have located an estimated 125 persons who were at least 100 years old, including those who would reach their 100th birthday during the year. Each year, more than 50 Rhode Island centenarians attend the event, which is the highlight of the annual observance of May as Older Americans Month.

Pocket Manual of Elder Services

For 35 years, RIDEA has published The Pocket Manual of Elder Services. The Pocket Manual serves as a reference to programs and services for seniors and adults with disabilities and is widely recognized as one of the most comprehensive service guides published by RIDEA. More than 20,000 copies are distributed to aging network agency staff, consumers, families, caregivers and other interested parties. The Pocket Manual also directs elders to life-long learning programs such as Elderhostel, tuition-free programs at state colleges, educational programs available through the state's private universities and colleges, as well as education programs that may be available through local school departments, libraries, senior centers and other organizations. RIDEA is in the process of updating The Pocket Manual, the first update since 2009; we anticipate that the new version will be available later this year.

Appendix D

ADRC Statewide Plan

ADRC Statewide Planning Template*

Contact Information

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|------------------------|---|
| State Name | Rhode Island |
| Grantee contact person | Rhonda Schwartz, Chief Program Development, ADRC Program Manager |
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Participants in ADRC Statewide Plan Development

| Name & Title | Organization |
|--|--|
| Cristina Amedeo, Director | United Way 2-1-1 of Rhode Island |
| Jill Anderson, Executive Director | Senior Services, Inc. (Woonsocket Senior Services) |
| Ray Bandusky, Executive Director | Rhode Island Disability Law Center, Inc. |
| Diana Beaton | Department of Human Services |
| Deborah Correia Morales, Project Manager | Quality Partners of Rhode Island |
| Aleatha Dickerson, Health Promotion Specialist | Department of Elderly Affairs (State Unit on Aging) |
| Paula Dunne, Case Manager | Westbay Community Action Program |
| Marylouise Gamache, Project Manager | THE POINT |
| Tom Marcello | Department of Human Services |
| Paula Parker, Assistant Director | Department of Elderly Affairs (State Unit on Aging) |
| Art Schnure | Department of Human Services/Department of Elderly Affairs, Information Technology staff |
| Michelle Szylin, Chief | Department of Human Services |
| Cynthia Volante | Department of Human Services |

The above participants have indicated that they have actively participated with the planning of the ADRC Statewide Plan and agree with its content. Letters of support are also acceptable for documenting active participation and support.

* A proposal has been made in the Rhode Island General Assembly to merge the Department of Elderly Affairs into the Department of Human Services; if this merger proceeds, the Department of Elderly Affairs will become a division of the Department of Human Services. We do not have sufficient information at this time to determine what ramifications, if any, this merger would have on this statewide ADRC plan. If the merger proceeds and if we determine that this plan requires substantive changes as a result of the merger, we will submit an amended plan to AoA.

Section I: Vision and Goals

State ADRC Vision Statement:

To have ADRCs serving every community as highly visible and trusted places where all persons regardless of age, income or disability can find information on the full range of long-term support options and can access a single point of entry to public long-term support programs and benefits.

State ADRC Goal #1:

Fully functional ADRCs operating statewide.

Description of Approach

Background

In 2003, the Rhode Island Department of Elderly Affairs (RIDEA) received its first three-year Aging and Disability Resource Center (ADRC) grant in the aggregate amount of \$749,000 to develop a "one stop" point of entry to government-sponsored programs for seniors and adults with disabilities. The purpose of the grant was to afford states the opportunity to develop a service wherein consumers could gain access to information and obtain assistance with the various benefit application processes. The establishment of THE POINT, Rhode Island's ADRC, was the result of this initial federal grant. THE POINT's mission was straightforward: empower seniors and adults with disabilities to have greater control over their lives and healthcare by providing them tools to improve their ability to make informed life choices.

THE POINT opened on November 1, 2005, served the entire state of Rhode Island, and functioned as the primary point from which to obtain expert referral and assistance with social service programs. Initially, THE POINT staff was instrumental in responding to inquiries regarding the implementation of the new Medicare Part D prescription drug plan. THE POINT staff developed expertise in assisting clients with questions related to public benefits such as: Medicare, Medicaid, Social Security, SNAP (food stamps), and private benefits such as Medicare supplemental health insurance policies, long term care insurance, pensions and other consumer issues. The original POINT was managed by the EDS corporation, under contract with RIDEA.

