



AREA AGENCY ON AGING AREA PLAN FFY 2019 – FFY2022

August 1, 2018

TABLE OF CONTENTS

SECTION A

VERIFICATION OF INTENT.....	3
MISSION STATEMENT.....	5
EXECUTIVE SUMMARY.....	6

SECTION B

NEEDS ASSESSMENT.....	11
STATE PLAN ON AGING ASSESSMENT	13
LOCAL PERSPECTIVE	45

SECTION – COMMUNITY FOCAL POINTS.....	55
--	-----------

SECTION C

GOALS/OBJECTIVES, STRATIGIES AND PERFORMANCE	
MEASURES.....	60
RBA REPORT CARDS.....	62

SECTION D

AGENCY PLAN FOR DATA MANAGEMENT AND / OR DEVELOPMENT	
PLAN.....	76

SECTION E

CONTINUOUS QUALITY IMPROVEMENT PLAN.....	78
---	-----------

SECTION F

REQUEST FOR DIRECT SERVICE WAIVERS	80
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APPENDICES


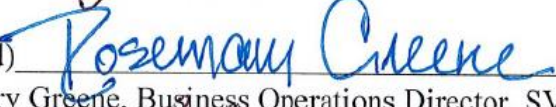
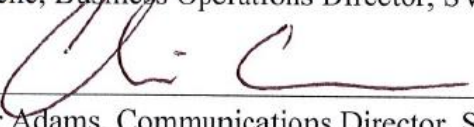

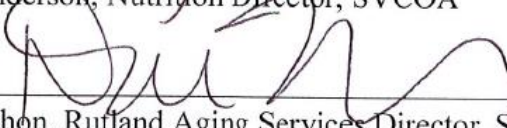
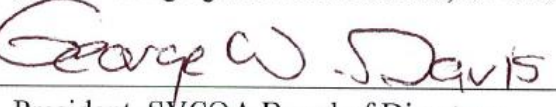
A. APPENDIX A - ASSURANCES WITH STANDARD STATE GRANT	
ATTACHMENTS.....	82
B. APPENDIX B – ORGANIZATIONAL STRUCTURE.....	116
• CHART OF ORGANIZATIONAL STRUCTURE	
• ADVISORY COUNCIL LIST	
• BOARD COMPOSITION	
C. APPENDIX C - EMERGENCY PREPAREDNESS OR CONTINUITY OF	
OPERATIONS PLAN.....	119

SECTION A

VERIFICATION OF INTENT

The Southwestern Vermont Council on Aging's (SVCOA) Area Agency on Aging Area Plan is hereby submitted for the period October 1, 2018 through September 30, 2022. It includes all assurances and plans to be followed by the submitting agency under provisions of the Older Americans Act and the Area Plan Instructions. The Area Agency on Aging identified shall assume full responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

The Area Plan was developed in accordance with all rules and regulations specified under the Older Americans Act and will be submitted to the Department of Disabilities, Aging and Independent Living.

4/30/18	(signed)	
Date		Jennifer Plouffe, Bennington Aging Services Director, SVCOA
7/30/18	(signed)	
Date		Rosemary Greene, Business Operations Director, SVCOA
7/30/18	(signed)	
Date		Christopher Adams, Communications Director, SVCOA
7.30.18	(signed)	
Date		Courtney Anderson, Nutrition Director, SVCOA
7/30/18	(signed)	
Date		Dana McMahon, Rutland Aging Services Director, SVCOA
7/30/18	(signed)	
Date		President, SVCOA Board of Directors

The Area Agency on Aging Advisory Council has had an opportunity to review and comment on the Area Plan.

7/11/2018 (signed) 
Date Chair, SVOA Advisory Council

(signed)
Date Approved Commissioner, Department of Disabilities, Aging
and Independent Living

MISSION STATEMENT

The Southwestern Vermont Council on Aging (SVCOA) exists to be a community force in creating and sustaining opportunities for elders and caregivers in our region to help assure that elders are able to maintain maximum independence and quality of life.

To fulfill this mission, SVCOA has adopted three overarching goals:

- To support elders in the southwestern Vermont's service planning area to face the challenges of aging with dignity and independence;
- To create and sustain partnerships within our service planning area with older adults and community partners, creating community based options and choices designed to enhance the quality of life of older adults and caregivers; and
- To support family and caregivers of older adults to help them maintain their caregiving role.

Our four year Area Plan lays out objectives, strategies and outcomes that directly relate to our mission statement, these three overarching goals, and the intent of the Older Americans Act.

EXECUTIVE SUMMARY

This summary serves as an overview of the recent accomplishments, progress and challenges of the Southwestern Vermont Council on Aging (SVCOA). It also gives a brief review of our current system and an indication of issues and trends affecting older Vermonters and caregivers in our planning service area, and how SVCOA plans to meet these challenges in the coming four years.

SVCOA and its Boards (organization and advisory) remain committed to providing essential support and services to older adults in our region including high quality, nutritious meals, case management services, enhanced transportation opportunities, money management programs, information assistance and referral services, on-going caregiver supports, options counseling, care transitions and wellness initiatives, to name a few.

We continue to use current data collection and quality assurance methods to measure the success of our programs/services--most specifically through individual surveys and the use of a Survey Monkey tool. SVCOA has also formulated goals and work plans that reflect a “results based accountability” (RBA) format. We have continued to track our services for these specific goals over the past four years using the RBA model to measure how well we are doing, how much we are doing and if the older Vermonters in our service area are better off. Ultimately, it is our intention to continue to leverage data collected, as well as conversations with key community partners, to drive future changes, fill any gaps in programs and services, meet identified needs and work toward continuous improvement for the clients we serve.

In recent years, SVCOA has experienced a number of notable successes and challenges, both of which have helped guide the organization’s planning and programming, operational adjustments, partnership development, and advocacy efforts, among other initiatives.

Sustained, large-scale challenges experienced by SVCOA, which in many cases have had a direct impact on the older Vermonters we serve, include a rapidly growing elder population, which has created a sudden rise in demand across various programs and services; increased complexity of many cases with respect to mental health, substance abuse and family dynamics; funding challenges surrounding our nutrition program – resulting in the reduction of our breakfast program; challenges related to recruiting adequate volunteer assistance to help with programs such as Meals on Wheels, senior companion, money management, rep payee and home repair; lengthy wait lists for moderate needs clients; a lack of caregivers and home health agencies; and data system challenges preventing SVCOA from accessing important client information in an efficient manner to allow for targeted and well-informed client care. While measurable progress has been made on several of these high-level, systemic challenges, SVCOA and its clients continue to face these roadblocks on a daily basis.

SVCOA has also witnessed several additional challenges, which the agency has been able to address quickly and creatively, and ultimately achieve substantial progress on. Examples of such challenges include a significant lack of awareness surrounding public transportation resources available within our service area, an issue being tackled by increased outreach and education on the topic; high client hospital readmission rates, a challenge being addressed and mitigated

through closer working relationships with both major hospitals in our service territory, as well as access to client electronic medical records which allows SVCOA staff to track a client's status in real-time and deliver targeted, informed care and support which anecdotally appears to be resulting in fewer readmissions and needed health and welfare checks; high rates of client falls within and outside of the home, a challenge that is being addressed by an expanded SVCOA wellness program that offers a variety of strength and balance training courses, such as the tai chi for falls prevention, among others; and difficulties surrounding APS responsiveness in our service area, an issue that SVCOA is currently working to alleviate through its new seat on the APS advisory committee. This position provides the agency with direct influence and the opportunity to drive change and improvement over the next four years.

SVCOA is proud to report a range of recent accomplishments that have provided direct value to the clients and communities that it serves. Beginning internally, SVCOA recently transitioned to a new team-based leadership structure, which includes directors from the four core areas of the agency - case management and information and assistance, nutrition, wellness, transportation and volunteer programs, business operations, and communications and development. The new management structure allows for collective decision-making and strong departmental representation, as well as the reinvestment of prior executive director salary dollars to “boots on the ground” positions aimed at improving service to clients. In total, this restructuring will allow the agency to remain nimble and better position itself to meet the ever-changing demands of clients, improve community visibility and partnerships, strengthen advocacy efforts and ensure future sustainability.

Between 2016 and 2017, SVCOA purchased, renovated and moved into our own permanent administrative home within Rutland County, located in the northwest section of Rutland City. Thanks in part to a \$300,000 Community Development Block Grant, we were able to acquire and transition into this facility without incurring any debt. By avoiding nearly \$60,000 in prior annual facility leasing costs, the move will help SVCOA's bottom line for years to come, further ensuring stability for clients of the agency. Additionally, the new facility positions SVCOA closer geographically to key community partners, is fully handicap accessible, and features a range of modern technology systems (in concert with our Bennington office) that have been designed to move the agency toward complete HIPPA compliance with regard to protecting client information and allowing more effective working partnerships with area medical providers and hospitals.

In response to the results of an agency-wide assessment of all departments, SVCOA, through job restructuring, has added two new full-time positions including a registered nurse options counselor in the case management department, and a nutrition assistant and wellness coordinator in the nutrition department. The options counselor position was created to enable the agency to have a registered nurse on staff to conduct Choices for Care assessments, as well as provide assistance, support and referrals to aid clients in creating person centered care plans with respect to long term services and supports. This position has also facilitated stronger partnerships with local medical centers, helped strengthen the Care Transitions Program, aided with the identification of social determinants of health which can often be overlooked by the medical community, and led to smoother home transitions for clients. As a result, the level of support, care and continuity has increased for older adults in our service area, while also working on

reducing the number of hospital readmissions. The nutrition assistant and wellness coordinator position was developed to fulfill a number of tasks, including creating a formal process to prioritize Meals on Wheels clients through a detailed food insecurity assessment. This algorithm-based prioritization is essential to SVCOA as it gives the agency the ability, if needed, to create an accurate, effective waitlist for the program while ensuring that we are able to appropriately meet the needs of the clients we serve. The assessment has also helped SVCOA determine which clients should be transitioned off the home delivered meals program and on to our community based meals program, ensuring that clients continue to receive nutritional support but are also able to access increased opportunities for social interaction. Additionally, the nutrition assistant and wellness coordinator has been instrumental in increasing education and programming around nutrition and wellness, as well as expanding key partnerships in the communities we serve. Overall, this new position is a fiscally responsible addition that enables us to use limited home delivered funds more efficient and effectively.

Collaboration and partnership continue to be a focal point for SVCOA as evidenced by strong working relationships with peer agencies and programs, as well as community organizations in our service territory. SVCOA, along with its AAA sister agencies, continue to work with One Care Vermont, the consolidated Accountable Care Organization (ACO). In addition to signing a “One Care Collaboration Agreement,” SVCOA staff have been trained in using its “care navigator” database to be able to access and provide patient data in a timely manner to various health care partners. Another recent, successful partnership can be found in SVCOA’s active involvement in Rutland’s “Project VISION” initiative aimed at addressing drug-related challenges in the Rutland area and making Rutland one of the healthiest, safest and happiest communities in America. “Project VISION,” which includes a diverse coalition of over 300 local organizations, including social and health service agencies, schools, businesses, local and federal government, law enforcement, and faith-based groups, among others, leverages integrated collaboration across many agencies and organizations to treat addiction, reduce crime and build better neighborhoods. SVCOA has a dedicated case manager who works out of the “Project VISION Center” one day a week to help problem solve client-specific issues and serve as a resource to other “Project Vision” partners. This joint, cross-agency effort ensures a high level of client support and ultimately allows SVCOA to better serve older adults in our community. Last, but certainly not least, SVCOA has been successful in recent years in teaming up with Vermont’s four other AAA’s, as well as V4A leadership, on myriad projects including programs, events and legislative advocacy efforts. Notable products of this collaboration include the “Aging in Vermont: Communities on the Move” conference that was coordinated jointly by V4A, SVCOA and the other AAA’s and designed to provide educational opportunities to older adults, providers and caregivers, as well as to strengthen relationships between the AAA’s and area medical resources; and extensive, cooperative legislative advocacy carried out by SVCOA, its sister AAA’s, V4A, and V4A’s contracted lobbyist that resulted in a 2% Medicaid reimbursement increase for case management services through Choices for Care for fiscal year 2018, as well as additional funding for our meal programs.

Two final key areas of focus for SVCOA include strong fiscal planning and responsibility, and continuous staff development and training. Both of these focuses are essential to the agency’s current and future ability to deliver high quality programs and services to its clients, and SVCOA is proud of a number of recent successes in these areas. As in past years, SVCOA has continued

to search for and secure non-government funding through grants, fundraising, and fee-for-service programs. The agency has routinely secured grants from Rutland County United Way and Subaru's Share the Love program, among others, and has continued to grow its successful rep-payee program. The rep payee program generates revenue from services provided in administering finances for clients who have been determined by a doctor and confirmed by Social Security Administration to have a mental or physical impairment and are unable to manager their own funds, achieve financial stability, or secure basic needs such as food, shelter, clothing and medical care. The program, which currently has 117 participants, is anticipated to bring in over \$50,000 in added revenue this year. SVCOA is currently examining additional fee-for-service programs, such as a home medication management program aimed at reducing hospital readmission rates, which would further bolster the agency's fiscal planning. Lastly, SVCOA staff have been highly active of late with respect to training and development, participating on a number of statewide leadership groups, serving on statewide advisory councils and non-profit boards, and earning training certifications in areas such as senior nutrition, SHIP, tai chi for falls prevention and arthritis, information and assistance, options counseling and powerful tools for caregivers. SVCOA places a high value on staff training and development, and fully understands the importance of supporting such opportunities for advancement as these staff experiences in turn will benefit the experiences of our clients.

Looking forward, SVCOA maintains its clear focus on "creating and sustaining opportunities for elders and caregivers in our region to help assure that older Vermonters are able to maintain maximum independence and quality of life." In addition to continuing to address the systemic challenges mentioned earlier and expanding on many of the successes that the agency has seen in recent years, SVCOA has outlined a number of specific internal organizational goals that it aims for progress on over the next four years. These goals include expanding outside revenue streams aside from state and federal sources, developing a detailed strategic plan, growing partnerships at the local, state and national levels, and ultimately continuing to meet the needs of the ever-increasing older population in our service territory. At a micro-level, SVCOA's work to meet the needs of its clients in the next four years will be guided by the results of our "Aging Services Needs Survey" and "SVCOA HelpLine Data," both included in this plan, as well as input from key partners and feedback acquired from multiple senior community forums that we've held in Rutland and Bennington Counties in recent months. At a higher level, the agency's efforts toward client satisfaction will be led by the four main goals listed below that have been developed and implemented by the Vermont Department of Disabilities, Aging and Independent Living in coordination with Vermont's agencies on aging. While the quantity and complexity of clients we serve continues to increase each year, SVCOA remains passionately committed to being an integral resource and partner in working to meet the needs of older adults and younger disabled individuals in Rutland and Bennington Counties.

SVCOA'S GOALS OVER THE NEXT 4 YEARS

Nutrition

- The number and percentage of home delivered meals clients who report they have enough to eat
- The number an percentage of home delivered meals clients who report that meals help manage or improve their medical condition

Case Management

- The number and percentage of case management clients who are living in the setting of their choice
- The number and percentage of case management clients who report that their unmet needs were addressed

Health Promotion & Disease Prevention

- To improve the overall health and wellness of older Vermonters
- Increased socialization and balance

National Family Caregiver Support Program

- The number and percentage of AAA staff trained in supporting caregivers

SECTION B

NEEDS ASSESSMENT

Public Input

In order to fulfill Older Americans Act requirements, Southwestern Vermont Council on Aging gathered public input between late 2016 and July 2018 for the development of our area plan and director service waivers. SVCOA collaborated with DAIL and University of Vermont Professor Kelly Melekis, MSW, PhD to complete a statewide needs assessment of older adults and caregivers (below is the complete assessment). In addition, public input indicating needs and/or gaps in services, was also received from SVCOA's Board and Advisory Board members, community feedback forums, SVCOA's HelpLine, participants and volunteers at community nutrition programs, senior centers, older Vermonter community events, community partners within the health, mental health, housing, transportation services and our local Agency of Human Services' Field Directors. Discussion highlights and input from these meetings, individuals and SVCOA's Aging Service Needs questionnaire (attached), are listed below. In total, the needs assessment data and the public input gathered from various audiences and sources provided strong guidance for the creation of our area plan and direct service waivers, which were reviewed, edited and approved the SVCOA Board of Directors, as well as the SVCOA Advisory Council, which includes representatives from a variety of community partners.