In October 2006, RIDEA received an ADRC continuation grant for a two-year period. The award totaled \$400,000 in AoA funding. In addition, RIDEA entered into a Memorandum of Understanding that year with RIDHS regarding their mutual commitment to collaborate with respect to the ADRC (a copy of this MOU is attached as Exhibit A). RIDEA also increased the visibility of THE POINT through the establishment of a website (<http://adrc.ohhs.ri.gov>) in

2006. This website includes information and resources for publicly funded programs available to seniors and adults with disabilities.²

In 2009, RIDEA was awarded a new three-year grant for its expansion of THE POINT.³ The expansion created a strengthened partnership with the Rhode Island Department of Human Services (RIDHS), the lead state agency for the Rhode Island Medicaid Global Waiver, which is a mechanism that supports the rebalancing of Rhode Islands system of long term care, in part, through the delivery of *options counseling* to enable many more individuals to be well-informed about *all* of their long term care choices, including those in community settings (the Global Waiver is discussed more fully below). Additionally, the new award enabled RIDEA to expand its partnerships with government and community-based programs, as well as the state's Medicare Quality Improvement Organization (QIO), Quality Partners of Rhode Island ("Quality Partners"). Quality Partners provides marketing, outreach and evaluation services for THE POINT. Quality Partners also has provided training to THE POINT staff on care transitions.

In September 2010, RIDEA was awarded a two-year \$400,000 grant to introduce, in partnership with Quality Partners, an evidence-based care transitions intervention with individuals discharging from a local hospital who are members of THE POINT's target population. To date, more than sixty people have received care transitions coaching from Quality Partners. RIDEA is leveraging this grant opportunity to involve THE POINT more broadly in care transitions activities. RIDEA currently is negotiating a Memorandum of Understanding with this local hospital regarding formalization of a partnership among THE POINT, Quality Partners and the hospital regarding care transitions. Presentations have been made to hospital discharge planners and social workers to educate them about the assistance THE POINT can provide to discharging patients, and referrals to THE POINT from hospital staff have begun to occur.

Since March 2010, THE POINT has been hosted and managed by United Way of RI, located in the heart of Providence, under a contract with RIDEA. In addition to this main office, there are eight regional POINT offices located throughout the State. These eight community agencies are known locally as, "regional POINTs." The role of the "regional POINTs" is to partner with the RIDEA, THE POINT, and other related partners, to support and assist with ADRC programs and services. In addition, regional POINTs serve as comprehensive "walk-in" centers that accommodate clients in the service region with a range of services, including screening, assessment, counseling, eligibility determination and other enrollment assistance. Referrals are often made electronically (either by fax or email) from THE POINT to a designated contact person within the regional POINT. THE POINT project manager trains regional POINT staff, as needed, in accordance with a consistent training protocol. In addition, the Ocean State Center for Independent Living is a partner in the provision of ADRC services for adults with disabilities.

We have experienced certain challenges in achieving our goal of full functionality statewide:

²Certain information on THE POINT website needs to be updated. The objectives set forth below include bringing the website's content current.

³ The Administration on Aging awarded RIDEA \$248,060 each year for three years, beginning September 30, 2009.

- Coordinating services and functions across incompatible information technology systems. The State's Medicaid agency, which determines financial, and in some cases functional, eligibility for public programs, uses a different MMIS system than does RIDEA. In addition, the main ADRC, as well as the regional ADRCs, are located at agencies that are not part of State government, so that sharing computer systems and information can present a challenge. This in turn presents challenges to our ability to provide streamlined services through a single point of entry, as well as to track referrals and determine the status of an application for services.
- Identifying and coordinating the existing continuum of services as one distinct ADRC system. RIDEA, the Rhode Island Department of Human Services (RIDHS), the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), and the Executive Office of Health and Human Services (EOHHS), together with their respective partners, provide the services required to be considered a fully functioning ADRC. The challenge is to coordinate these services so that they are provided as one distinct ADRC system and in as streamlined a manner as possible.
- Ensuring that I&R/A is practiced uniformly and that the quality of services provided is consistent across the main ADRC location and the 8 regional ADRCs, all of which operate out of separate, non-profit organizations.
- Ensuring that options counseling, care transitions services, and other assistance are consistently available statewide for older adults and adults with disabilities of all income levels.

Approach

We have set out the following objectives to achieve our goal:

1. Strengthen the partnership with RIDHS at the highest levels regarding the ADRC to ensure a collaborative approach to ADRC sustainability, improve coordination of ADRC services provided by the two agencies, and facilitate the streamlining of ADRC services.
2. Strengthen the partnership with BHDDH at the highest levels regarding the ADRC to ensure a collaborative approach to the provision of ADRC services, and to facilitate the streamlining of ADRC services, for adults with disabilities.
3. Examine the existing RIDEA ADRC system structure for possible re-alignment to provide I&R, benefits/options counseling, care transitions and case management services more efficiently and to expand capacity.
4. Collaborate with EOHHS, RIDHS and BHDDH to implement an effective data-sharing system to meet federal requirements for a fully functional ADRC with streamlined access to services.

5. Better market the regional POINTS to the public.
6. Explore the possibility of providing an "800" number that will route callers to the closest POINT office (or, in the alternative, a phone system that will allow callers to select the POINT office of their choice).
7. Improve online availability of information to the public, through improvements to the POINT and RIDEA websites.
8. Develop written operating standards and protocols for the services provided by the various POINT locations in order to ensure consistency in services, including options counseling and care transition services. Continue monthly ongoing training sessions for all POINT and regional POINT staff.

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| <p>How will you measure progress toward your goal?</p> |
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We will measure progress as to each objective as follows (numbered items match the objective numbers above):

1. An additional memorandum of understanding or other agreement is entered into between RIDEA and RIDHS that addresses coordination of ADRC services.
2. A memorandum of understanding or other agreement is entered into between RIDEA and BHDDH that addresses coordination of ADRC services.
3. More aging network partners are formally involved in the provision of these ADRC services, and the capacity is expanded within RIDEA to provide these services and for RIDEA to act as a liaison between RIDEA's various ADRC partners.
4. The new MMIS system is fully operational.
5. The regional POINTS have more ADRC clients.
6. "800" number (or an alternative system that allows callers to select the POINT office of their choice) is operational.
7. Website is current and provides updated information regarding available programs and services.
8. Written operating standards and protocols for the services provided by the various POINT locations in order to ensure consistency in services have been implemented. Monthly ongoing training sessions for all POINT and regional POINT staff continue.

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| What are your anticipated barriers? How will you address these challenges? |
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There are several anticipated barriers to the achievement of our objectives:

1. For many years, RIDEA, RIDHS, and BHDDH were in "silos"; as a result, collaboration among agencies traditionally was difficult to achieve.

We have been addressing, and will continue to address, this challenge. RIDEA, RIDHS, and BHDDH now are contained within EOHHS, which facilitates cooperation and coordination among the state departments that administer Rhode Island's health and social service programs, reducing the silo effect.

In addition, moving THE POINT toward the provision of streamlined, coordinated services is a priority of both RIDEA's new Director and RIDEA's new ADRC State Project Lead. The new RIDEA and RIDHS Directors have discussed the ADRC, and the expansion and sustainability of the ADRC has been embraced at the highest levels at both agencies. The State Project Lead will be scheduling meetings in the next few months with her counterparts at RIDHS in order to develop proposals to improve and expand upon the partnership between the two agencies with respect to The POINT.

In addition, the RIDEA Director will reach out to BHDDH's Director to begin discussions to strengthen the collaboration between the two agencies specifically concerning ADRC activities.

2. Obtaining key data from sister agencies can be problematic. Data also must be entered into several computer systems, which is time-consuming.

These issues are being addressed in several ways: (1) EOHHS has established a data warehouse, through which RIDEA is able to obtain data from RIDHS; (2) EOHHS is planning for the establishment of a shared MMIS system that will allow the EOHHS agencies to share data (this system currently is anticipated to be fully operational by 2013-2014 and may help to alleviate the need for redundant entries of data); (4) THE POINT makes referrals to RIDEA's case management agencies for home and community care services; in order to improve the ability of THE POINT to engage in short-term case management, in collaboration with our various case management agencies, we have developed a process that allows THE POINT to track and follow up on referrals made to the case management agencies for home and community care services for ADRC clients; (5) The project lead for the ADRC in Rhode Island is co-located with State agency staff who make financial (and also functional) eligibility determinations for public programs; the ADRC project lead serves as a conduit for the State ADRC representatives and facilitates communication and collaboration between the ADRC staff and the staff of the State agency that makes these eligibility determinations; and (6) THE POINT also coordinates with RIDHS and RIDEA staff to track the status of applications.

3. Any realignment in the ADRC structure that may be proposed by RIDEA may meet with resistance, both from political and social services interests.

RIDEA will work with its aging network partners to explain to the public why such a realignment will be in the best interests of the people we serve.

4. Given the extremely difficult economic climate in RI, any proposed realignment in the proposed ADRC structure that requires additional staff at RIDEA also is likely to meet with resistance.

If we determine that the hiring of additional staff is warranted, it would be because the anticipated savings to the state to exceed the cost of such new hires, and we would expect to be able to demonstrate expected savings.

5. Our marketing efforts and our ability to implement an "800" number (or other alternative system that will allow callers to select the POINT location of their choice) will be limited to the extent of limits on available funding to cover costs.

Part of our review of our ADRC structure will include a review from a financial standpoint – i.e., how to provide the most efficient services for the most efficient costs.

6. As we expand and market services, we anticipate a strain on the resources of the ADRC.

We hope to alleviate this strain by distributing more of the workload to the regional ADRCs and through support within RIDEA, RIDHS and BHDDH.

What is your overall timeline and key dates?