- Many of the members either are or have been caregivers, and talked about the challenges and joys of that experience
- Welcomes caregiver support groups in both counties
- Better public transportation (Bennington & Rutland Counties) is needed
- Respondents mentioned that coordination to doctor appointments is being met in our service area
- Continued support in offering Money Management programs including being a
- Representative Payee organization
- Lack of doctors in our service area who take Medicare/Medicaid patients
- Concerns about elder abuse, self-neglect, financial exploitation and consumer fraud
- Lack of good, trustworthy caretakers
- Troubles in connecting seniors to state benefits and navigating the DCF systems
- Respondents cited "adult day care and SVCOA are services" are currently meeting the needs of older Vermonters in our service area
- Fuel and food benefits not enough
- Inquired about ways to get more involved with local/state legislators and Congressional leaders
- Lack of primary care physicians as well as geriatricians
- No drug and alcohol supports specific for elders
- "The Council on Aging is doing an excellent job of helping with the needs of older adults, excellent services"
- "Thankful" for the Senior Companion program and my Senior Companion
- Lack of affordable housing in Rutland and Bennington Counties

- Many families do not plan for their long-term care future needs, most wait for a crisis to happen
- Number one reason for readmission to a hospital is polypharmacy and med management when elders are being discharged from a hospital or nursing home
- Lack of homemaker services and “ordinary” house upkeep chores, shoveling, mowing lawn, minor home repairs, etc.
- Lack of accessibility to the Moderate needs program
- Senior meal sites are a great way to socialize and network with other older Vermonters
- Need more Meals-on-Wheels volunteer drivers in our service area
- Continued concerns about financial security of older Vermonters
- More supports for people with dementia/Alzheimer’s
- More senior activities and socialization opportunities
- Increased companionship services and supports
- Support for elders with pets, food for pets, walking, caring for them when they are in the hospital/nursing home
- Long-term care Medicaid process is overwhelming, protracted, cumbersome and lacks timely decision making
- Need 24/7 care in home at end of life to keep elders out of nursing home, Hospice and Choices for Care sometimes not enough
- Navigating Medicare system, choosing Medigap and Med D plans is confusing---“I had such help this year with your worker to help me with the paperwork, that took so much pressure off of me”
- Need a ramp building option in our service area ~ long waits to get ramps built
- Need a handyman to do small home repairs/maintenance
- Numbers decreasing at congregate meal sites--look for different way to get “younger” seniors to come
- Food insecurity
- “Meals on Wheels is a must have in the community. Proper nutrition along with daily contact with people is important for each person involved”
- SVCOA work with older persons to do more “pre-planning” for end-of-life care needs, including the completion of Advanced Directives
- Enhance continued utilization of high schools, career development and tech centers for volunteer supports
- Find more grandparents raising grandkids and support them
- Increase supports to help older Vermonters maintain or increase independence
- Lack of mental health services and providers for issues facing older Vermonters
- Challenges with homeless issues
- “Inability of APS to investigate allegations of elder abuse/neglect/exploitation due to lack of manpower throughout the State of Vermont”
- Older Vermonters who are under 60 who need case management support and services
- “Severe poverty and mental illness while parenting grandchildren”
- Chronic health conditions
- “The entire supporting structure is at risk”

STATE PLAN ON AGING ASSESSMENT 2017

Prepared by: Kelly Melekis, MSW, PhD
December 2017

CORE PRINCIPLES

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

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

INTRODUCTION

This report summarizes findings from the 2017 DAIL statewide assessment of the needs of and resources for older adults in Vermont. Findings help understand the experience of aging in Vermont and contribute to the development of the next five-year state plan on aging.

METHODS

DATA COLLECTION

This mixed methods assessment utilized a convergent concurrent design. Data collection included 1) a survey of service providers, 2) a survey of older adults, 3) key stakeholder interviews and focus groups.

Older Adult Survey

The older adult survey instrument was designed by the researcher, in conjunction with DAIL Division of Disabilities and Aging Services (DDAS) staff and AAA Directors. Two survey strategies were utilized to gather the perspectives of older adults throughout the state. First, a non-experimental survey was conducted. The survey was distributed electronically, via state and local aging-related websites, social media tools, and listservs. The survey was distributed for one month (9/1/17 – 10/1/17), with weekly social media posts to encourage completion. In addition, in an attempt to enhance representation of the older adult population across Vermont and include those who may not have internet access or be able to or interested in completing an online survey, paper surveys were distributed to a random sample of 100 older adult clients in DAIL's SAMS database. There were 433 older adult respondents, the vast majority of whom (98%) completed the survey online. Respondents represented all areas of the state, except for Essex County.

Service Provider Survey

The assessment utilized a non-experimental survey of service providers throughout the state. The service provider survey instrument was designed by the researcher, in conjunction with DAIL Division of Disabilities and Aging Services (DDAS) staff and AAA Directors. Providers were recruited via purposive and snowball sampling. DAIL and each Area Agency on Aging (AAA) recommended local providers to receive the survey via email. The email survey invitation included a weblink to the survey for providers to share with colleagues. A survey weblink was also included on several provider websites and social media tools, such as facebook pages, and distributed via provider and partner lists at several agencies. The service provider and older adult surveys were distributed for one month (9/1/17 – 10/1/17), with weekly reminder emails and/or social media posts to encourage completion. There were 223 service provider respondents representing all areas of the state and a proportional distribution. Providers represent entities conducting programs that receive assistance under the Older Americans Act (OAA), those conducting other Federal programs for older individuals, as well as programs that serve a much broader community population, of which older adults and caregivers are included.

Key Stakeholders Interviews and focus Groups

Key stakeholder interviews and focus groups were conducted over the course of the assessment (9/1/17 – 12/29/17). Key stakeholders were identified using a combination of purposive and snowball sampling. Stakeholders were contacted by email and/or phone. Focus groups were conducted when it was determined that specific populations and/or perspectives were not adequately represented in survey or interview data; focus group participants were recruited using purposive sampling.

DATA ANALYSIS

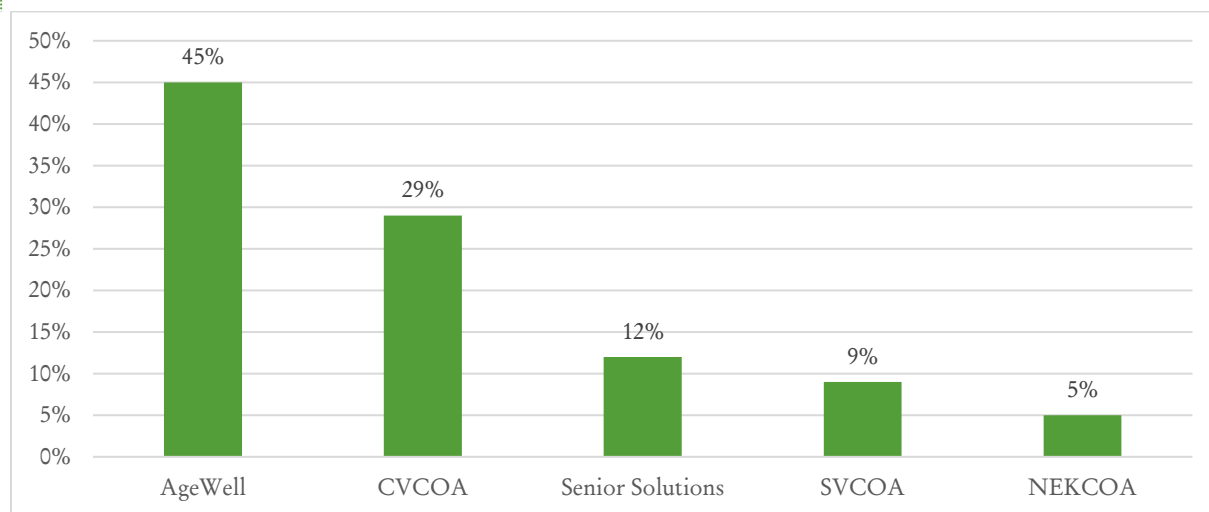
Quantitative survey data was analyzed using SPSS. Descriptive and inferential statistics are provided. Qualitative data from the interviews and focus groups was analyzed using content and thematic analysis.

PARTICIPANTS

OLDER ADULTS

There were 433 older adult participants, with an average age of 69 (range 56-95). Participants were from all counties of the state, with the exception of the least populous, Essex County. Participants also represented the five Area Agency on Aging areas, and were proportionally distributed.

FIGURE 1. OLDER ADULT PARTICIPANT DISTRIBUTION BY AAA AREA

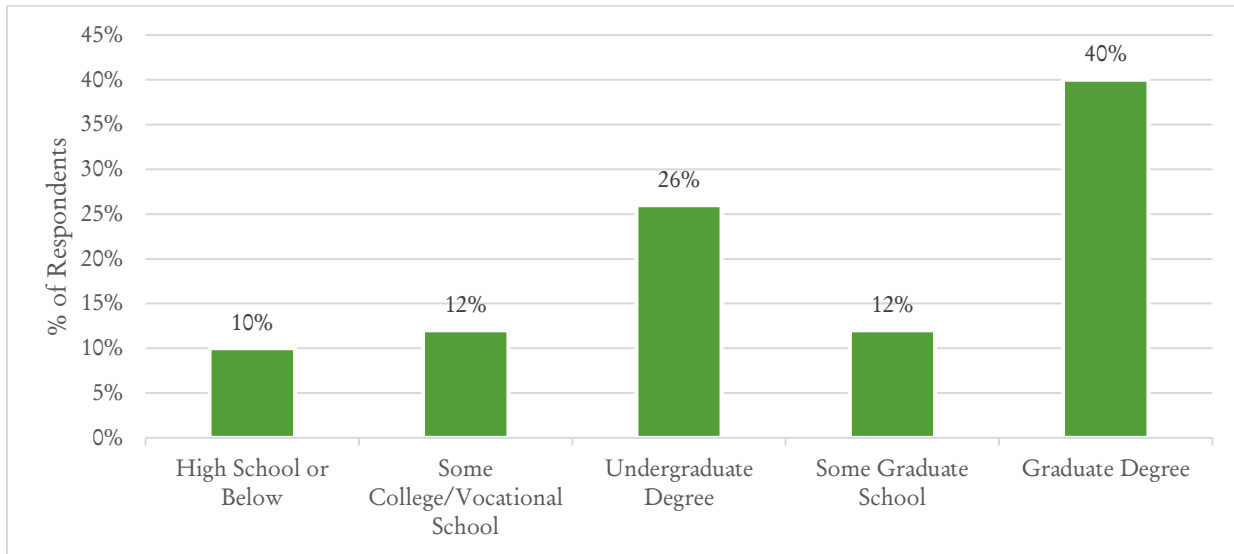


OLDER ADULT PARTICIPANT DEMOGRAPHICS

The vast majority of older adult respondents identified as non-Hispanic (99%), White (95%) and female (71%). In terms of marital status, the majority (55%) of respondents identified as married; the remainder identified as single (15%), divorced (13%), widowed (12%), or partnered (5%).

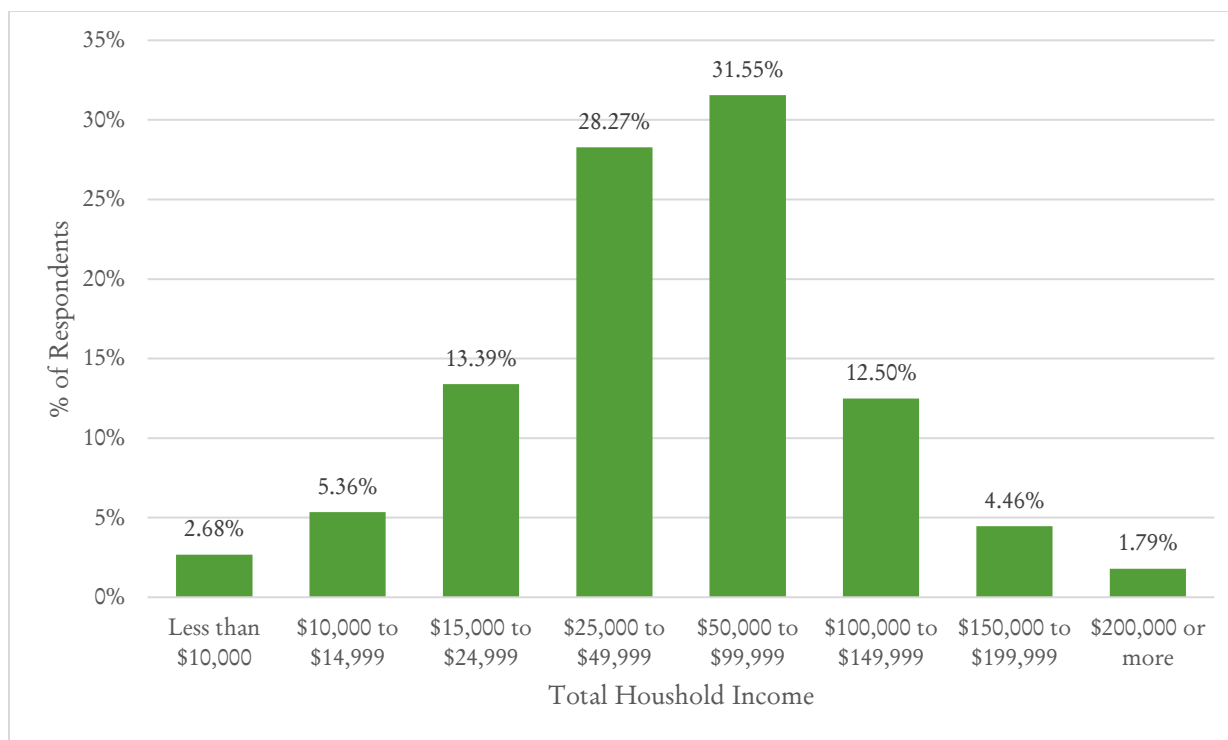
With regard to education, 78% of respondents reported having a college education or higher: 26% identify as a college graduate, 12% reported some graduate school, and 40% have a graduate degree. Less than 10% of respondents listed high school graduate (9%) or below (1%) as their highest level of education.

FIGURE 2. OLDER ADULT RESPONDENTS' EDUCATION LEVEL



The majority of respondents are retired (53%), however many commented that while they are primarily “retired” they are also working part-time or per diem. 35% reported working, either full-time (18%) or part-time (17%), and 2% specifically reported they are self-employed. Only 6% of respondents identified as having a disability.

FIGURE 3. OLDER ADULT PARTICIPANTS AVERAGE HOUSEHOLD INCOME



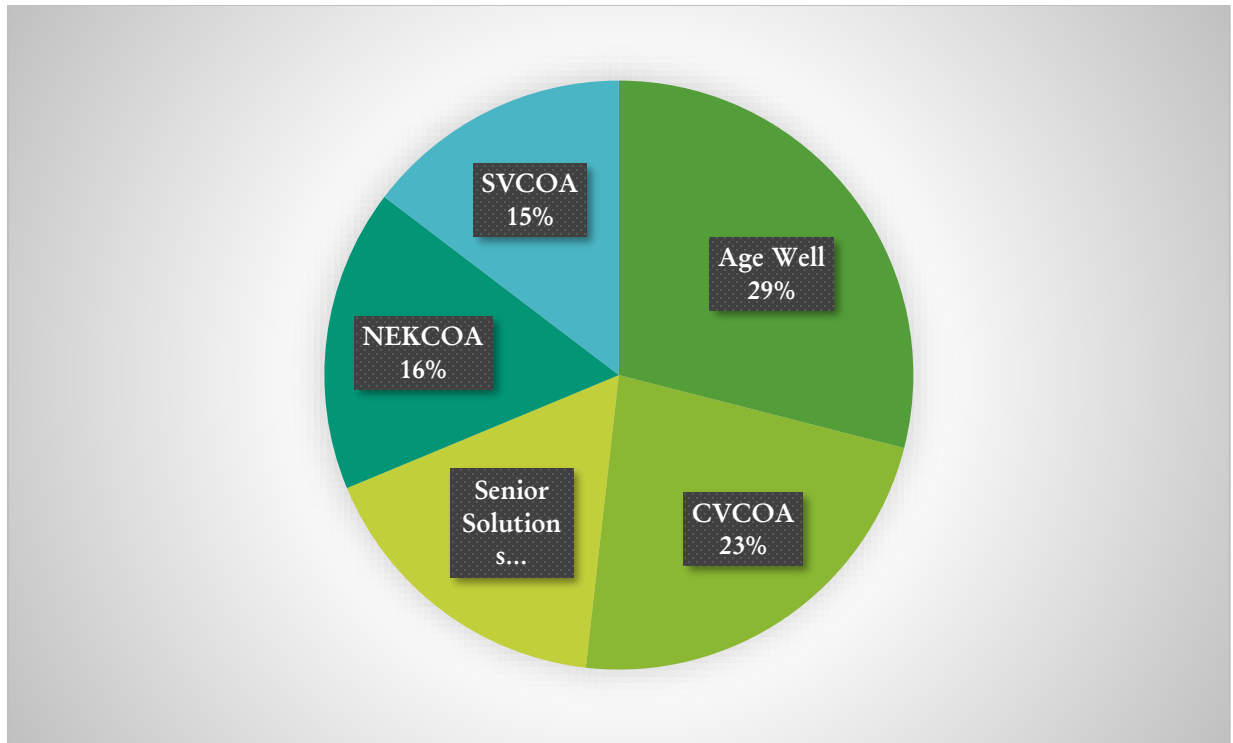
In terms of total household income, responses indicate a normal distribution, with most participants reporting either \$50,000-\$99,999 (32%) or \$25,000-\$49,999 (28%). Few participants report making less than \$10,000/year (3%) or more than \$200,000/year (2%). It is important to note that 22% of participants did not answer this question.

Respondents were asked to identify, based on their current income and savings, how easy or difficult it is to pay monthly living expenses. The majority reported it is either very easy (31%) or somewhat easy (24%). For 22% of respondents, paying monthly living expenses is “neither easy or difficult,” however for 18% it is somewhat difficult and for 5% it is very difficult.

SERVICE PROVIDERS

There were 223 provider respondents representing all areas of the state and a proportional distribution. While the distribution is referred to in terms of AAA Areas, to be clear, providers represent a broad range of aging and health services and are not solely AAA staff or providers.