Our timeline with respect to each objective is as follows (numbered items match the objective numbers above):

1. It is our hope that by July 1, 2012 an additional memorandum of understanding or other agreement will be entered into between RIDEA and RIDHS that addresses further coordination of ADRC services. The State Project Lead will be scheduling meetings in the next few months with her counterparts at RIDHS in order to develop proposals to improve and expand upon the partnership between the two agencies with respect to The POINT.
2. It is our hope that December 31, 2012 a memorandum of understanding or other agreement will be entered into between RIDEA and BHDDH that addresses coordination of ADRC services.

3. As we renew our grants and other agreements with aging network partners, we will seek to formally involve them in the provision of ADRC services. Our goal is to implement these formal arrangements over the next twelve to eighteen months. Any improvements/reorganization within RIDEA in order to build upon the existing infrastructure within RIDEA to provide ADRC services and for RIDEA to act as a liaison between RIDEA's various ADRC partners are estimated to take twelve to twenty-four months.
4. The new MMIS system currently is anticipated to be fully operational by 2014. As this work is controlled by EOHHS, the actual timeline for completion of this task is not within our control.
5. We will work on a plan to make the public more aware of the regional POINTS, with our goal being that within the next six to twelve months the regional POINTS have more ADRC clients.
6. More research is needed as to the financial and other resources needed to implement the "800" number (or other alternative system that will allow callers to select the POINT location of their choice) referred to above. Whether we decide that this objective is feasible also likely will depend upon the outcome of our analysis of our existing ADRC structure and how to improve it. Subject to availability of funding, we hope to be able to achieve this objective within twenty-four months.
7. It is our goal to bring the Website current by the end of the 2011 calendar year.
8. It is our goal to implement written operating standards and protocols for the services provided by the various POINT locations in order to ensure consistency in services by the end of the 2011 calendar year. Monthly ongoing training sessions for all POINT and regional POINT staff already are in place.

Section II: Partner Involvement

Who are the key players and responsible parties?

The key players and responsible parties include RIDEA's ADRC State Project Lead, currently Rhonda Schwartz; as well as RIDEA's new director, Catherine Taylor; RIDHS' new Director, Sandra Powell; BHDDH's Director, Craig Stenning; and a designated representative of EOHHS (to be identified). Moving THE POINT toward the provision of streamlined, coordinated services is a priority of both RIDEA's new Director and RIDEA's ADRC State Project Lead.

The new RIDEA and RIDHS Directors have discussed the ADRC, and the expansion and sustainability of the ADRC has been embraced at the highest levels at both agencies. The

State Project Lead will be scheduling meetings in the next few months with her counterparts at RIDHS in order to improve and expand upon the partnership between the two agencies with respect to THE POINT; these individuals also will be key players.

The RIDEA Director will continue to discuss with the Secretary of EOHHS and with BHDDH's Director ways to strengthen RIDEA's collaboration with these agencies regarding THE POINT.

Section III: Financial Plan – Resources to Sustain Efforts

What existing funds/programs are currently being used to carry out ADRC activities?

Currently, RIDEA uses a variety of sources to fund ADRC activities:

1. RIDEA uses its three-year ADRC grant, which was awarded in 2009, to fund the main ADRC location, housed at United Way of Rhode Island. These funds also have allowed RIDEA to strengthen its partnership with RIDHS, the lead state agency for the Rhode Island Medicaid Global Waiver, which is a mechanism that supports the rebalancing of Rhode Island's system of long term care, in part, through the delivery of *options counseling* to enable many more individuals to be well-informed about *all* of their long term care choices, including those in community settings. Additionally, this new award has enabled RIDEA to expand its partnership with the state's Medicare Quality Improvement Organization (QIO), Quality Partners of Rhode Island ("Quality Partners"). Quality Partners provides marketing and outreach, as well as evaluation services, for THE POINT.
2. Title IIIB and IIIE funds also have been used to supplement the ADRC grant that funds the main ADRC location.
3. The eight regional POINTS and the Ocean State Center for Independent Living are funded through a combination of Title IIIB funds and state general revenue funding.
4. RIDEA's case management agencies provide ADRC-related services and collaborate with THE POINT. These agencies are funded with Title IIIB and IIIE funds, as well as through Medicaid.

What additional programs and service offerings are necessary to operate fully functional ADRCs across the state?

As noted above, we need to provide the following services to be fully functional on a state-wide basis:

1. Options counseling and care transitions services on a state-wide basis.
2. Streamlined services, no matter which ADRC location handles the initial intake.

What is your estimated cost to expand statewide (e.g., new MIS purchase)?

The new MMIS system is being provided by EOHHS, at no cost to RIDEA.

We currently are researching the cost of the "800" number (and we also are researching the cost of an alternative system that will allow callers to select the POINT location of their choice.) Based on preliminary research, we estimate the "800" number would cost approximately \$500 - \$1,000 per month. We do not yet have any estimates for the cost of the alternative system referred to above.

How will you access the resources and create the revenue opportunities necessary for sustainable ADRC implementation on a statewide basis?

We believe that, in conjunction with RIDHS; through our existing programs, such as case management services; and through EOHHS and BHDDH, we already provide the required ADRC services. In collaboration with EOHHS, RIDHS and BHDDH, we believe that we can achieve sustainability through improved coordination of services and by building upon our respective existing infrastructures.

In addition, having the various ADRC regional agencies located at non-profits outside of state government is helpful from a funding standpoint; we are able to leverage the additional funding provided to these agencies from other sources which help to fund their operations.

What are the estimated projected cost savings/offsets of having fully functional ADRCs statewide?

Rhode Island has put several programs in place that help to keep older adults and adults with disabilities in the community. THE POINT is a key component of the State's efforts to help older adults and their caregivers to understand the range of, and enroll in, available programs.

In 2009 Rhode Island implemented the Medicaid Global Waiver. The Medicaid Global Waiver promotes savings in state long-term care costs by diverting appropriately-determined patients from institutions to less expensive community settings. The Global Waiver gives the State with much greater flexibility than it previously had in implementing Medicaid programs. Under the Global Waiver, the State, led by RIDEA's sister agency RIDHS, is "redesign[ing] the State's Medicaid program to provide cost-effective services that will ensure beneficiaries receive the appropriate services in the least restrictive and most appropriate setting..."⁴

One of the objectives of the Global Waiver is to ensure that access to institutional services is limited only to those persons who are in need of that level of service. To that end, the State has established a new Level of Care (LOC) for access to nursing homes. In order to access Medicaid-funded long-term care, a person needs to meet either the highest or high LOC. If a person meets the highest LOC, he/she may access services in a nursing home or in the community. If a person meets the high LOC, he/she may only access services in the community. Many home- and community-based services are provided under the auspices of the Medicaid Global Waiver. RIDEA collaborates with its sister agency, RIDHS, in their implementation.

The State also has designed and implemented a nursing home transition project to identify individuals that could be transitioned from the nursing home to a community-based setting. Between July 1, 2009 and March 31, 2011, 206 individuals had been transitioned under this program from a nursing home to a community setting.

In addition, in early 2011, RIDHS was awarded a *Money Follows the Person* grant. These funds will be used to expand existing efforts to assist elders in relocating from nursing homes back into the community, and RIDEA, and in particular THE POINT through the provision of options counseling and care transitions services, will assist RIDHS in the implementation of this grant.

RIDEA has revised its Co-Pay Program under the Global Waiver. The Co-Pay program helps to pay a portion of the cost of home health care and/or adult day care. Now considered a program eligible for federal cost sharing, the Co-Pay Program has been redesigned to provide services to non-Medicaid eligible seniors over the age of 65 whose income does not exceed 200% of Federal Poverty Limit. These seniors must meet the functional requirements for the program as well (i.e., unable to leave home without considerable assistance and need for assistance with ADLs). Several other home- and community-based services and supports are available to Rhode Island's senior citizens and adults with disabilities. Many of these services generally are provided by, or in conjunction with, RIDHS.

The full extent of the fiscal impact of the Global Waiver and other programs designed to help keep older adults and adults with disabilities in the community as yet is unknown.⁵ Preliminary results of a study conducted by RIDEA (with funding from a Federal Advanced POMP Grant for FFY 2007) indicate that, during the 2006 calendar year, RIDEA services delayed

⁴ Rhode Island Global Consumer Choice Compact 1115 Waiver Demonstration 11W-00242/1, Section 1115 Quarterly Progress Report, Period: October - December 2010, p. 5.

⁵ Savings from the Global Waiver are being analyzed.

nursing home entry for individuals at high risk of entering a nursing home by an average of 23 months; the study also showed that even where an individual received multiple RIDEA services, the aggregate monthly cost of those services was less than what the monthly cost would have been for a nursing home for the individual. ⁶

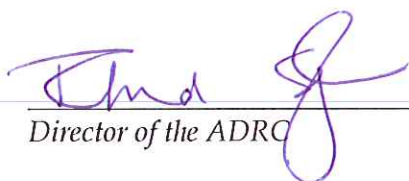
The significance of the focus of these programs on “re-balancing” the long term care system and facilitation of programs and services to help older adults remain in, or return to, the community should not be overlooked. THE POINT’s key role in (a) educating older adults, adults with disabilities and their caregivers of available services that will allow them to remain in the community and (b) helping them to enroll in appropriate programs in integral to the state’s re-balancing efforts.

| Project Checklist | Yes | No |
|--|-----|----|
| Are these goals reflected in the State Plan on Aging? | X | |
| Do these goals require changes that must be proposed through the current budget cycle? | | X |
| Does implementing these goals require regulatory, legislative, or statutory changes? | | X |
| Does your plan seek private funding to augment public resources to support sustainability? | | X |
| Have the necessary stakeholders been identified and contacted? | X | |
| Are your data systems prepared to track progress towards these goals? | X* | |


*Please see the anticipated barriers discussion above for information as to the status of our data systems and plans for improvements to these systems.