FIGURE 4. SERVICE PROVIDER DISTRIBUTION BY AAA AREA



FINDINGS

In this section findings from the older adult survey, service provider survey, key stakeholder interviews and focus groups are provided. Quantitative survey data and representative qualitative quotes from participants are shared in tandem. Quotes from participants are either included in the body of the text “*italicized and with quotation marks*” or are indented, italicized and formatted in the following manner:

Demographics are changing and with that...we need changes to the service system.

A NOTE ABOUT REGIONAL VARIATIONS

It is important to note that findings revealed notable consistency across the state, in terms of both needs and resource challenges, as well as recommendations for improvement and future planning.

For the older adult survey, inferential statistics were conducted to compare the five areas on various outcomes and results are embedded throughout the older adult survey findings, highlighted as “Regional Variations.”

Throughout the findings, programs and practices that seem to be uniquely successful in a certain area of the state are highlighted with a special “Spotlight On” textbox (see below).

SPOTLIGHT ON: COMMUNITY CARES GROUPS

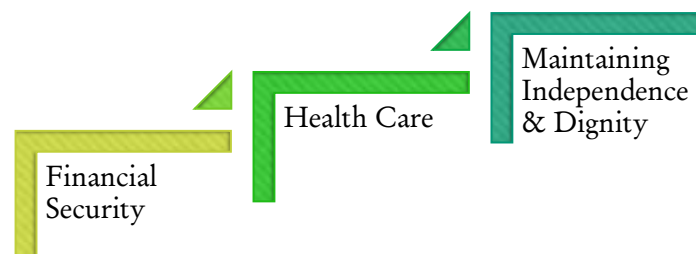
Throughout Windham County, eight Community Cares Groups serve local residents by supporting those with health and other wellness needs through services, programs and resources provided directly or in collaboration with related local, regional and state organizations and agencies. The Cares Groups are volunteer citizen organizations that support neighbors helping neighbors. For an introduction to the Cares Groups of Windham County, watch [this video](#) or visit [this site](#).

OLDER ADULTS

TOP CONCERNS

Respondents were asked to identify their top three areas of concern. The most commonly identified concerns, which were identified by a majority of respondents and most frequently listed as the #1 concern, were financial security (57%), health care (57%), and maintaining independence and dignity (55%).

FIGURE 5: OLDER ADULTS' TOP CONCERNS



HEALTH AND QUALITY OF LIFE

Respondents were asked how problematic various health and quality of life markers have been over the past year. The most frequently identified problems were health issues and having enough income/savings. Health issues were identified as a major problem by 17% of the respondents and a minor problem by an additional 58%. Having enough income/savings was identified as a major problem by 16% of respondents and a minor problem by an additional 32%. The vast majority of respondents reported no problems over the past year with activities such as having enough food to eat, having safe and secure housing, having adequate transportation, managing daily living, getting

medical care, and managing finances. Comments about quality of life challenges centered largely around problems related to caregiving and lack of social support.

In terms of health, the majority of respondents report they are in good (29%) or very good (40%) health. The vast majority (81%) report they are either moderately (43%) or vigorously (38%) active, and most (69%) report they have not experienced a fall in the past year. Less than ¼ of respondents (23%) report any difficulty with performing daily activities such as cleaning the house, preparing meals, or shopping. Respondents report being largely moderately active (at least 3x/week) (43%) or vigorously active (at least 30 minutes, 3x/week) (38%); with the remaining 19% seldom active/sedentary. Compared to others their own age, 43% of respondents believe they are more active, 37% believe they are about as active, and 20% believe they are less active.

Respondents report engaging in a number of health and wellness activities in the past year. The vast majority have had their vision checked (71%) and their medications reviewed by a health care provider or pharmacist (74%). 38% of respondents indicate they have participated in an exercise program, such as tai chi, in their community. Specific fall prevention activities include making changes to their home to reduce risk of falling (20%), talking to a family member or friend about how to reduce risk of falling (11%), and talking to their health care provider about how to reduce risk of falling (9%). Comments indicate that many respondents exercise regularly, going to the gym or doing yoga, bicycling, or swimming independently.

With regard to nutrition, 91% of respondents have not worried whether their food would run out before they got more over the past year. This is sometimes a problem for 8% of respondents and often a problem for 2% of respondents. The majority of respondents (73%) report they don't have any challenges with food and nutrition. For those who do experience challenges in this area, the main reasons are affordability of the kinds of foods they want to eat (10%) and food preparation (10%). Several respondents commented on the price of organic and health food, and that having food sensitivities (e.g., gluten free, dairy free) “*increases costs exponentially.*”

KEMP QUALITY OF LIFE SCALE

Participants completed the Kemp Quality of Life (KQOL) scale to measure overall quality of life. This single-item, global scale has been used in studies of older adults and individuals with disabilities, and relates significantly to clinically relevant variables (Siebens et al., 2015). Participants were asked “*Taking everything in your life into account, please rate your overall quality of life*” and provided a rating on a seven-point scale; the anchoring terms were ‘life is very distressing’, ‘life is so-so,’ and ‘life is great.’

The average KQOL score for the entire sample was 5.44 (SD = 1.17). Based on these results, participants were assigned to low, average and high QOL subgroups, where the average group consisted of those around the mean (5), the low group consisted of those with scores 1-4 (1 SD or more below the mean) and the high group consisted of those with scores 6-7 (1 SD or more above the mean).

There were no significant differences in quality of life based on age ($r = .026$, $p = .624$). There were differences based on self-reported health status ($F = 28.583$, $df = 4$, 401 , $p = .000$) and functional capacity as indicated by level of difficulty performing daily activities ($F = 34.441$, df

=3, 400, $p = .000$). Based on the Bonferroni post-hoc results, significant differences exist between all health status categories aside from excellent and very good, and fair and poor, and between all levels of difficulty with activities of daily living except very difficult and difficult.

There were also significant differences in reported quality of life depending on whether the respondent experienced a fall in the past year ($t = -2.493$, $df = 399$, $p = .013$). Those who had fallen in the past year had an average KQOL score of 5.21 (SD = 1.21), while those who had not fallen in the past year had an average score of 5.26 (SD = 1.15).

Quality of life is also significantly related to concerns about whether one is going to be able to stay in their current home ($t = 3.864$, $df = 393$, $p = .000$). Those who are concerned about being able to stay in their current home have a significantly lower KQOL score (mean = 5.25, SD = 1.22) compared with those who are not concerned (mean = 5.70, SD = 1.05).

TABLE 1: SIGNIFICANT VARIATIONS IN QUALITY OF LIFE

	Mean KQOL Score (SD)					Test Statistic
Self-Reported Health Status	Excellent	Very Good	Good	Fair	Poor	F = 28.583***
	5.99(.91)	5.79(.95)	5.17(1.08)	4.39(1.26)	3.78(1.79)	E>G, F, P VG>G, F, P G>F, P
Difficulty Performing Daily Activities	Very Easy	Easy	Difficult	Very Difficult		F = 34.441***
	5.98 (.94)	5.54 (.93)	4.53 (1.35)	4.45 (1.57)		VE>E, D, VD E>D, VD
Fall in Past Year	Yes		No			t = 2.493*
	5.21 (1.21)		5.26 (1.15)			
Concerns About Staying at Home	Yes		No			t = 3.864***
	5.25 (1.22)		5.70 (1.05)			

* $p < .05$, ** $p < .01$, *** $p < .001$ E = Excellent, VG = Very Good, G = Good, F = Fair, P = Poor
VE = Very Easy, E = Easy, D = Difficult, VD = Very Difficult

REGIONAL VARIATIONS

There were no significant differences in KQOL scores ($F = 1.446$, $df = 4,367$, $p = .218$) based on area of residence/AAA.

LONELINESS AND ISOLATION

Participants completed the UCLA Three-Item Loneliness Scale that has been found to gauge general feelings of loneliness quite well, display satisfactory reliability and both convergent and discriminant validity (Hughes et al., 2004) and is highly correlated with the R-UCLA Loneliness Scale (Russell et al., 1980).

Overall, the vast majority of respondents indicated that they hardly ever feel isolated from others (68%), left out (66%) or lacking companionship (61%). 25-30% of respondents report

experiencing these markers of isolation “some of the time” and less than 10% report feeling isolated ‘often.’

The items for this scale are coded 1 (hardly ever), 2 (some of the time), and 3 (often), and each person’s responses are summed, with higher scores indicating greater loneliness. In past research, scores of 3-5 have indicated ‘not lonely’ while scores of 6-9 represent loneliness. Scores for the loneliness scale indicate that on average, survey respondents are not lonely (mean = 4, SD = 1.71). The majority of respondents (52%) had the lowest score (3), however 24% had scores of 6-9, indicating loneliness.

There were no significant differences in extent of loneliness based on age ($r = -.024$, $p = .644$). There were differences based on self-reported health status ($F = 5.225$, $df = 4, 414$, $p = .000$) and functional capacity as indicated by level of difficulty performing daily activities ($F = 14.774$, $df = 3, 414$, $p = .000$). Based on the Bonferroni post-hoc results, significant differences exist between those in fair health and those in very good health, as well as those in fair health and those in excellent health; and between those who have a very easy time with daily activities compared with those who have an easy, difficult or very difficult time, as well as between those who have an easy versus difficult time.

There were also significant differences in loneliness scores depending on whether the respondent experienced a fall in the past year ($t = 2.005$, $df = 217.954$, $p = .046$). Those who had fallen had an average loneliness score of 4.54 (SD = 1.86), while those who had not fallen had an average score of 4.16 (SD = 1.63). Loneliness is also significantly related to concerns about whether one is going to be able to stay in their current home ($t = 2.099$, $df = 401.813$, $p = .036$). Those who are concerned about being able to stay in their current home have significantly higher loneliness scores (mean = 4.4, SD = 1.79) compared with those who are not concerned (mean = 4.05, SD = 1.58).

TABLE 2: SIGNIFICANT VARIATIONS IN LONELINESS

	Mean Loneliness Score (SD)					Test Statistic
Self-Reported Health Status	Excellent	Very Good	Good	Fair	Poor	$F = 5.225***$ $E < F; VG < F$
	3.71(1.45)	4.14(1.58)	4.37(1.63)	5.02(2.17)	5.00(2.00)	
Difficulty Performing Daily Activities	Very Easy	Easy	Difficult	Very Difficult		$F = 14.774***$ $VE < E, D, VD$ $E < D$
	3.67(1.32)	4.23(1.55)	5.14(2.13)	5.36(2.01)		
Fall in Past Year	Yes		No			$t = 2.005^*$
	4.16(1.86)		4.16(1.63)			
Concerns About Staying at Home	Yes		No			$t = 2.099***$
	4.40(1.79)		4.05(1.58)			

* $p < .05$, ** $p < .01$, *** $p < .001$ E = Excellent, VG = Very Good, G = Good, F = Fair, P = Poor
VE = Very Easy, E = Easy, D = Difficult, VD = Very Difficult

REGIONAL VARIATIONS

There were no significant differences in loneliness scores ($F = .434$, $df = 4$, 378 , $p = .784$) based on area of residence/AAA.

HOUSING AND TRANSPORTATION

The vast majority (82%) of respondents own their own home and rate the condition of their home as excellent (49%) or good (43%). The remainder of respondents report renting (14%), living with friends, family or other shared living arrangement (4%), or in a long-term care facility (<1%).

The majority of respondents live with a spouse or partner (54%). 31% live alone and 9% live in a multigenerational home (with children and/or grandchildren. The remainder report living with other family members (2%), roommates/home-sharers (4%), or a paid live-in caregiver (<1%). It is important to note that when asked ‘*who else lives in your home with you*’ 2% of respondents listed their cat and/or dog. The majority of respondents (77%) are satisfied (32%) or very satisfied (45%) with their current living arrangement.

Over half (56%) of respondents have concern concerned about being able to stay in their own home (49% are somewhat concerned and 7% are very concerned), while 44% are not at all concerned. When asked what is most important to help them stay at home, respondents most commonly identified ‘*being able to live independently*’ (46%). Having affordable housing (13%) and being close to family and friends (6%) were also commonly noted. For some participants, taxes are also of concern, as indicated by comments such as: “*rising property taxes*” and “*paying the ever-increasing taxes and fees.*”

Taxes will make me leave when I retire.

In terms of transportation, the vast majority (93%) of respondents report that for most of their local trips, they drive. 17% report walking, 13% get a ride with someone, 8% ride a bike, and 6% take public transportation. Few respondents report using transportation that serve older people or persons with disabilities (2%), taxis or uber (1%).

The vast majority of respondents (73%) report that over the past year, they have never needed help getting or arranging transportation. 17% have rarely needed help, while 7% have needed help sometimes, 2% have needed help most of the time, and 1% have always needed help. Participants were asked to identify how easy or difficult it is for them to get various places, from medical appointments and grocery stores to places of worship, social events, and visits with family and friends. The types of trips most commonly identified as challenging or difficult were visits to family or friends (13%), or for entertainment and social events (9%). Respondents comments indicate several specific transportation challenges such as “*no longer able to drive after dark,*” “*distance from my rural address*” and “*it can be challenging to get anywhere in winter.*” There were also several comments that acknowledged that for respondents, transportation challenges may not be current, but “*the problem is the future...when I do have needs they will not be able to be met.*” As one participant noted, “*still driving...this will change when I can no longer drive.*”

Participants were asked to identify what, if anything, would help them get where they need to go. The most frequent comments and suggestions were related to improved public transportation (e.g., more frequent and extended bus routes, regular and reliable service), improved access to drivers (both volunteer and paid services), and improved sidewalks and walking/bike paths.

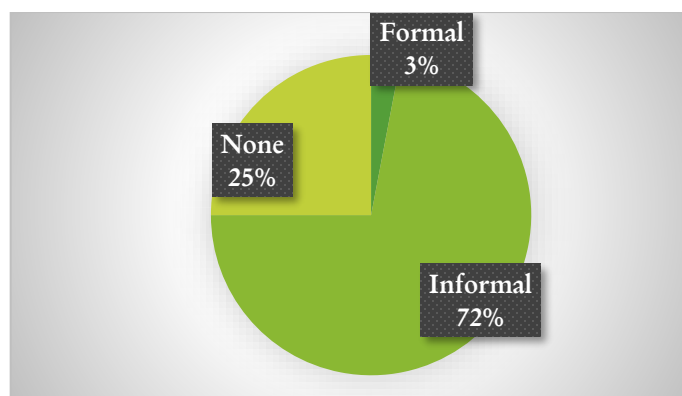
Vermont is sorely lacking in public transportation options. This will likely be the biggest impediment to getting old in place here.

For some drivers, comments centered on keeping the roads maintained (particularly during winter), assistance with car repairs, car/ride share options, and use of electric or self-driving vehicles.

SUPPORTS AND SERVICES

The majority of survey respondents indicate they are willing to ask for and accept help from others (65%) and are aware of the services and resources available for older adults in the community (62%). The majority also report they have choices and options for health and long-term care in their community (53%), adequate access to health and long-term care services and supports (64%), and could get help for a mental health or substance use problem, if needed (74%).

FIGURE 6. TYPE OF SUPPORT



When asked who they rely on most for support, the vast majority (72%) of respondents identified informal supports, such as family or friends. A notable 25% of respondents indicated that they “don’t need support” or “don’t rely on anyone,” while only 3% identified formal supports, such as community or government services.

Participants were asked what types of support they are receiving or are interesting in receiving related to instrumental activities of daily living (e.g., help with personal care, housekeeping, meal preparation, money management, etc.). The vast majority of respondents indicated that they did not need any help with living expenses (84%), managing money (89%), shopping (90%), preparing meals (92%), walking or getting around their home (96%), with medication(s) (96%), or with personal care (97%).

For those receiving assistance with activities of daily living and with a higher level of care needs, there are concerns that support is not available when they need it. As one participant asked: “*Why do they differentiate between day and night? They need same care at night.*”

We have been provided a caregiver. But it is a very hard time for me to go to the bathroom at night. I need care at night. Sometimes I have to crawl and sometimes I get banged on a door or wall. I need a caregiver at night; it would be very helpful.

The activities that respondents most commonly reported receiving or needing were 1) help with home maintenance and yardwork, 2), help with housekeeping, 3) help with home modifications, and 4) help with living expenses.

TABLE 3. HELP NEEDED AND RECEIVED

	Getting help from paid workers	Getting help from family/friends	Need more help than currently have
Help with home maintenance and yardwork	15%	8%	10%
Help with housekeeping	22%	15%	13%
Help with home modifications	13%	6%	9%
Help with living expenses	<1%	7%	9%

Additional comments in response to this question indicate that a number of survey respondents are caregivers for older parents (in their late 80s/early 90s) and that while respondents may not need support with activities of daily living for themselves, they are providing support for another older adult (usually parent) and are in need of support in providing that care. As one participant noted, “*I am a caretaker of elderly parents – need help for them and support for me as a caregiver.*” Further, it is important to note that among survey respondents, comments indicate that financial and “money management” concerns for this population include concerns related to taxes and investment. One participant commented that they need help “*figuring out what to give up so I can pay taxes and fees.*”

FORMAL SERVICE UTILIZATION

Participants were asked about their experience with and interest in a wide range of programs and services for older adults.