⁶ Rhode Island Department of Elderly Affairs. *Impact of DEA Services on the Entry of Clients to Rhode Island Nursing Homes*. 21 February 2008.

ADRC Five Year Statewide Plan Approval



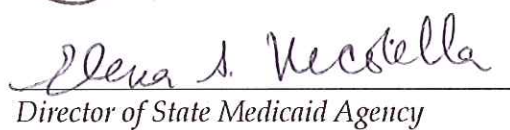
Director of the ADRC



Director of the State Unit on Aging



Director of the State Disability Agency



Director of State Medicaid Agency

Exhibit A

Memorandum of Understanding

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

MEMORANDUM OF UNDERSTANDING

Between

DEPARTMENT OF HUMAN SERVICES

And

DEPARTMENT OF ELDERLY AFFAIRS

For

RHODE ISLAND'S AGING AND ADULT DISABLED RESOURCE CENTER

Agreement, dated as of July 21, 2006, by and between the STATE OF RHODE ISLAND, DEPARTMENT OF HUMAN SERVICES, hereinafter known as DHS, and DEPARTMENT OF ELDERLY AFFAIRS, hereinafter known as DEA.

DHS is the single state agency duly authorized by the Centers for Medicare and Medicaid Services ("CMS") to administer the Medicaid program in and for the State of Rhode Island.

DEA is the designated state agency on aging under the Older Americans Act of 1965, as amended, and is responsible for developing and implementing a system of community-based care for Rhode Island citizens aged 60 and older.

The purpose of this Agreement is to confirm the commitment of DHS and DEA to continue to cooperate in the implementation, development and expansion of the Rhode Island Aging and Adult Disabled Resource Center.

1. Original Aging and Adult Disabled Resource Center ("ADRC") Grant

..... In 2003, the Administration on Aging (AoA) and the Centers for Medicare and Medicaid

Services (CMS) awarded a grant to DEA for the development of an ADRC in Rhode Island. The premise behind this ADRC initiative was to provide consumer-directed services for seniors and adults with disabilities in an environment free from the fragmentation, duplication and frustration that too often characterizes the long term care system. Rather, access to long term care services should be seamless for consumers; services should be well coordinated; information should be available in "one-stop;" and people should receive help quickly and in a professional manner. With the cooperation of DHS and others, DEA applied the 2003 grant to the establishment of "The Point," a centralized call center and web-site that allows the public to access information regarding programs and services of interest to seniors and adults with disabilities.

2. 2006 ADRC Grant Application

DEA currently is preparing an application (the "2006 Application") to AoA and CMS for an additional grant in order to expand the services provided by the ADRC. It currently is contemplated that such expansion will include: the streamlining of access to public benefits for seniors and adults with disabilities through the internet by providing one web-based application for multiple programs; professionally training specialists to assist clients in simplified procedures; the establishment of walk-in sites throughout the state; and the promotion of partnership activities, including outreach and educational activities, with concentrated efforts to reach seniors and adults with disabilities in minority communities and to increase the visibility of The Point and the services it provides to the citizens of Rhode Island.

3. Agreement

Desiring to ensure that the ADRC continues to provide access to long term care services and assistance for elders and adults with disabilities in Rhode Island, and to expand and improve such access, the parties agree as follows:

- A. DHS and DEA hereby confirm their commitment to the ADRC initiative in Rhode Island, as amended by the 2006 Application, and the parties agree to cooperate to achieve the goals for the ADRC, as described in the 2006 Application.
- B. DHS and DEA shall continue to collaborate to manage and administer the ADRC and its contemplated expansion, as described in the 2006 Application, it being understood that DEA shall continue to act as lead agency and project manager for the ADRC initiative.
- C. DHS and DEA agree to cooperate to work toward the achievement of streamlined access to the long term care services system in Rhode Island for seniors and adults with disabilities through the ADRC. Such efforts shall include without limitation (i) the review and analysis of existing procedures, protocols, guidelines, laws and regulations that govern the long term care services system for seniors and adults with disabilities in Rhode Island; (ii) based upon such review and analysis, the development of proposals for improvements to the system that will help to accomplish streamlined access to the long term care services system for seniors and adults with disabilities, and the implementation of such proposals where the same are determined by the parties to be practical and feasible; and (iii) where deemed necessary or desirable by the parties, the proposal of legislation that would help to achieve streamlined access to the long term care services system for

seniors and adults with disabilities; and (iv) such other actions as the parties shall determine to be helpful in achieving the goal of streamlined access, provided the same are practical and feasible, as determined by the parties. DHS and DEA shall establish a mutually agreeable schedule for completing the tasks set forth in this paragraph.