The most common programs and services that respondents report participating in include volunteering (50%), exercise programs (39%), senior center (32%) and educational opportunities (31%). Programs or services that respondents would like to participate in or would like to learn more about include educational opportunities (27%), exercise programs (22%) computer classes (20%), volunteering (19%), and senior center (15%).

SPOTLIGHT ON: SENIOR COMPANION PROGRAM

The Vermont Senior Companion Program is a statewide program that matches volunteers ages 55 and older with elders who need companionship and assistance. Senior Companions aim to keep people in their own homes as long as possible, prevent feelings of loneliness and isolation, and give time off to family caregivers. While helping to make the lives of others easier and more meaningful, volunteers find great rewards in giving back to their communities and making a difference in people's lives. For more information, visit [this site](#).

The majority of respondents indicate they do not plan to participate in meals on wheels (86%), having a volunteer help them (85%), or computer classes (67%). Notably, 5-6% of respondents are not sure if one or more of the following services are available in their community: having a volunteer help them, a senior center or computer classes.

Respondent comments related to this question indicate that for many, such programs and activities are “*not applicable*” currently, but may be in the future: “*At age 64 I am still totally engaged with my career. Some of these will likely interest me as time goes on, but not at present.*” There may also be a perception among some that they are not ‘eligible’ for certain programs, as indicated by comments such as: “*Nothing for me because I don't have Medicaid.*”

When asked, “*Where would you go if you had questions about services and resources available to you?*,” respondents most frequently identified their local Area Agency on Aging (37%) or the internet/online resources (15%). Less than 10% of respondents listed their local senior center (9%), 211 (7%), a health care provider (7%), or family and friends (7%). 11% of respondents listed other individuals or agencies, including their town clerk/town office, places of worship, and the phonebook, and 8% indicated they were unsure or didn't know where to go for information on resources and services.

REGIONAL VARIATIONS

Several New Americans expressed a need for more culturally appropriate services, largely in Northwestern Vermont due to the location of Vermont's Refugee Resettlement Program. Programs utilized were cited as essential, valuable supports, however there are significant needs, including translators and interpreters. For example, one participant noted, “*VNA needs to hire someone from community to help translate*” and another commented, “*adult day needs an interpreter.*” Related, one participant expressed, “*if there is a language program it will be helpful*

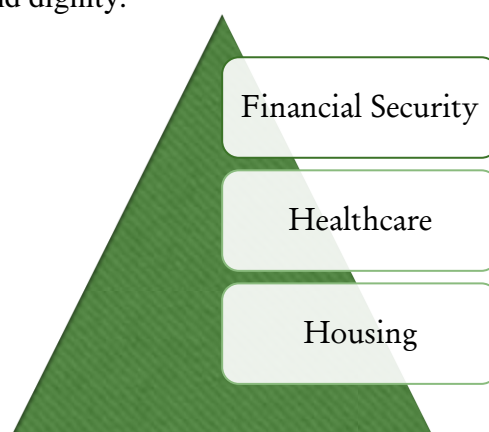
to our senior citizens.” Participants also expressed a desire for opportunities for nostalgic connections to their culture and culturally appropriate food.

I think any recreation programs to make people more happy will be helpful. Like games, exercises, films, documentaries, relating to their culture traditions, beliefs. If traditional food is provided, I think it would be better.

SERVICE PROVIDERS

TOP CONCERNS

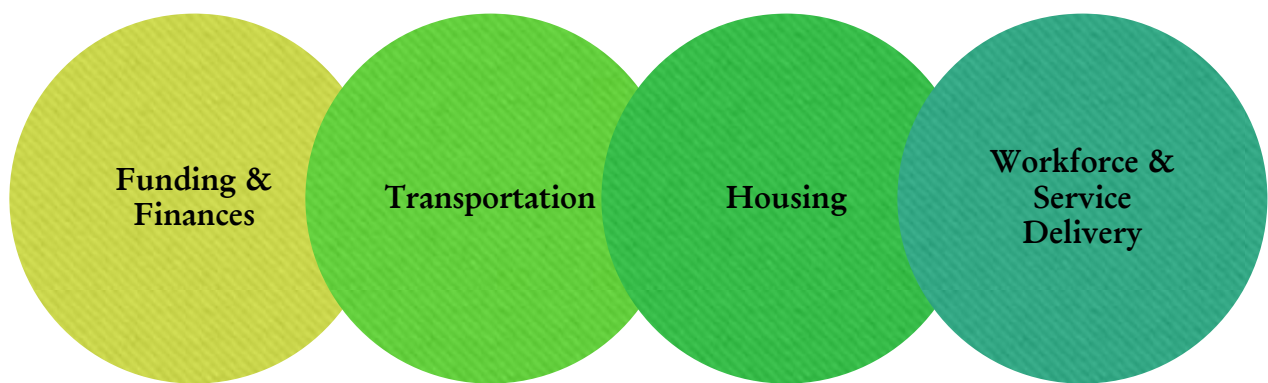
Respondents were asked to identify what they perceive as the ‘top concern’ for Vermonters over 60, over the next five years. The most commonly identified concerns were housing (15%), healthcare (14%), and financial security (14%). The most frequently noted concerns, all identified as a top concern by approximately 10% of respondents, were transportation, long-term care and maintaining independence and dignity.



Respondents’ selections illustrate the complex and interrelated nature of many concerns facing older adults across the state. Frequent selection of the ‘other’ option, as well as respondent comments, indicate that having to select a single ‘top’ concern is nearly impossible for many. For many “*all of the above*” choices listed were seen as concerns, or there was an indication of ‘multiple top concerns,’ while as some indicated, the ‘top concern’ depends on the person.

I honestly cannot choose just one...all kind of linked together.

CHALLENGES IN MEETING THE NEEDS OF VERMONTERS 60+



The most commonly identified challenge to meeting the needs of older Vermonters was related to funding and finances. Providers repeatedly listed the singular word ‘funding,’ and

Funding & Finances

many expanded descriptions to highlight the challenge of stagnant funding in a time of increasing need: “*As needs grow, funding is not keeping pace.*” As one respondent noted, the challenge is “*too many to serve and not enough funds to support our mission.*” For some,

this is perceived as “*a lack of commitment by the state and legislature to adequately fund programs that serve older Vermonters.*”

Threats to funding for all programs supporting seniors are of grave concern.

Coexisting alongside insufficient funding for programs and services is a broad concern regarding the financial needs of many older adults across Vermont. A frequent concern was expressed, particularly in terms of Choices for Care and the Moderate Needs Program, that “*many people are just slightly over the allowable limits for benefits.*” Programs “*don't have funding to help everyone*” and yet many are living without “*financial stability enough to pay heat, utilities, and obtain quality foods.*” Indeed, the challenge of “*meeting basic needs*” is a direct result of a lack of financial security and stability.

Transportation

People living on fixed incomes are really struggling as the cost of living, especially housing, continues to increase.

It is clear that transportation is a major challenge to meeting the needs of older adults across Vermont. **The most common specific resource identified as a challenge, respondents highlighted either the lack of transportation or of adequate options.** In many areas of the state, “*public transportation is limited*” and the “*walkability of our downtowns is often poor.*” Further, limited access to transportation is linked to “*isolation*” and “*limited opportunity for engagement, socialization, and stimulation.*”

Housing

Transportation... is key to so many other necessities, especially in a rural state. The loss of independence as a result of forfeiture of one's driver's license impacts the ability to obtain food, access to healthcare, and join in social activities. Loneliness results in real detriment to both physical and mental health.

A wide range of housing challenges were noted by providers. First and foremost was affordability, as “there are very limited housing options, especially those in the lower income brackets.” However, housing issues are multifaceted, presenting as poor housing stock, insufficient support for older homeowners, inadequate options for low-income renters, and limited options for those in need of long-term services and supports. As one provider articulated, challenges include: “Not enough volunteers to support the complex needs of older home owners looking for minor repairs or projects to be completed...Not enough affordable housing for older adults. Not enough care facilities for those living with memory impairment or dementia diseases.”

Most aging Vermonters would prefer to remain in their own homes but face both cost and physical barriers to being able to do so (e.g., fuel heating assistance, the cost and physical work involved in maintain safe upkeep of premises, etc.)

Providers highlight the inherent link between housing and long-term care, and that supports are essential to helping older adults stay at home as long as possible.

We are seeing more and more older adults that are either homeless or precariously housed, many of whom need some level of supportive housing in order to be healthy and safe.

Several issues specifically related to nursing home placement were raised, such as “nursing homes refusing admission to people with history of mental illness or aggressive behavior” which results in some older adults remaining in the care of the Department of Corrections when they “could be better served in a skilled nursing facility or long-term care facility.”

Workforce issues are primarily related to a lack of access to quality support staff and a dearth of health care providers, particularly those trained in aging/geriatrics. Across the continuum of care, from personal care assistants to geriatricians, there are not enough providers available to meet the need. Providers frequently noted the insufficient number of personal care attendants available to meet the demand, expressing concern

Workforce and Service Delivery

that this negatively impacts independence and options for ‘aging in place,’ putting people at risk of requiring a higher level of care earlier than they might otherwise.

There is such a small and shrinking pool of health care workers that it causes me a great deal of concern. Nurses and caregivers are in short supply and the number of people who need care is growing tremendously. As folks become more frail, who is going to take care of them whether in the home or in a different setting?

It is important to highlight that workforce issues pertain not only to physical healthcare needs, but mental health as well. There is widespread concern that mental health care coverage and access are inadequate and unable to meet the needs of older adults. Providers note the importance of the Eldercare Clinician program, but highlight that funding has been insufficient and/or highly restrictive.

We now have an aging population that is struggling w/ mental illness and there are not many supports out there for them nor the training to help local agencies support them better.

SPOTLIGHT ON: HOME-BASED SUBSTANCE ABUSE TREATMENT

In Southwestern Vermont, Rutland Mental Health and the Evergreen Program received a grant from ADAP to hire a LADC to work with older adults on their substance use issues in a community-based setting. The LADC collaborates with the area Eldercare Clinician to assist other, non-Medicaid eligible, older clients in need of mental health treatment. The LADC is co-located at Evergreen and SVCOA, and is available to collaborate and problem-solve complex situations with AAA staff. Based on existing research on the effectiveness of home-based treatment success and prior pilot projects, initial anecdotal reports indicate this pilot project has been quite successful, so look for future data from ADAP.

Another important facet of workforce issues is related to impacts on providers. While providers often expressed respect for both their clientele and their fellow providers, there was a frequent sentiment that there is a pervasive lack of knowledge and information among service providers, duplication of services and inadequate care coordination. Overall, the workforce issues expressed highlight a concern that both individual providers and the system itself are overburdened.

It is difficult to choose just one challenge. On a daily basis, I feel extraordinarily overwhelmed by the great need of the folks I work with. It has presented a huge toll on my own health and wellness. I simply do not have the time to connect everyone with the level of care that is needed. The people I work with have a lot of pride – they do not want just anyone coming in to help. Our local home health team is also 200% stretched. Often my clients do not get the help they need until they have reached the point of multiple hospitalizations in one year. I make \$17.00/hour, and reside in low-income housing myself. I am doing care coordination, bandage dressing, advocacy, property management, medication reminders, appointment reminders, wellness checks, all manner of paperwork & referral from housing to legal to food stamps & insurance – for nearly 100 low-income people.

UNIQUE CHALLENGES IN RURAL AREAS

The vast majority of respondents (65%) identified transportation a unique challenge to serving older adults in rural areas.

Reliable and cost-effective transportation services. Our area is very rural; getting to and from appointments and activities is a huge struggle for a lot of people.

Further, many respondents noted that transportation issues are exacerbated by inclement weather; winter weather, environmental conditions and temperatures can impact older adults' ability to get out as well as providers' ability to get to older adults living in more remote areas.

Bus service available but most rural residents live great distance from stops. Stops are not protected from weather so most people cannot get to a stop or bear the cold, rain or snow in their bodies as they wait for a bus.

Often linked to transportation challenges, isolation was noted by 19% of respondents as a particular challenge/concern. Several providers highlighted connections between isolation, loneliness and depression.

While isolation and aging do not in and of themselves cause depression they certainly contribute to it. As people age, they need ongoing purpose and direction in addition to meaningful social connections.

SPOTLIGHT ON: C.I.D.E.R.

C.I.D.E.R. stands for Champlain Islanders Developing Essential Resources, Inc. C.I.D.E.R.'s mission is to develop and foster resources that enable the people of Grand Isle County to live in their community with dignity. In partnership with the Franklin-Grand Isle County United Way, C.I.D.E.R. provides direct services and collaborates with other individuals and groups to meet the needs of the community, with particular attention to elders and persons with disabilities. One of their primary and most well-known programs is their community-based transportation program. With funding from several sources, including a VTTrans grant, billable services (Medicaid), rider donations and fundraising, there is no set charge for C.I.D.E.R. transportation. For more information, visit [this site](#).

While not commonly noted, pride and independence are perhaps worth noting as potential 'unique' challenges in serving rural Vermonters. As one respondent articulated, there can be a "*fierce independent nature of older, rural-living Vermonters.*" Unfortunately, as a result, "*some are only discovered when they're finally desperate or in crisis mode.*" Providers have also observed that many older Vermonters are "*reluctant to participate if it is perceived as a service for someone needier.*"

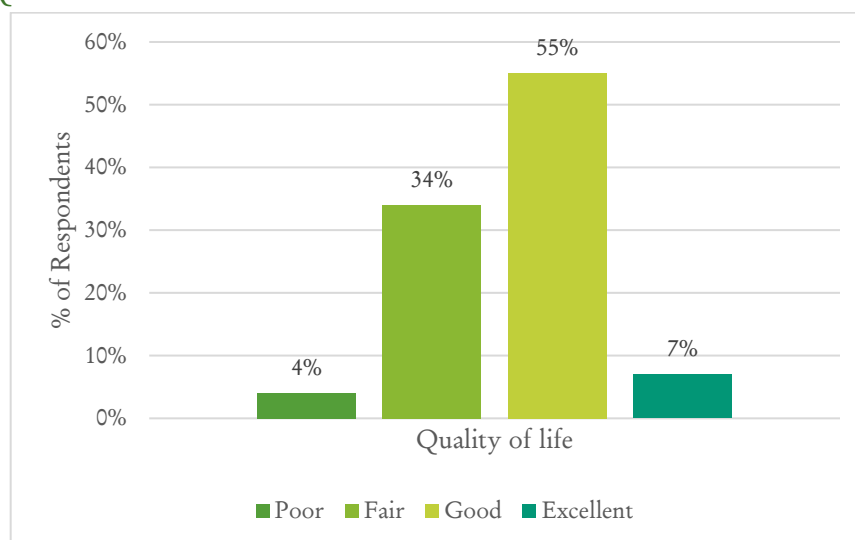
SERVING OLDER ADULTS

Providers were asked to rate their level of agreement with a range of statements related to community and community care. Overall, respondents expressed a positive view of Vermont and their local communities as "age-friendly." The majority (66%) either agree (55%) or strongly agree (11%) that services provided in Vermont promote healthy aging and independent living. Related, 57% of providers agree (42%) or strongly agree (15%) that the community/communities that their organization serves is/are "aging friendly."

65% of providers either agree (48%) or strongly agree (17%) that the community/communities that their organization serves has a process to ensure people over 60 are connected with the appropriate services and supports. While nearly half (47%) of participants either agree (42%) or strongly agree (5%) that "the process for accessing information about resources and services for those 60+ is 'working well,' another 28% neither agreed nor disagreed with this statement.

The majority of providers (62%) rate the quality of their area of the state as a “good” (55%) or “excellent” (7%) place to live for older adults. As illustrated below, 34% rate their area of the state as “fair,” while the remaining 4% rate their area as poor in terms of quality of life for people over 60.

FIGURE 7. QUALITY OF LIFE FOR OLDER ADULTS



Several providers expressed serious concerns about the lack of services available for those older adults who do not qualify for Medicaid. As previously indicated, while the Choices for Care program seems effective for those with high needs, many providers highlighted a need for expanded coverage to support those with moderate needs earlier on. This population of older adults is perceived as “underserved” and at “high-risk” of requiring a higher level of care than they would if prevention and early intervention services were available. Further, due to program eligibility criteria, there is a service gap for those who would benefit from services but do not qualify, and for whom there may be no private-pay services available (e.g., private geriatric case management).

The AAAs do a great job, but their case management is focused on Medicaid recipients...people outside of Medicaid population are not getting case management.

Despite perceptions of communities as “age-friendly” and the presence of processes for accessing information and connecting people to services, providers held a less positive view in terms of access to necessary services and care options. Half of providers disagree (39%) or strongly disagree (11%) that there is adequate access to community-based long-term care services and supports. Over 50% of providers disagree (46%) or strongly disagree (5%) that older adults have easy access to well-coordinated services. Similarly, nearly half (49%) disagree (40%) or strongly disagree (9%) that there is adequate flexibility and choice in care options for older Vermonters.

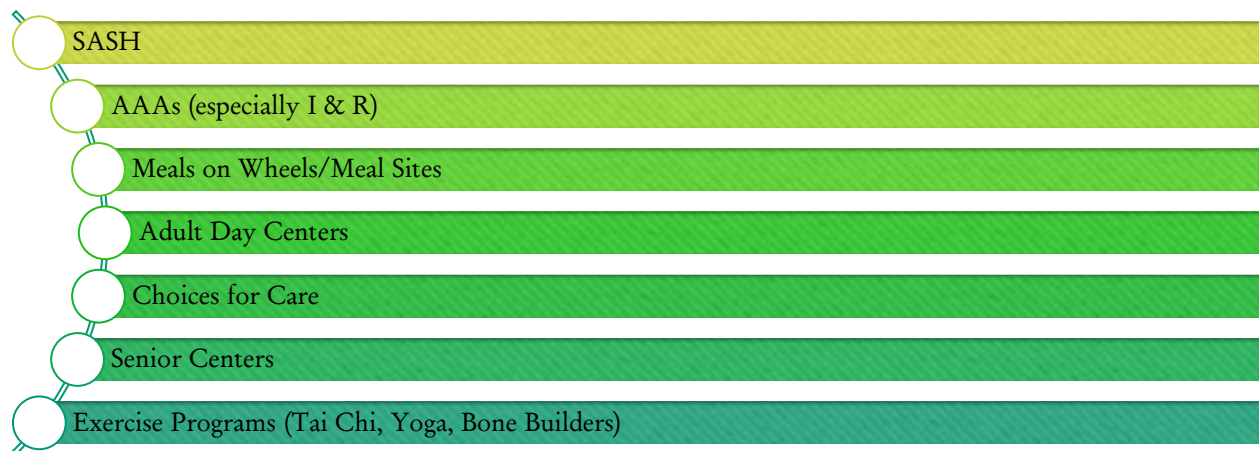
SPOTLIGHT ON: COMMUNITY CONNECTIONS

The Community Health Workers of Community Connections connect people to the right people at the right services. Based out of Northeastern Vermont Regional Hospital, Community Connections is a free information and referral. The Community Health Workers provide support for people with chronic conditions by reinforcing treatment plans from primary care physicians or other health care professionals. They can assist with finding safe, affordable ways to be physically active, finding and preparing healthy foods, and with stress reduction techniques. For more information and contact details, visit

PROGRAMS AND SERVICES: WHAT IS WORKING

Providers note a number of programs and services across the state that are “working well.” The most commonly identified programs include SASH, the Area Agencies on Aging, and Meals on Wheels/Congregate Meal Sites. Adult Day Centers, Senior Centers, and Exercise Programs were also frequently identified, as categories or by specific name. Choices for Care and the Moderate Needs Program were listed often, but frequently with a comment or qualifier that these programs work well “when accessible” or “when eligible.” One provider noted, “*Choices for Care high and highest needs is a fantastic program -- people are blown away with flexibility, team, options.*”

FIGURE 8: EFFECTIVE PROGRAMS AND SERVICES



Other programs that were noted less frequently included 3squares, Fuel Assistance, Senior Companion Program, SSTA/Public Transportation, and primary care physicians and medical homes.

The programs I have found to be most important in servicing this population have been adult day activity groups, meals on wheels,

senior companions and home health...Programs related to the support and promotion of the senior to remain at his/her home as is usually the desire. Independence along with purposeful activities and social connections are important ingredients to successful aging.

Several provider comments noted that many of these programs are working well despite understaffing and underfunding. Some concern was raised related to a lack of coordination, duplication of services, and that there are too many referral sources but not enough providers actually providing the services needed (e.g., home care).

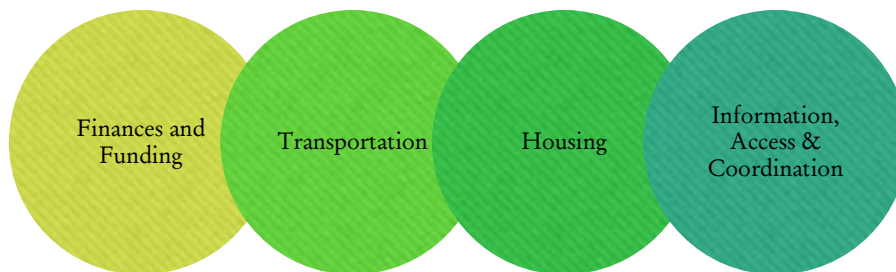
There are umpteen agencies but no overarching bridge. For all of the services that VT provides, providers don't collaborate. Collaboration seems to be foreign.

CONCLUSION

RECOMMENDATIONS

Both older adults and service providers were asked to make recommendations for improvements to programs and services for people 60+. Recommendations were directly linked to the major concerns, challenges, and needs noted by participants. There were four major themes in terms of principal recommendations from both older adults and service providers. A summary of recommendations from each group of participants is provided, followed by a discussion about areas of convergence and considerations for statewide and area planning.

FIGURE 9: PRINCIPAL RECOMMENDATIONS



OLDER ADULTS

Despite a common sentiment that “*Vermont does it better than most states,*” older adult participants provided their recommendations for one major improvement Vermont could make to programs and services for people 60 and older. The most common suggestions were related to improving transportation options, mentioned by 25% of respondents. Many just listed the word ‘transportation’ or ‘better transportation,’ but others made more specific comments and suggestions such as:

Transportation

- ☐ *The number one problem for seniors in this state is transportation.*
- ☐ *More availability of transportation for those who can’t drive. In the Champlain Islands, where I live, CIDER provides excellent transportation for seniors. This should be a model for the rest of the state.*

Housing and Home Modifications

- ☐ *More help for people over 60 like fuel expenses and help getting their homes ready for winter*
- ☐ *More affordable choices for active elders who need to downsize and want smaller, independent housing close to services*
- ☐ *More options for affordable housing. The wait list for...housing is frightening. Commercial housing is expensive and not well adapted for old people. For low-income old people, the options are very few and far between.*

Nearly 17% of respondents recommended improved health care coverage and access, such as ‘*protect Medicare,*’ ‘*single payer health care,*’ and ‘*health care for people before getting Medicare.*’ 14% of respondents recommended affordable housing and assistance with home modifications, as represented by comments such as:

The need for outreach and information about available programs and services was recommended by 11% of respondents. Comments suggested that many people believe “*there is more available than most people realize,*” so “*getting the word out better*” is important. Related were recommendations for improved access to programs, with suggestions largely centered around streamlining the application process and expanding eligibility, such as: “*Less paperwork in order to get help. It can be daunting and too confusing. Simplify it. One central resource center instead of so many individual programs.*” Specific recommendations included:

Outreach & Information, Program Access, and Coordination

- ☐ *More outreach to people who are isolated in their homes*
- ☐ *Develop a yearly mailing to people over 60 to inform them of what services and programs are available and how to access them.*
- ☐ *Make all of the programs available to people 60+ regardless of income. There is a strong negative stigma in using government programs...the thought is that these programs are for poor people. Middle class people shy away from programs and activities.*
- ☐ *Coordination of services so they are easy to understand and access. Reducing red tape to apply. One application, then an evaluation of the services that could help.*

Other common recommendations were related to tax reform (9%) and improved access to programs and services (9%). In terms of taxes, several respondents noted the burden of property taxes and taxation on social security benefits. One participant noted, “*if all the taxes were less, I could afford to get what I needed on my own,*” and another claimed, “*the tax in this state kills the elderly more than the weather does.*” Specific recommendations related to tax reform included:

SERVICE PROVIDERS

Finances and Tax Reform

- ☐ *Making Vermont affordable for seniors. I will definitely be moving out of state when I retire...to a more tax friendly state...such a shame after spending my whole life in Vermont.*
- ☐ *Modify the entire tax structure – education funding is a mess, income taxes and taxing pensions is something many states DO NOT do.*
- ☐ *Except social security and IRA distributions from taxes and do not count them in the household income for the education tax. Better yet, exempt people over 65 from the education tax.*

Participants were asked “If Vermont could make one major improvement to programs and services for people 60+, what would you recommend?” Service provider responses largely mirrored the previously identified challenges to serving older adults, falling into broad categories related to 1) funding and finances, 2) transportation, 3) housing, and 4) workforce development.

FIGURE 10: SERVICE PROVIDER RECOMMENDATIONS

Funding & Finances	Transportation	Housing	Workforce Development and Service Delivery
<ul style="list-style-type: none"> •Integration •Flexibility 	<ul style="list-style-type: none"> •Availability and Accessibility •Affordability •Flexibility 	<ul style="list-style-type: none"> •Increased Options •Plus Services 	<ul style="list-style-type: none"> •Recruitment and Training •Outreach and Info •Coordination

Finances and Funding

In terms of funding, recommendations centered on improved integration and increased flexibility. Providers perceive a need to maintain essential services that maximize independence and help people “age-in-place.”

Supporting and extending programs which provide the companionship which allays the multitude of negative effects of social isolation; likewise, programs that provide the financial and physical support that allows seniors to remain in their own homes (Senior Companion Program, RSVP, LIHEAP).

Due to the finite resources divided up among providers, flexibility is viewed by many providers as the key to creative, innovative solutions and to reinforcing the State’s person-centered approach to care. Providers indicated that loosening restrictions on funding could help target services to best meet the needs of older adults. As one provider asked, “what would it look like if it was all flex-funded?”

A great program that exists but needs to be completely overhauled is Moderate Needs.... There is such a need for basic homemaking/shopping/meal prep -- the need is exponential. That's just people currently in need and eligible. Funding is a challenge...not enough to go around but also not managed well...could serve more people more efficiently.

Transportation

Provision of expanded transportation options is essential to helping older adults throughout the state “*stay connected.*” In addition to ensuring that people are able to get to medical appointments, more flexibility is needed to reduce isolation by facilitating “*engagement with people and communities.*”

There is more to life than going to the doctor.

Housing

Housing recommendations centered on increasing options along the housing continuum (from smaller, accessible units and affordable rental housing to dementia care facilities), providing more onsite services within or connected to housing (e.g., supportive housing models), and supporting older adults who wish to remain at home.

I think the biggest needs are related to independent living in homes. VT is not an easy place to live and older adults need assistance in maintaining and paying for housing.

There were also multiple suggestions for shared housing as a way to simultaneously meet housing and social support/engagement needs. One participant recommended “*expanded support for home sharing to include the resources necessary to expand the current organizations into additional towns/counties; this could also include a feasibility study for areas not currently served.*”

Matching people who need housing with older adults/multi-generational housing initiatives. This would enhance relationships between older adults and other generations. Older adults can provide companionship (at the very least) to younger people/families. Younger people/families can provide help with transportation, housing maintenance, health care, etc.

SPOTLIGHT ON: HOME SHARE NOW

Home Share Now matches people with a room to share with those wanting affordable housing, securing housing for all by way of mutually beneficial relationships. Last year, the average home sharing rent was \$323/month and 97% of participants expressed a better quality of life. Under the umbrella of CVCOA, Home Share of Central Vermont started in 2003. Initial funding came from a Vermont Community Development Program (VCDP) block grant. A director and volunteer model was established, much like that of the successful HomeShare Vermont, a Chittenden County program founded as “Project Home” in 1982. In 2010, Home Share Central Vermont became Home Share Now, which means forward-looking optimism combined with solid home sharing experience and a strong capacity to take on housing,

Workforce Development and Service Delivery

Workforce related recommendations focused on recruitment, particularly for qualified health and mental health care providers (e.g., PCPs, nurses, social workers, dementia care specialists), and training, to enhance the quality of direct care staff.

Better training standards are needed to be required by the State of Vermont in the realm of elder care/vulnerable populations, i.e. Communicating with those with Dementia (ADRD)

Other common recommendations were related to service delivery in terms of 1) outreach and access to information, 2) increased or enhanced options in specific areas, and 3) coordination.



Outreach and information recommendations included a call to enhance the point of entry for information about programs and services for older adults. Several respondents noted that people are not aware of what is available and information needs to be more readily available.

In order to understand and sign up for critical benefits, access to information and assistance as provided by AAAs is.... a necessity.

Communication was raised as essential to informing the public and maximizing provider efforts. One provider suggested improved training of 211 staff, indicating “*they know the Medicaid services but there is no ‘keeper of information’ for other folks, even if fee-for-service aspect.*”

While it was acknowledged that older adults need information about existing services, there was also concern raised that enhanced service options are needed, particularly in the areas of cognitive and mental health. Whether in terms of existing or new services, providers frequently noted coordination as an area for improvement. Many providers spoke of a need to “*streamline*” information and referrals, as well as application processes. This improvement could help to reduce duplication of efforts and redirect some of the referral resources to direct services. Related, one provider noted the need for a framework of service provision that “*focuses on the people served, not providers.*”

We have a great opportunity in our small state to positively impact and reach the lives of older adults. Vermont should be a great place to retire!

CONSIDERATIONS AND IMPLICATIONS

ASSESSMENT AND PLANNING CONSIDERATIONS

As participant recommendations for improvements are considered, it is important to note some potential factors influencing the level of convergence or divergence in suggestions.

While literature is lacking on controlled empirical studies examining potential differential effects of administrative method (e.g., online vs. print), Touvier and colleagues (2010) found that the quality of information provided by a web-based questionnaire was equal to, or better than, that of the paper version, in a study of nutrition among persons 49-75. However, according to the Pew Research Center (2017), “people with lower incomes, less education, living in rural areas or age 65 and older are underrepresented among internet users and those with high-speed internet access.” In an attempt to increase the representativeness of the older adult sample, we employed the strategy of selecting a random sample for mail/paper distribution. Although the survey for older adults was distributed both electronically and by mail/print, the vast majority of respondents participated online.

The older adult sample in this assessment is a relatively young-old, healthy and well –educated group. The service provider sample includes those at the state and local level who serve the aging population of Vermont, many of whom target or see an over-representation of older adults who are older, lower income, and more likely to experience chronic illness and greater health care needs. As a result, there are few key areas of divergence between the two samples. Some of the common areas of concern and recommendation noted by service providers are less frequently noted by the older adult sample, such as funding and finance concerns and workforce issues. This discrepancy provides valuable insights and can serve as a strength rather than a study limitation. Service providers offer a perspective that highlights the concerns for the most vulnerable, highest-

need older adults in the state. These concerns and recommendations are fundamental to the well-being of older adults served currently, as well as in the future. The older adult sample provides information on those older adults (often young-old) who are perhaps not yet in need of the formal programs and services represented by the service provider sample. Their perspectives can help inform prevention and wellness strategies to extend health and well-being in an effort to reduce duration and intensity of need for resource intensive aging-related services in the future.

It will be beneficial to consider assessment findings and recommendations in terms of potential options for targeting within universalism (Skocpol, 1991) so that the State can target the needs of high-need, vulnerable populations while tending to the needs of all aging adults in an effort to maximize independence and enhance capacity for aging well in Vermont.

IMPLICATIONS AND CONCLUSIONS

Overall, both providers and community members perceive Vermont, and their community in particular, as “aging-friendly,” providing services that promote health aging and independent living, and a “good” quality of life for older adults. Throughout the state, there is a sense that the services that exist are generally of high quality, and the providers are caring and committed. Indeed, nationwide, Vermont was one of four states to win a 2017 Pacesetter Prize for improvements in Long-Term Services and Supports (LTSS) (Scan Foundation, 2017).

Despite its history of leadership in providing health and LTSS, there were several clear, common themes regarding major issues of concern for an aging Vermont. First and foremost, addressing the transportation barriers throughout the state is essential in terms of increasing opportunities for older adults to access health and social services in the community and to reduce isolation. As this involves increasing public transportation options, expanding services for seniors and persons with disabilities, and attending to road conditions, transportation needs to be a priority not just for DAIL, but for the entire state. In addition to strengthening collaborations with the Vermont Agency of Transportation (VTrans) and local transportation providers, it is recommended that VTrans prioritize the concerns of an aging Vermont. A number of other challenges, including isolation, social support and health care, could be positively impacted via improvements to the transportation infrastructure.

While study data indicates a number of large-scale changes to the housing continuum would be beneficial, there are two primary recommendations for utilizing existing and/or minimal resources to help people live at home/in the community and maximize the independence of aging Vermonters. One is related to supports for home modification and home maintenance programs. It is clear that relatively simple supports can be significant in terms of maintaining or extending one’s capacity for remaining at home. In addition, home sharing options could be expanded across the state to meet housing and financial needs of many older adults.

Both older adult and service provider participants expressed serious concern regarding financial security, and a need to address the financial solvency and future of human service organizations and the economic well-being of older adults across the state. Limited resources are clearly challenging organizational capacities and individual opportunities. Moving forward, essential considerations include possibilities for flexibility in service delivery at the local level, enhanced care coordination to minimize duplication and maximize efficiency, and support for interprofessional and interagency collaboration.

Fundamental to addressing both resource limitations and service needs is workforce development, care coordination and collaboration. Workforce development will require extensive interagency and

university/college-community partnerships, with attention toward the recruitment and retention of a wide range of caregivers and health care providers. Finding ways to encourage, support, and facilitate such partnerships will be essential. Similarly, interagency and interprofessional collaboration is fundamental to the health and well-being of aging Vermonters. In some geographic and service areas, there appears to be significant efforts and success at care coordination and collaboration. However, respondent comments indicate this is quite varied and perhaps state-level leadership and/or utilization of promising frameworks could be successful.

Last, there remains continued concern regarding service access and a need for a single point of entry. Assessment data points to a need for providing older adults, people with disabilities, families and caregivers, as well as service providers, with information and education about how to access and coordinate available services and supports.

If we could build systems that encourage and build community, everyone would benefit. The AAAs need to have the capacity to engage more with other services providers to create comprehensive solutions.