- D. DHS and DEA agree to continue to devote such staff, equipment and other resources from their respective Departments as shall be reasonably required in order to perform their respective obligations with respect to the ADRC.
- E. DHS and DEA agree to continue to cooperate in the monitoring and evaluation of the ADRC initiative.
- F. DHS and DEA agree to meet, in person or by telephone, as needed, to address issues, challenges, strategies and opportunities that arise as a result of the ADRC initiative.
- G. The parties agree to cooperate to work with federal agencies with respect to the ADRC initiative.
- H. DHS and DEA agree, subject to applicable legal requirements and relevant confidentiality standards, to share relevant information about each Department's programs, as needed, in order to coordinate work and efforts of the ADRC.

4. Miscellaneous

A. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same agreement.


B. This Agreement may be supplemented, amended, or modified only by the mutual

agreement of the parties. No supplement, amendment, or modification of this Agreement shall be binding unless it is in writing and signed by all parties.

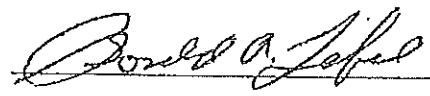
C. This Agreement may be terminated by either party upon not less than thirty (30) days' prior written notice.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first hereinabove written as follows:

For the Department of Elderly Affairs:

 Date 7.20.06
Name: CORINNE CALISE RUSSO
Title: Director

For the Department of Human Services:

 Date 7.20.06
Name: RONALD A. LEBEL
Title: Director

Appendix E

Resource Allocation

**The Resource Allocation Plan Reflects Estimated
Receipts and Expenditures Based on Current Levels
STATE AGENCY OPERATING BUDGET FY 2011**

| <u>Federal OAA Funds</u> | | |
|---|-------------------------|-------------------------|
| | Sub-Total | Total |
| <u>Title III-B,C,D,E Services</u> | | |
| Estimated Total Title III | | <u>5,951,004</u> |
| Direct Services IIIB | <u>1,823,323</u> | |
| Nutrition Congregate IIIC1 | <u>2,181,876</u> | |
| Nutrition Home Delivered IIIC2 | <u>1,077,496</u> | |
| National Family Caregiver Support Program | | |
| IIIE | <u>763,389</u> | |
| Preventative Health IIID | <u>104,920</u> | |
| <u>Title VII-Ombudsman, Elder Abuse Services</u> | | |
| Estimated Total Title VII | | <u>108,321</u> |
| Ombudsman | <u>83,294</u> | |
| Elder Abuse | <u>25,027</u> | |
| <u>Other Federal Funds</u> | | |
| Estimated Total Other Federal Funds | | <u>9,784,423</u> |
| Senior Companion Program | <u>393,824</u> | |
| Nutrition Services Incentive Program (NSIP)(USDA) | <u>536,335</u> | |
| Senior Health Insurance Program (SHIP) | <u>245,610</u> | |
| Case Management | <u>531,063</u> | |
| CNOM-Co-Pay Day Care* | <u>1,089,968</u> | |
| CNOM-Co-Pay Home Care* | <u>1,305,209</u> | |
| Medicaid | <u>4,704,636</u> | |
| Ombudsman | <u>32,000</u> | |
| Senior Medicare Patrol | <u>268,750</u> | |
| ADRC (The Point) | <u>229,917</u> | |
| Respite Across the Lifespan | <u>66,666</u> | |
| MIPPA | <u>183,297</u> | |
| ADRC-Evidence Based Care | <u>196,989</u> | |
| TOTAL FEDERAL FUNDING | | \$15,843,748 |

*Medicaid Global Waiver services; please see the **Context** section of the State Plan narrative for more information.

| State Funds | | | | | Total |
|--|--|--|--|--|-------------------|
| General (Administration) | | | | | 633,933 |
| Senior Companion (Match) | | | | | 81,567 |
| Elderly Nutrition Program | | | | | 283,932 |
| Protective Services (Elder Abuse/Self-Neglect) | | | | | 471,991 |
| Community Agency Grants (Leg. Grants) | | | | | |
| (Adult Day Care, Respite, Senior Centers) | | | | | 833,628 |
| In-Home Services | | | | | 244,555 |
| Medicaid - State Share | | | | | 2,956,151 |
| Ombudsman - State | | | | | 86,750 |
| CNOM_Co-Pay Day Care* | | | | | 970,518 |
| CNOM_Co-Pay Home Care* | | | | | 1,162,023 |
| CNOM-Case Management* | | | | | 197,176 |
| RI Pharmaceutical Assistance (RIPAE)** | | | | | 1,862,990 |
| Elderly Housing Security | | | | | 74,893 |
| Care & Safety of the Elderly | | | | | 1,294 |
| Volunteer Guardianship Program*** | | | | | 81,512 |
| TOTAL STATE FUNDING | | | | | 9,942,913 |
| | | | | | |
| | | | | | |
| GRAND TOTAL | | | | | 25,786,661 |