LOCAL PERSPECTIVE - RUTLAND & BENNINGTON COUNTIES

INTRODUCTION

This section highlights the results of multiple data sources that help to demonstrate the most commonly identified needs of older Vermonters in Rutland and Bennington counties. These results, combined with results from the statewide assessment, feedback gathered from public forums and community partners, and the four major goals identified by the State of Vermont, will help to guide SVCOA's planning and decision-making over the next four years.

METHODS & PARTICIPANTS

DATA COLLECTION

The first data source cited below in the Findings Section, titled "Top Areas of Concern for Older Adults," (also referred to as "Aging Services Needs Questionnaire") includes the results of an aging service needs questionnaire that was delivered to 247 randomly selected participants in SVCOA's service territory. The complete survey can be found attached to this plan. 244 respondents completed the survey while 3 participants did not.

The survey participants represent a range of SVCOA stakeholder groups, including clients – 40.16%, community partners – 31.15% (transportation, nutrition, field service coordinators, adult day providers, medical providers, mental health professionals, housing agencies, law enforcement officials, senior centers, home health agencies, and volunteers, among others), caregivers – 7.38%, medical providers – 2.87%, SVCOA board or advisory board members – 2.46%, and other – 15.98% (family members, community members, other volunteers).

The survey results help to illustrate the top areas of concern for older adults in our service area, based on the perceptions of the various respondents.

The second data source listed below in the Findings Section, titled "SVCOA Senior HelpLine Call Categories," includes the results of help line call volumes relative to 14 primary call categories between October 2016 and May 2018. The graph and accompanying data help to illustrate the call topics or categories which were most commonly asked about during phone calls made to SVCOA's HelpLine.

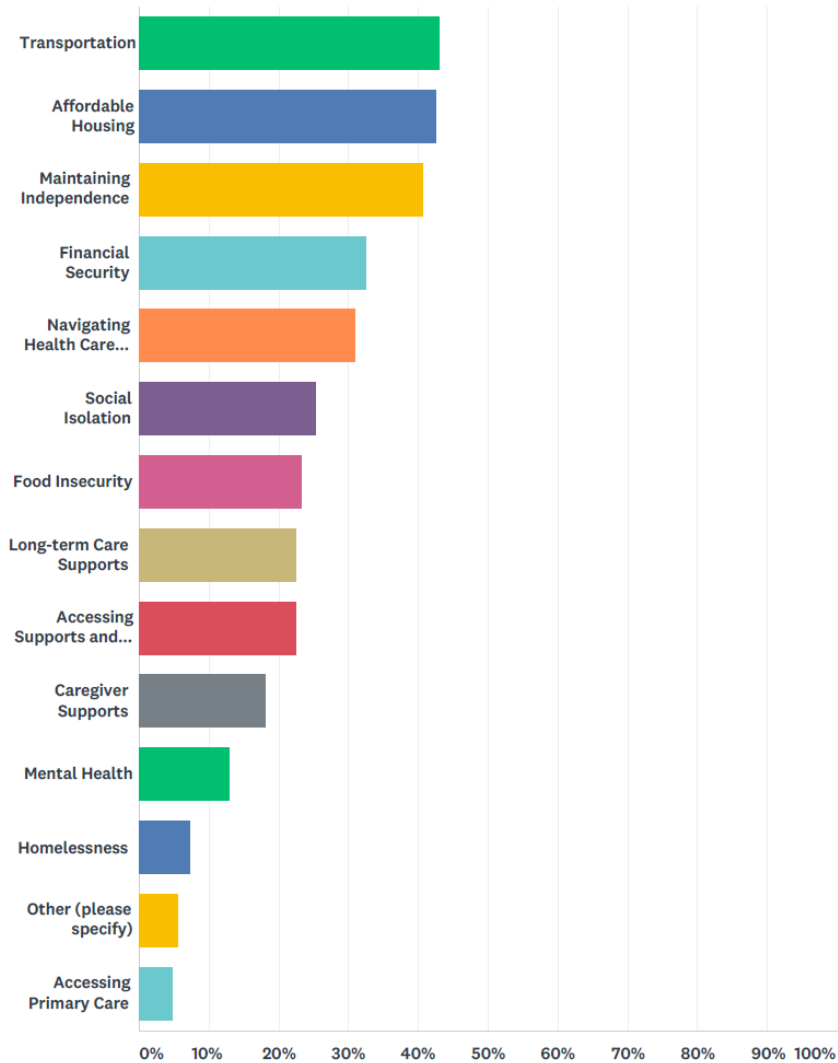
FINDINGS

TOP AREAS OF CONCERN FOR OLDER ADULTS

SVCOA's Aging Service needs Questionnaire

Q2 What are the top 3 areas of concern for older adults in our community?

Answered: 248 Skipped: 2



ANSWER CHOICES	RESPONSES	
Transportation	43.15%	107
Affordable Housing	42.74%	106
Maintaining Independence	40.73%	101
Financial Security	32.66%	81

SVCOA's Aging Service needs Questionnaire

Navigating Health Care Systems (example: Medicare Part D, Medigap and Supplemental Insurance)	31.05%	77
Social Isolation	25.40%	63
Food Insecurity	23.39%	58
Long-term Care Supports	22.58%	56
Accessing Supports and Services	22.58%	56
Caregiver Supports	18.15%	45
Mental Health	12.90%	32
Homelessness	7.26%	18
Other (please specify)	5.65%	14
Accessing Primary Care	4.84%	12
Total Respondents: 248		

As demonstrated by the above graph, the issues of transportation, affordable housing, maintaining independence and client financial security were the top four issues in the minds of survey respondents. A secondary group of key issues identified by the survey were navigating healthcare systems, social isolation, food insecurity and long-term care supports.

TRANSPORTATION

Not surprisingly, worries around transportation challenges for older Vermonters topped the list of concerns among survey participants. Vermont's rural nature, harsh winters, plethora of small towns and limited population hubs can often be considered contributing factors to perceived challenges around public transportation for seniors. While in some cases transportation accessibility and / or scheduling or wait times can be deterrents, SVCOA maintains that both the Bennington and Rutland County areas offer a variety of public transportation options both accessible and suitable to the aging population. Additionally, as demonstrated by the statewide assessment, a large majority of seniors (93%) report that they drive for most of their local trips, and 73% report that over the past year, they have never needed help getting or arranging transportation.

Instead, many of the concerns around transportation appear to revolve around personal worries such as long distances to key services, family and friends, challenges around driving at night, driving in inclement weather, dealing with adverse road conditions, obtaining weekend public transportation for social purposes or accessing public transportation in the future when individuals are no longer able to drive themselves.

In conclusion, while the geography and weather of Vermont can certainly be contributors to transportation challenges, SVCOA sees overarching transportation issues more closely related to driver concerns and a lack of public education around the availability and accessibility of transportation resources. With this in mind, SVCOA believes that a continued focus on addressing transportation barriers through efforts such as increasing public awareness of available transportation resources throughout our communities, is essential. Stronger collaboration with local transportation agencies to ensure public visibility, ease of use, optimal

scheduling and ultimately greater use of public transportation resources by the senior community will be essential to alleviating this key concern among clients and other stakeholders.

AFFORDABLE HOUSING

The second highest concern among survey respondents was that of older Vermonters realizing and maintaining affordable housing. This overarching challenge can be attributed to a range of potential factors identified in the state assessment including, but not limited to, a lack of subsidized housing, various income guideline roadblocks to qualify for subsidized housing, a shortage of shared-housing options, and the inability for some older Vermonters to pass background checks due to red flags such as credit issues, criminal history, and poor or no landlord referrals.

Additionally, for older Vermonters who aim to remain in their own homes, challenges around high property tax rates, costly, yet necessary home modifications, paying for rising utility costs and general home upkeep and maintenance can make sustaining residence in their own homes unaffordable and unrealistic.

To help counter some of these roadblocks, SVCOA has and will continue to make efforts on a variety of initiatives aimed at improving the availability of, and prospects for securing and maintaining, affordable housing. One initiative that presents significant opportunity for improvement in our service area is further advocacy work around expanding the HomeShare Vermont program into Rutland and Bennington counties. Currently, HomeShare Vermont helps to administer and coordinate client placement into shared homes in other regions of Vermont, such as Chittenden and Washington counties, but the service is not currently offered in our service area. SVCOA considers the potential expansion of HomeShare Vermont into our service area as an important step toward increasing the availability of affordable housing for older Vermonters in the area.

SVCOA is also committed to maintaining and expanding a number of programs and services tailored toward ensuring that older Vermonters who opt to remain in their own homes are able to continue to do so. Such programs include SVCOA's home modification services, which leverage skilled volunteers to assist with projects such as ramps, railings and other home accommodation projects; general property upkeep and maintenance services, which are also completed by SVCOA volunteers; and SVCOA's successful representative payee program, which ensures that clients' finances are well-managed and positioned to give them the best opportunity to remain in the setting of their choice.

While some of the challenges around affordable housing for older adults are regional and national-level issues, SVCOA remains dedicated to implementing creative solutions at a local level when possible, and continuing to advocate for programs in our service area that will support housing affordability for a broad range of clients with varying needs.

MAINTAINING INDEPENDENCE

The third most pressing concern identified by survey respondents for older adults in our service area is the issue of maintaining independence. Unlike more targeted issues like transportation and affordable housing, maintaining independence is a bit more of a broad, all-encompassing topic that can include a wide variety of factors that can make it difficult for older Vermonters to live on their own.

Factors such as property ownership, affordability and maintenance, challenges around accessibility to the moderate needs program, Choices for Care waitlists, a lack of caregivers statewide, and struggles related to social isolation and self-confidence, among others, can make maintaining independence difficult for older Vermonters. That being said, SVCOA has achieved notable progress in recent years with respect to helping older Vermonters in our area maintain their independence. Some of SVCOA's successful initiatives include our Senior Companion and friendly visit programs which help with social isolation; our Meals on Wheels program which provides home delivered meals and safety checks, as well as social, congregate meals; our elder care clinician who provides vital services around managing mental health issues, our Representative Payee program, which as previously mentioned, provides financial management services for older Vermonters who are unable to manage their finances on their own, and our suite of other volunteer services such as home modification and upkeep assistance to help folks remain in their own houses. Additionally, SVCOA has been proactive in partnering with RSVP programs in both Bennington and Rutland counties to help keep older Vermonters active in their communities, as well as in working with area senior centers and adult day facilities to maximize programming and education for clients in a community setting. Lastly, in recent years, SVCOA has focused on growing evidence-based wellness programs such as tai chi for falls prevention which help to improve the overall health and wellness of older adults in our area and enable them to remain independent later in life.

Moving forward, SVCOA plans to build on many of these successful programs and initiatives, while also working to further address some of the systemic, outstanding problems that continue to limit the ability of older Vermonters to maintain independence as they age. Some of the agency's future-looking efforts include continuing to work with the other AAA's and the State of Vermont to develop system changes or enhancements to help improve accessibility to programs and reduce waitlists or wait times; advocating for a greater pool of caregivers and home health agencies to choose from in order to reduce wait times, improve care and create beneficial competition in the marketplace; providing staff with greater training and education to inform clients of care and resource options; continuing to grow specialty volunteer programs that help to address issues like isolation, home maintenance and modification, money management etc.; improving care coordination across various services and agencies to help keep older adults in their homes; continuing to adjust the Meals on Wheels program as demand grows by better prioritizing meals based on greatest level of need and food insecurity; researching new funding opportunities to help Meals on Wheels keep up with an ongoing rise in demand; working more with community food partners – such as farmers, and collection volunteers, to help secure and harvest locally grown food to support Meals on Wheels; and completing future research around funding for securing dentures, hearing aids etc. for clients.

CLIENT FINANCIAL SECURITY

While not one of the top three issues identified by the survey, local respondents did list client financial security as the fourth greatest concern for older Vermonters in our service area. Some contributing factors to this issue can include increasing cost of living pressures in Vermont – including housing, utilities and taxes, as well as winter heating costs, rising health care costs, challenging eligibility guidelines for various supportive programs and services, an overall shortage of funding for certain programs and services, and many older Vermonters having to take care of younger, at-risk Vermonters who are impacted by poverty, drugs, criminal histories, mental health issues or are underemployed.

While many of the factors contributing to a lack of financial security among older Vermonters are broad, large-scale issues also seen at regional and national levels, SVCOA has seen success locally in delivering various programs and services, as well as advocacy, to help alleviate financial pressures on older adults in our service area and ultimately promote greater financial security.

Such initiatives include SVCOA’s successful representative payee and money management programs – as well as connecting clients to financial institutions to access low-interest loans and other critical services, increased 3Squares Vermont outreach and education around available options, continued fuel assistance advocacy, ongoing support in working with clients to establish discount plans with local utility companies, expanded work in connecting clients to local food pantries, continuous reevaluation and adjustment of our Meals on Wheels program to ensure program access and adequate meal support, and sustained work to grow community partnerships with various organizations in an effort to ensure clients have access to as many services and supports and possible.

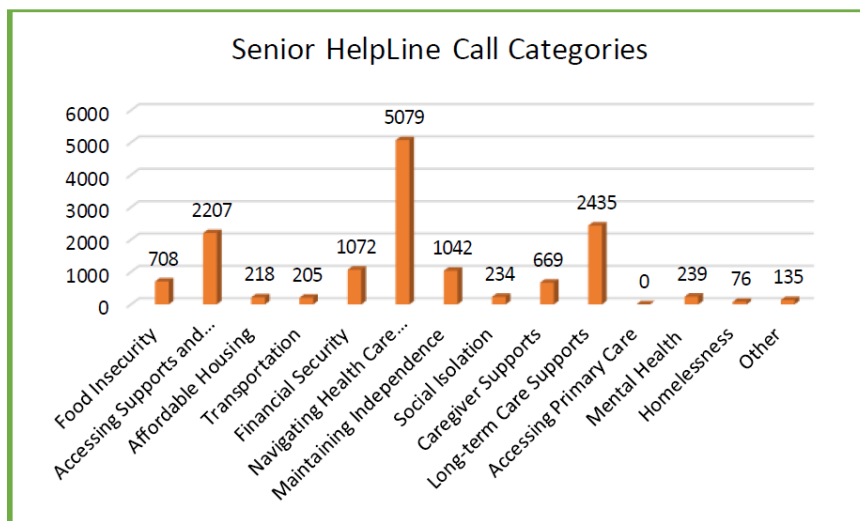
SVCOA HELPLINE CALL CATEGORIES

In addition to SVCOA’s “Top Areas of Concern for Older Adults” survey, the agency has also tracked, collected and analyzed data produced via SVCOA’s HelpLine. While not necessarily indicative of the “top concerns” of clients and stakeholders around challenges facing older Vermonters in our service area, the Senior HelpLine data can be useful in highlighting which topics or categories generate the greatest numbers of calls or inquiries to SVCOA in a given period of time. As indicated by the graph results below, the call categories of “navigating health care systems,” “long-term care supports,” “accessing supports and services,” “financial security,” and “maintaining independence” highlight the top five most common call topics. Interestingly enough, all of these call categories can, at some level, be linked back to one or several of the four top concerns identified in “Top Areas of Concern for Older Adults” survey – transportation, affordable housing, maintaining independence and client financial security.

Also, another takeaway is the surprisingly low number of calls related directly to transportation and affordable housing, given that these two issues were identified in both the state assessment and SVCOA’s local survey as top concerns for older Vermonters. While both of these targeted, specific topics may, in some instances, fall under broader discussions with clients around bigger issues such as maintaining independence or financial security, the gap in data consistency can also likely be attributed to clients contacting transportation and housing

resources directly – as opposed to going through SVCOA, and survey data including non-client respondents who aren’t using the HelpLine. Additionally, given the high-level nature of challenges around housing shortages and affordability, it is also possible that HelpLine callers don’t perceive there to be immediate solutions available to them on this issue through SVCOA. That being said, both of these data points may further illustrate an opportunity for SVCOA to work more with both transportation and housing providers to ensure that the agency is highly visible as an information resource to older Vermonters in offering education, guidance and referrals to available opportunities around public transportation and affordable housing.

SVCOA Senior HelpLine Call Categories



Data Collection Period: October 2016 – May 2018

COMMUNITY FORUM FEEDBACK

Along with the two data sources referenced above, SVCOA has also collected significant anecdotal feedback from various community forums in Rutland and Bennington counties in recent years. These forums have been designed and advertised to solicit subjective information from the general public around issues facing older Vermonters in our service area. Below is a sample of some of the explicit feedback we have received, as well as summary information, which is valuable in combining with more concrete data results to guide planning and decision-making around our Area Plan and direct service waiver development.

Nutrition

On the meaning of being well-nourished and healthy:

“Eating healthy foods,” “having enough to eat,” “eating fruits and veggies, exercise and socialization”

On what gets in the way of eating enough or eating healthier:

“Having to go to the store more frequently to keep fruits and veggies fresh. Afraid of purchasing larger quantities because of how long fruits usually tend to last. Pricing is often very expensive.”

On whether individuals are eating the type of food they like:

Most all answered that they are eating what they would like, but tend to not venture out to eating different types of food because they don't always know how to prepare or cook. Too much work to cook different types of food.

On any gaps in accessing food:

“Not enough grocery stores close by, many rural areas throughout Rutland and Bennington counties,” “shopping at convenience and grocery stores means there are not as many fresh fruits and veggies, more processed food options,” “high cost of fresh fruits and veggies”

A lack of knowledge around how to use or prepare foods is a barrier to accessing healthy meals as well as the nutrition options that are available within the community.

Many folks do not know about available nutrition services.

Farmer's Market prices are very high, so programs like Crop Cash are not always helpful.

Lack of companionship, very lonely and not wanting to eat meals alone.

Depression contributing to lack of eating. Many folks identified that cooking for one is not desirable, may be a gap for nutrition education, cooking for one, or cooking larger meals and freezing a few? Folks not identifying the connection between nutrition and health.

Socialization & Education

On where folks go for connection and what connection feels like to them:

Church, walking groups, senior centers, bone builders etc. “Knowing and helping your neighbors” is a way of the past. Everyone mentioned concerns around this and how it has made folks feel less connected to their community. Not as many social groups as there used to be in the 50's.

Folks Identified that Senior Centers local churches, town halls and meal sites is where they often go to find information on what resources are available.

Other:

Sense of community pods within Rutland County. Certain places are isolated. Rely on neighbors for help.

Family all around but lost his wife. Mealtime used to be regular, no structure, trying to stay involved to get out and about. Not knowing how to eat healthy all the time once a loved one has passed away. Re-prioritizing your life once you lose a loved one.

Transportation

On accessing congregate meals, social activities, focal point resources etc.:

“Once I can’t drive, I will need to move as I will not be able to access services”

None of these issues are a barrier because clients have their own transportation. As soon as we remove their personal vehicles, all of these would become an issue. Not everyone is in the same mindset to take public transportation. The bus comes through 4 times a day.

Other:

During nutrition public forums, transportation was not a primary concern for folks, as they were clearly able to get to the senior center. However, some expressed concern around transportation once they are not able to drive anymore.

General

On what is most important to older Vermonters:

Feeling connected, having enough to eat, cooking recipes and guidance, socialization

Other:

“Proud Vermonters... will die before taking local benefits, or handouts. We help, we do not take. Too much pride.”

Many folks expressed that they are not sure of the programs as each one seems to have their own set of eligibility criteria, and the amount of paperwork involved becomes very confusing and overwhelming.

Affordable Housing

General:

Rural areas contributing to lack of available housing

Housing costs above income, hard to get into housing. Affordability is the major problem. (Investments are preventing elders to obtaining housing).

Financial Security

General:

“Why does the state only look at income versus expenses?”

Cost of living keeps going up.

Shingles vaccine - for some ages of the population it is free, for some seniors it is costing up to \$104.00;

Having to make difficult decisions based on what your income is. Housing, medical bills, co-pays, food and nutrition usually is thought of last.

Maintaining Independence

General:

Hard to hire folks help with household chores.

“You don’t want random strangers to come and help”.

Living in rural places with no cell service, not able to obtain LifeLine.

Not knowing your neighbors.

“We don’t know our neighbors.”

Young people are not attending church anymore. That used to be way of connection.

LOCAL CONCLUSION

In conclusion, SVCOA, through its “Aging Services Needs Questionnaire,” “Senior HelpLine Data,” and community forum feedback, has collated a broad range of statistical and anecdotal information that not only helps to clearly identify the key issues facing older Vermonters in our service area, but also illustrates a direct correlation with the findings of the overall state assessment. The primary issues or concerns listed in the state assessment – including financial security, health care, housing, maintaining independence, and workforce and service delivery – have all proven to be hot-button topics in SVCOA’s service area as well based on our data. With that said, SVCOA is laser-focused on continuing to grow and improve many of its already-successful programs and services which currently work to ease these issues, while also researching and brainstorming new, creative ways to implement additional solutions for older Vermonters in Rutland and Bennington counties. SVCOA, through continued data collection and analysis, ongoing staff training and education, strengthened local, state and federal partnerships, proactive program and service modification, expanded volunteer recruitment, and improved public education and outreach, is confident that it can make measurable, positive impacts for its clients and stakeholders with respect to these major concerns over the next four years.

SECTION: COMMUNITY FOCAL POINTS

Focal Point:

Bennington County Meals Program
124 Pleasant Street
Bennington, Vermont 05201

Key Staff Contact: Ilsa Svoboda, 802-442-8012, isvoboda@mowbennington.org

OAA programs / services provided: Congregate meals, home delivered meals, access to transportation, nutrition counseling and nutrition education, tai chi

Non-OAA programs / services provided: N/A

Description of how the AAA works to assure that OAA services can be accessed from the focal point and that maximum collocation and coordination with other services and opportunities for older Vermonters are achieved via the focal point: SVCOA representatives present, public forums, information / literature on site, relationship building with staff, transportation planning / coordination.

Focal Point:

Bennington Senior Center
124 Pleasant Street
Bennington, Vermont 05201

Key Staff Contacts: Susan Hogue, 802-442-1052, shoag@benningtonvt.org,

Towns Served: Bennington County

OAA programs /services provided: Access to transportation and legal assistance

Non-OAA programs / services provided: Bennington Senior Center is a multipurpose center that serves as a focal point in the community, offering a wide range of services and activities that may include health clinics, tax assistance, and a variety of social and fitness programs. The center may also provide referrals for legal issues, housing, insurance, public assistance, home health care, and mental health.

Description of how the AAA works to assure that OAA services can be accessed from the focal point and that maximum collocation and coordination with other services and opportunities for older Vermonters are achieved via the focal point: On-site options counseling, SVCOA representatives present, public forums, information / literature on site, relationship building with staff, transportation planning / coordination.

Focal Point:

Bennington Project Independence
614 Harwood Hill Road
Bennington, VT 05201

Key Staff Contacts: Linda Wichlac, 802-442-8136

Towns Served: Various towns in Bennington & Rutland counties

OAA programs /services provided: Congregate meals, tai chi, access to transportation, caregiver supports and case management.

Non-OAA programs / services provided: Bennington Project Independence provides a wide range of meaningful adult activities tailored to meet the variety of special needs, interests and abilities of the people participating in the program. Every day is a different mix of opportunities for socializing, mentally stimulating games, reminiscence opportunities, discussions, craft and art work, physical activities, intergenerational experiences, healthcare, therapy assistance and personal care as well as shopping trips, tours and BPI adventures.

Description of how the AAA works to assure that OAA services can be accessed from the focal point and that maximum collocation and coordination with other services and opportunities for older Vermonters are achieved via the focal point: Literature provided, coordination with BPI staff etc.

Focal Point:

Brandon Senior Center
1591 Forest Dale Road
Brandon, VT 05733

Key Staff Contacts: Kathy Mathis, 802-247-3121

Towns Served: Surrounding towns / Rutland County area

OAA programs /services provided: Congregate meal site, nutrition education

Non-OAA programs / services provided: Brandon Senior Center is a multipurpose center that serves as a focal point in the community and offers a wide range of activities and services including community meals, brunches, monthly dinners, health clinics, tax assistance, and a variety of social and fitness programs. The center may also provide referrals for legal issues, housing, insurance, nutrition, public assistance, home health care, and mental health.

Description of how the AAA works to assure that OAA services can be accessed from the focal point and that maximum collocation and coordination with other services and opportunities for older Vermonters are achieved via the focal point: Regular coordination between SVCOA staff and senior center, educational materials, occasional presence of options counselor.

Focal Point:

Castleton Senior Center
2108 Main Street
Castleton, VT 05735

Key Staff Contacts: JoAnn Riley, Executive Director, 802-468-3098

Towns Served: Towns of Bomoseen, Castleton, Fair Haven, Hubbardton, Hydeville and Poultney

OAA programs / services provided: Tai chi, congregate meals, nutrition education

Non-OAA programs / services provided: Castleton Senior Center is a multipurpose center that serves as a focal point in the community, offering a wide range of services and activities that includes senior meals, health clinics, and a variety of social, educational, and fitness programs.

Description of how the AAA works to assure that OAA services can be accessed from the focal point and that maximum collocation and coordination with other services and opportunities for older Vermonters are achieved via the focal point: On-site options counseling, SVCOA representatives present, public forums, information / literature on site, relationship building with staff, and transportation planning / coordination.

Focal Point:

Godnick Senior Center
1 Deer Street
Rutland, VT 05701

Key Staff Contacts: April Cioffi, Program Director, 802-773-1853

Towns Served: Rutland County

OAA programs / services provided: Tai chi, congregate meals, legal aid clinics, nutrition education

Non-OAA programs / services provided: Godnick Senior Center is a multipurpose center that serves as a focal point in the community, offering a wide range of services and activities that may include health clinics, tax assistance, and a variety of social and fitness programs. The center may also provide referrals for legal issues, housing, insurance, public assistance, home health care, and mental health.

Description of how the AAA works to assure that OAA services can be accessed from the focal point and that maximum collocation and coordination with other services and opportunities for older Vermonters are achieved via the focal point: On-site options counseling, SVCOA representatives present, public forums, information / literature on site, relationship building with staff, and transportation planning / coordination.

Focal Point:

InterAge Adult Day Program
230 North Main Street
Suite 5
Rutland, VT 05701

Key Staff Contacts: Loryn Hamilton, 802-773-2011, lham802@aol.com

Towns Served: Rutland County

OAA programs / services provided: Congregate meals, access to transportation, caregiver supports and case management.

Non-OAA programs / services provided: InterAge Adult Day Center offers a full-service, medical-model program providing adult day services and caregiver support group.

Description of how the AAA works to assure that OAA services can be accessed from the focal point and that maximum collocation and coordination with other services and opportunities for older Vermonters are achieved via the focal point: Literature provided, coordination with InterAge staff etc.

Focal Point:

Poultney Young at Heart
206 Furnace Street
Poultney, VT 05764

Key Staff Contacts: Kathy Hutson, 802-287-9200

Towns Served: Town of Poultney; and surrounding towns in Rutland County, Vermont; and Washington and Rensselaer Counties in New York State

OAA programs / services provided: Tai chi, congregate and home-delivered meals, nutrition education

Non-OAA programs / services provided: Poultney Young at Heart is a multipurpose center that serves as a focal point in the community, serving a noontime meal and offering a wide range of services and activities that may include health clinics, tax assistance, and a variety of social and fitness programs. Centers may also provide referrals for legal issues, housing, insurance, nutrition, public assistance, home health care, and mental health.

Description of how the AAA works to assure that OAA services can be accessed from the focal point and that maximum collocation and coordination with other services and opportunities for older Vermonters are achieved via the focal point: On-site options counseling, SVCOA representatives present, public forums, information / literature on site, relationship building with staff, and transportation planning / coordination.

Current Focal Point Support & Presence

SVCOA maintains, at minimum, monthly communication with current focal points in its service area. The agency is mindful of travel expenses, and while we make in person visits a priority, we utilize other forms of communication to ensure regular contact with these focal points to maximize support while also achieving efficiency. On the heels of health care reform, we have worked to have a presence at community health centers in both Bennington and Rutland Counties as another way to act as a resource hub and to help with care coordination for older Vermonters. The belief in using community health centers as a resource hub stems from older Vermonters' need to prioritize and manage their health care priorities first before other needs. Ultimately, community health centers have become key focal points for the distribution of information about SVCOA, its programs and services, and the support it can provide in directing older Vermonters to other community resources.

As an example of identifying and filling gaps in providing information through community focal points, SVCOA recognized a gap in the Manchester area in 2017 and provided a monthly drop-in opportunity, which was held at the Manchester library. We continued to staff this opportunity for several months, sending four staff members each month to provide information about the plethora of SVCOA services. Although attendance at these forums was sparse despite advertising efforts and coordination with key residents and officials in the Manchester area, the agency was able learn from this experience and understand how to both identify a gap and work with local resources to fill such a void in a given area. This is just one instance of SVCOA's ongoing efforts to be nimble and responsive when it comes filling potential information gaps in parts of our service area, an issue that can often be driven by Vermont's rural nature.

Focal Point Development

SVCOA recognizes the gaps of focal points in some regions of our service area, and aims to grow its support of, and presence at, additional focal points moving forward. Through its community forums, SVCOA learned that many older Vermonters in our service area utilize physical locations such as churches, libraries, and town halls, among other venues, to gather information and seek services and supports. That being said, SVCOA aims to identify and develop these types of locations as focal points in various communities throughout our service planning area. Additionally, SVCOA currently has strong relationships with over 30 community meal sites, which we also envision as potential focal points.

SECTION C

GOALS, OBJECTIVES & STRATEGIES WITH RBA REPORT CARDS

CORE OAA Programs: Vision, Goals & Strategies

Title III: Community Planning & Systems Development: As stated in our Executive Summary, SVCOA has identified a number of specific goals around Community Planning & Systems Development that it aims to work toward over the next four years. These objectives will help to drive the agency's future planning and decision-making around a variety of programs and services, and, in total, will guide SVCOA toward continuous improvement for the clients and communities that it serves. Beginning with strategic community partnerships, SVCOA aims to continue to grow and enhance its relationships with Rutland Regional Medical Center and Southwestern Vermont Medical Center in an effort to better manage client care transitions to help reduce readmission rates and ensure greater client success after a hospital visit. Additionally, SVCOA will continue to explore the opportunity to implement a fee-for-service HomeMeds management program that too would work to benefit medical centers by reducing readmission rates while also providing the agency with a new, sustainable funding source. Along these same lines, SVCOA aims to also strengthen its relationships with a range of other community resources and organizations such as law enforcement, social and health service agencies, schools, businesses, local and federal government, and faith-based groups, among others, to allow for greater shared care planning among community partners so that clients receive the most comprehensive and effective care, guidance and referrals that they might need. SVCOA's recent work in coordination with Rutland's "Project Vision" effort has been extremely successful, and it is a goal of the agency to both continue and expand similar collaboration throughout our entire service area in both Rutland and Bennington counties. Another primary objective that the agency has identified is to grow and add evidenced-based programming where it is needed and possible. As an example, SVCOA's tai chi for falls prevention program has grown exponentially in recent months and become extremely popular, and the program can be directly linked to potential reductions in fall rates of older Vermonters. The agency aims to continue to research, identify and implement similar programs when appropriate in the future. Lastly, SVCOA has made it a goal to complete exploratory research work around piloting a fee-for-service model that would fulfill the needs of clients who don't fall under the low-income umbrella and don't currently qualify for services (non-OAA activities). Similar to SVCOA's representative payee program and a potential HomeMeds program, this model would in theory add an additional non-state or federal revenue source for the agency.

Title III-B: Case Management, see RBA report card below

Title III-C: Nutrition, see RBA report card below

Title III-D: Health Promotion & Disease Prevention, see RBA report card below

Title III-E: National Family Caregiver Support, see RBA report card below

Title VII: Prevention of Elder Abuse, Neglect and Exploitation: Within our service area, we have seen numerous challenges include the screening process to initiate an investigation, length of time for referrals, the substantiation rate, as well as the lack of efforts in the care coordination. Because of continued agency advocacy, SVCOA requested and was granted a seat on the APS Advisory Committee and will continue to monitor and advocate for higher-level system changes related to older adult abuse and exploitation. SVCOA is committed to collaborating with APS such that APS continues to accept and investigate referrals, substantiate reports as appropriate, maintain appropriate investigator staffing levels, and work to protect those most vulnerable older Vermonters, which were outcomes of a lawsuit, filed against APS in 2011 and finalized in 2013. SVCOA's direct service personnel will continue to support the goals and continuing

education requirements around identifying and reporting abuse, neglect and exploitation of those older Vermonters. Staff are also instructed to bring back information and challenges to share with our designated APS advisory committee member. SVCOA will also continue their work on financial exploitation within our statewide Representative Payee Program. SVCOA has seen an increase in referrals to our Rep Payee program since its inception and will continue to participate on the Financial Abuse state task (FAST). We will continue to expand services as necessary to meet the needs of the most vulnerable.

RBA REPORT CARDS

Case Management

Goal/Outcome: To serve Vermont's elders, people with disabilities, and people with mental health disorders to live in dignity and independence in setting of their choice.

PROGRAM: Case Management

WHO does the program serve?

Individuals 60 years and older under the Older American's Act and Choices for Care Program, as well as younger disabled individuals on the Choices for Care program. Case Managers also support the clients informal and formal caregivers by connecting caregivers to resources in the community, respite services, and by helping caregivers identify signs of burnout.

WHAT does the program do?

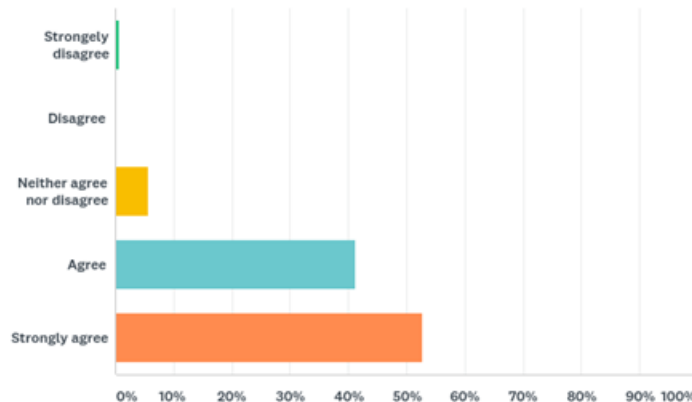
- Connect individuals to resources
- We use a Person Centered approach in monitoring and while assessing for emerging or unmet needs
- Partner with state and local agencies
- Work with clients to remain or move to the setting of their choice

Headline Performance Measures:

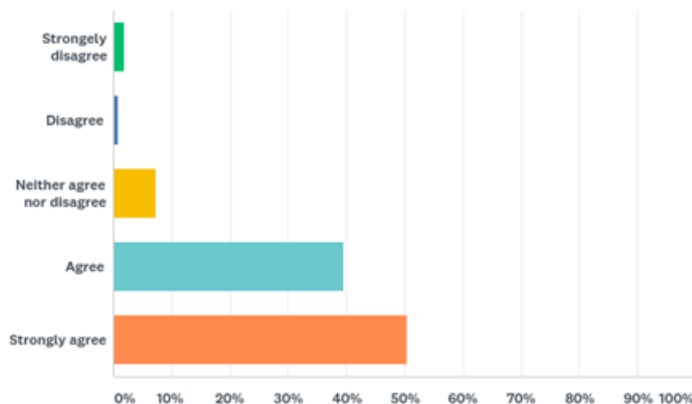
1. #/% of Case Management clients who are living in the setting of their choice

90%

Q12 If yes, do you feel that the assistance that your Case Manager has provided has helped you to remain in the setting of your choice?