*Medicaid Global Waiver services

We anticipate that this program will receive approximately \$500,000 to \$600,000 in funding for the 2012 fiscal year, as a result of changes that will be made to the program in response to the federal Patient Protection and Affordable Care Act. Please see the **Context section of the State Plan narrative for more information. We also anticipate that this lower funding level will be sufficient to fund the new program.

***We expect state funding of this program to cease for the 2012 fiscal year and plan to fund this program through federal funding sources.

Appendix F

State Plan Assurances

**FY 2012 State Plan Guidance
Attachment A**

**STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND
INFORMATION REQUIREMENTS
Older Americans Act, As Amended in 2006**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

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

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

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

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

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

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

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

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

Sec. 306(a), AREA PLANS

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

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

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

(C) legal assistance;

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

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

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

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

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

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

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

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

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

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

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

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

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

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

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

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

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

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

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

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

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

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

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

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

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

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

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

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

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

(21) The plan shall

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

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

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

- (2) The State agency:

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

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

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

- (5) The State agency:

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

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

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

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

- (8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--
- (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
 - (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
 - (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

INFORMATION REQUIREMENTS

Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))

The term “in-home services” includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)

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

Section 306(a)(17)

Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)

- (2) The plan shall provide that the State agency will:
- (C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (*Note: those categories are access, in-home, and legal assistance*).

Section (307(a)(3)

The plan shall:

- (A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (*Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area*)

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

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

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

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

Section 307(a)(8) (Include in plan if applicable)

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

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

Section 307(a)(10)

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

Section 307(a)(21)

The plan shall:

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

Section 307(a)(28)

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

(B) Such assessment may include—

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

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

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

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

Section 307(a)(29)

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

Section 307(a)(30)

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

Section 705(a)(7)

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

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

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

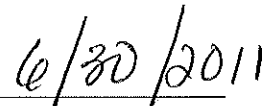
(i) if all parties to such complaint consent in writing to the release of such information;

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

(iii) upon court order.



Signature and Title of Authorized Official



Date

Appendix G

Public Hearings Newspaper Advertisement

**Rhode Island Department of Elderly
Affairs Notice of Public Hearings
State Plan on Aging (2012-2015)**

The Rhode Island Department of Elderly Affairs (DEA) encourages senior citizens, adults with disabilities, family members, service providers, advocates, and other interested parties to voice their concerns on issues important to the well-being of older Rhode Islanders and adults with disabilities. This unique opportunity helps direct priorities and funding for aging services in our state. Public hearings will be held as follows:

| | |
|--|--|
| <u>Tuesday, May 31, 2011</u> | <u>Wednesday, June 1, 2011</u> |
| Westerly Senior Center 39 State Street Westerly, RI 02891 | The Center 25 St. Dominic Road South Kingstown, RI 02879 |
| <u>Thursday, June 2, 2011</u> | <u>Friday, June 3, 2011</u> |
| Johnston Senior Services 1291 Hartford Avenue Johnston, RI 02919 | East Providence Senior Center 610 Waterman Avenue East Providence, RI 02914 |

Monday, June 6, 2011
Woonsocket Senior Services
84 Social Street
Woonsocket, RI 02895

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

Interested parties may pick up a hard copy of the proposed goals and objectives of the State Plan at DEA, John O. Pastore Center, Hazard Building, 2nd. Floor, 74 West Road, Cranston, RI 02920. Electronic copies can be obtained by e-mailing Rhonda Schwartz at rschwartz@dea.ri.gov. Written comments will be accepted by DEA through Monday, June 6, 2011 at 4:00 p.m. and should be submitted to Rhonda Schwartz, Rhode Island Department of Elderly Affairs, Hazard Building, 74 West Road, Cranston, RI 02920 via mail service or e-mail at the above address.

SPECIAL NEEDS: Persons needing accommodation(s) for effective participation in these hearings should contact Rhonda Schwartz, at 401-462-0561. Individuals with hearing impairments should call Rhonda Schwartz via Rhode Island Relay 711, or 1-800-745-5555 (TTY-English), or 1-800-355-9214 (TTY-Spanish) at least 48 hours in advance of any public hearing that they wish to attend.

Lincoln D. Chafee,
Governor



Catherine T. Taylor,
Director