Q12 If yes, do you feel that the assistance that your Case Manager has provided has helped you to remain in the setting of your choice?



Story Behind the Curve: The first graph is preliminary/baseline data collected during our initial 6-month data collection period and is representative of our baseline data. The second graph represents data collected during the period of 10/1/17-3/31/18. Surveys were sent out randomly to clients served (within the aforementioned timeframe) by 12 individual Case Managers who work in both Bennington and Rutland counties. All categories of Case Management clients (CFC, MNG, OAA, VDP, Self-Neglect) were represented in this survey. To meet the goal of a minimum of a 10% response rate surveys were sent out to roughly 2/3 of all active Case Management clients for each Case Manager. It appears based on the data represented in both graphs that there was a 3% decrease in clients reporting that Case Management services helped them to remain in the setting of their choice. This decrease could be a result of a reduction of resources coupled with complex family dynamics that do not allow alternative housing options. In analyzing the data, a 3% reduction does not constitute a statistical significant finding. Rather, the vast majority of clients surveyed continue to report Case Management services has helped them to remain living in the setting of their choice.

What Works: Clients are able to age in place, in the setting of their choice, by receiving Case Management services that include supportive services, care coordination, person centered plans, and ongoing monitoring for changing needs and connecting to additional resources as needed.

Partners: Rutland Regional Medical Center, Southwestern Vermont Medical Center, adult day programs in both counties, senior centers and meal sites/MOW, home health agencies, housing sites, mental health providers/Eldercare Clinicians, DAIL, Green Mountain RSVP, Senior Companions, Project Vision, transportation providers, primary care, nursing homes, SHIP, and money management/Rep Payee to name a few.

Action plan: It appears that we are helping the vast majority of clients to remain in the setting of their choice and propose that we continue to maintain this by:

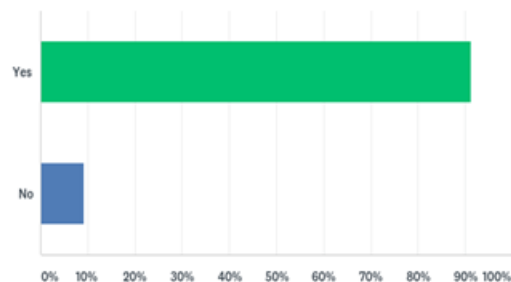
- Continue to provide person centered planning with clients and their support networks
- Continue to implement our comprehensive person centered plan with all clients

- Continue to engage and educate community partners and clients on all available resources in an attempt to ensure our clients are able to remain living in the setting of their choice
- Continue working with medical providers to dovetail care coordination so that a smooth transition to the setting of their choice happens post discharge
- Continue to work with DAIL and other partners to reassess and implement changes to programs, including but not limited to the Moderate Needs Program, to further support clients being able to remain in the setting of choice
- Work with DAIL to increase the number of service providers including but not limited to, home health agencies, adult day, non-skilled providers (example: At Home Senior Care) so that clients have more options to support their care needs in the setting of their choice
- Continue to work as an active APS advisory committee member to help identify and problem solve complex family dynamics and other issues related to older Vermonters and abuse, neglect and exploitation.

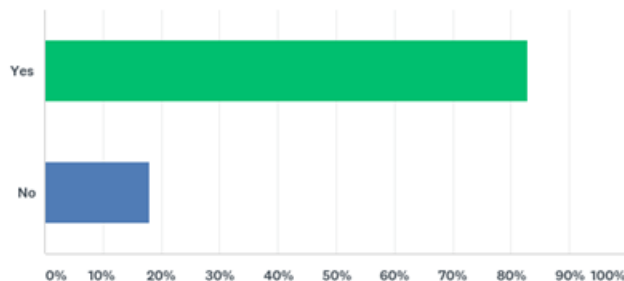
2. *#/% of Case Management clients reported that their unmet needs were addressed*

83%

Q11 Has your Case Manager helped you to resolve any unmet needs?



Q11 Has your Case Manager helped you to resolve any unmet needs?



Story Behind the Curve: The first graph is preliminary/baseline data collected during our initial 6-month data collection period and is representative of our baseline data. The second graph represents data collected during the period of 10/1/17-3/31/18. Surveys were sent out randomly to clients served (within the aforementioned timeframe) by 12 individual Case Managers who work in both Bennington and Rutland counties. All categories of Case Management clients (CFC, MNG, OAA, VDP, Self-Neglect) were represented in this survey. To meet the goal of a minimum of a 10% response rate surveys were sent out to roughly 2/3 of all active Case Management clients for each Case Manager. It appears based on the data represented in both graphs that there was an 8% decrease in clients reporting that Case Management services reported that their unmet needs were met. This decrease is a result of a reduction of resources coupled with protracted waiting times for benefits including the LTC Medicaid application process as well as the length of time it takes clients to be found both financially and clinically eligible. Additionally, the ever-growing Moderate Needs waitlist for both counties continues to be a barrier to services which help with one of the greatest unmet needs; homemaking services. Often times the inability to access this program leads to a cascade of care needs that a higher level of care could provide but usually the clients have not yet reached nursing home level of care leaving a gap in service acquisition. However, majority of clients surveyed continue to report Case Management services has helped them resolve their unmet needs.

What Works: In receiving Case Management services clients are able to have their unmet needs addressed through supportive services and care coordination, person centered plans, and ongoing monitoring for changing needs as well as being creative with steadily shrinking resources. Case Managers are highly trained, not only in resource acquisition, budgeting and money management services, and in relationship and rapport building. All of these are critical skills that help identify and address unmet or emerging needs. Case Managers are highly trained in conducting assessments and quickly identifying nuances in changing needs. Case Managers work closely with supervisors for case consultation and brainstorming ways to meet the needs of the clients we serve.

Partners: Rutland Regional Medical Center, Southwestern Vermont Medical Center, adult day programs in both counties, senior centers and meal sites/MOW, home health agencies, housing sites, mental health providers/Eldercare Clinicians, DAIL, Green Mountain RSVP, Senior Companions, Project Vision, transportation providers, primary care, nursing homes, SHIP, and money management/Rep Payee to name a few.

Action plan: It appears that we are already helping clients in addressing their unmet needs and propose that we continue to maintain and enhance this by:

3. Continue to provide person centered planning with clients and their support networks
4. Continue to implement our comprehensive person centered plan with all clients
5. Continue to engage and educate community partners and clients on all available resources to help address unmet needs
6. Continue working with medical providers to dovetail care coordination so that a smooth transition to the setting of their choice happens post discharge
7. Continue to work with DAIL and other partners to reassess and implement changes to programs including but not limited to LTC Medicaid application and the protracted length of time it takes to process and approve clients and the inaccessibility of the Moderate Needs Program. These programs are key to addressing several unmet needs that are experienced by our clients on a regular basis, and

the lack of available services have exacerbated the volume of unmet needs as related to these programs.

8. Work with DAIL to increase the number of service providers including but not limited to, home health agencies, adult day, non-skilled providers (example: At Home Senior Care) so that clients have more options to support their care needs
9. There are key areas of unmet needs, which include affordable housing, mental health access, rural transportation, and social isolation. Continue to partner with DAIL and other providers to continue to brainstorm solutions to these areas of unmet needs/social determinants of health.

PROGRAM: Family Caregiver Support

Goal/Outcome: To serve unpaid family caregivers and their loved ones by giving them access to respite, caregiver education, support and other resources to improve the quality of care provided and prevent caregiver burnout

WHO does the program serve?

Unpaid family caregivers of Vermonters ages 60 and older; care recipients and/or caregivers who reside in the SVCOA service area

WHAT does the program do?

The Family Caregiver Support Program provides family caregivers with access to respite opportunities, education, training and support including but not limited to: evidence-based programs such as Powerful Tools for Caregivers, the Dementia Respite Grant (DRG) and other NFCSP Caregiver Respite and Community Education Grants, caregiver support groups, memory cafes, general caregiver support (via phone calls, office visits, emails and community events), a caregiver assessment and a caregiver resource guide

Headline Performance Measures

1. **Performance Measure 1:** #/% of AAA staff trained in understanding and supporting the challenges of caregiving/being a caregiver, with particular focus on dementia care and support

Story Behind the Baseline: This particular performance measure addresses the “How well” and “How much” piece of RBA. This measure was decided upon after careful consideration of how we thought SVCOA and other AAA staff should look as a whole in terms of being ‘dementia capable’ and properly trained in the basics of caregiving and how to support caregivers in need. At AAA’s currently, the Caregiver Coordinator is often the only individual (or one of few) who is properly trained in supporting caregivers. This measure will greatly broaden that horizon by training more staff members in how to better support caregivers and in what it means to be ‘dementia capable’. As we receive more and more contact from unpaid family caregivers each week who are looking for assistance, we felt that having a higher percentage of staff trained in supporting caregivers would in turn allow us to better serve those caregivers with quality support, not to mention we will also be able to serve more of them. There will certainly be some barriers in trying to achieve a high percentage with this measure due to busy staff schedules (time barriers), however, it is certainly achievable.

What Works: Generally speaking, staff members who have been trained properly in supporting caregivers (through either PTC, the Alzheimer’s Association, etc.) have had a very positive impact on the caregivers they’ve served. For instance, caregivers who have taken Powerful Tools for Caregivers (PTC) from staff members almost always report that they feel better prepared and have less stress than they did before taking the class. The same goes for Caregivers who have reached out and received support from the Alzheimer’s Association, whose staff are all trained in supporting caregivers and being dementia capable.

Partners: The entire SVCOA staff, case managers and social workers from partnering home health agencies, Community Health Team members, Rutland Regional Medical Center staff, local partnering organizations such as the Alzheimer’s Association, and local Adult Day Programs

Action plan:

- 1.1 Maintain best practices and work with community partners to hold trainings for SVCOA staff members that encompass caregiver support and the challenges of caregiving
- 1.2 Work with the Alzheimer’s Association and their staff members to plan trainings for SVCOA staff that address being ‘dementia- capable’ and how to support caregivers who are caring for someone with Alzheimer’s or related dementia
- 1.3 Make sure that trainings are offered at multiple different dates and times throughout the year to assure that all staff members have the opportunity to attend them
- 1.4 Follow-up with AAA staff on retention and understanding of material covered at each training

2. ***Performance Measure 2:*** #/% of family caregivers served (through trainings, educational workshops, grants, etc.) who report that they have improved their ability to provide quality care for the person(s) they are caring for

Story Behind the Baseline: This measure was selected based off past DRG and PTC surveys. Caregivers often reach out for assistance with little to no knowledge of best caregiving practices and simply how to manage stress and be an effective caregiver. Not to mention, they are often working and struggling to juggle the high demands of caregiving with their own lives. This measure will capture whether not caregivers who have been served by our agency report that they feel like they can provide a higher quality of care which of course makes them better more effective caregivers. This measure addresses the “Better off” piece of RBA.

What Works: The DRG has been very successful in offering respite and financial support to caregivers who are feeling burnt out. Grant Recipients often reported feeling less stressed and worried after receiving grant funds and support from the grant coordinator. PTC is also a great example of an educational workshop that has been very successful in reducing stress and improving the quality of care that a caregiver gives. Programs like these will definitely be incorporated into this measure. In addition to these programs, phone and office support (from the caregiver coordinator and Senior Helpline and other staff) will also tie into the measure as well.

Partners: The entire SVCOA staff, case managers and social workers from partnering home health agencies, Community Health Team members, Rutland Regional Medical Center staff, local partnering organizations such as the Alzheimer’s Association, and local Adult Day Programs

Action Plan:

- 2.1 Implement a survey protocol, including delivering both pre and post training surveys to caregivers in order to develop baselines and directive information to help guide potential new action plans moving forward
- 2.2 Continue to offer Dementia Respite Grants to qualified caregivers

- 2.3 Continue to offer Powerful Tools for Caregivers to unpaid family caregivers in the SVCOA service area
- 2.4 Work with community partners to assure that support groups and other caregiver educational workshops are being offered to caregivers in our service area
- 2.5 The new care giver assessment tool will be used in a exploratory, pilot manner

PROGRAM: Home Delivered Meals – also known as Meals on Wheels (MOW)

Goal/Outcome: To serve Vermont’s elders, people with disabilities and people with mental conditions to live in dignity and independence in settings they prefer.

WHO does the program serve?

Individuals who experience food insecurity and are permanently or temporarily incapacitated, the spouse of an eligible participant, a person under sixty years old with a disability who resides in elderly housing where congregate meals are provided, a person with a disability who resides with or in the care of an individual receiving home delivered meals, a person with a disability who is referred by the Vermont Center of Independent Living, under funds for that purpose, a volunteer of any age who performs essential duties for the operation of the senior nutrition program. OAA Part A, Section 307.

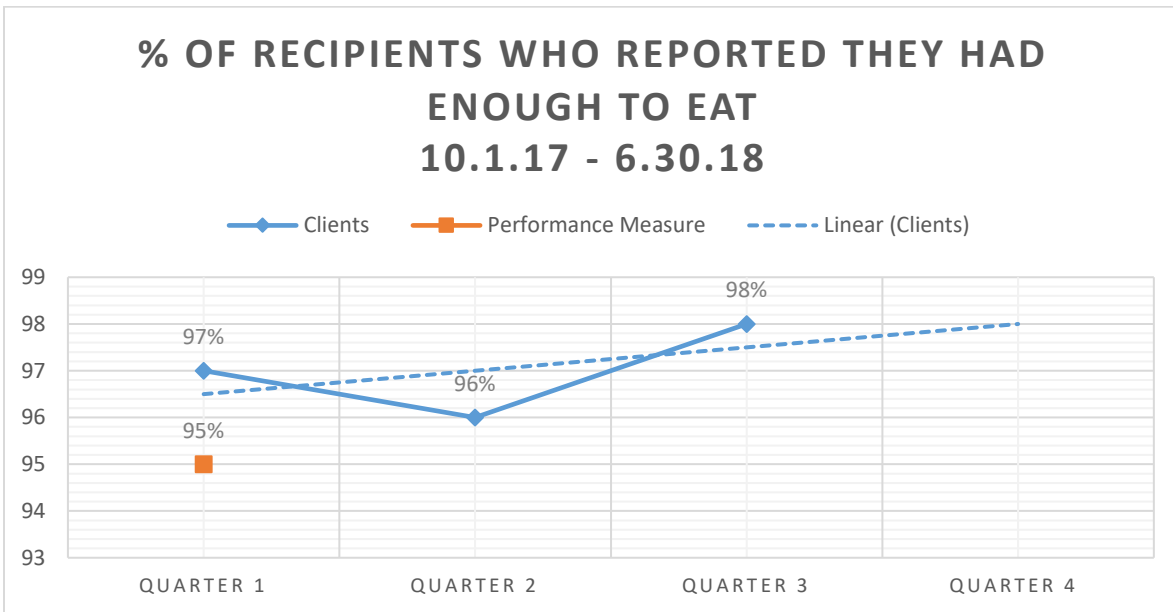
WHAT does the program do?

Meals on Wheels (MOW) provides nourishing-healthy food and safety checks to individuals who face challenges in preparing nutritious, adequate meals due to conditions such as care transitions, illness or other temporary or permanent disabilities, so that they can age in place in a setting of their choice with independence and dignity.

Headline Performance Measures:

1. Performance Measure 1:

% of clients surveyed will report they have enough to eat since receiving Meals on Wheels.



Story Behind the Baseline: The Meals on Wheels program has played an integral role within our service area by providing food security and nutrition services to our aging population. Given the current and projected population demographics, we have noticed a large increase in food insecure older Vermonters within our service area. (See attachment A, Food Insecurity Screening).

Proper nutrition is essential to physical and mental health, and recent studies have shown that a large percentage of the older adult population suffers from some degree of malnutrition, which increases the likelihood of health episodes severe enough to require hospitalization. Inadequate nutrition following a hospital discharge can increase the possibility of subsequent readmissions. Fortunately, programs like Meals on Wheels significantly improve the nutritional status of participants with each meal by providing 1/3 of the recommended daily nutrition requirements for older adults. For most clients, this is the only well-balanced meal that they will consume, and most stretch that meal to last them for the entire day. It is important to note that before receiving Meals on Wheels, *all* clients were experiencing some level of food insecurity, and while it is only *one* meal, it is more than they consumed prior to enrolling in the Meals on Wheels program. This measure is extremely important to report on and track over the coming years especially as our population continues to increase, so that we can show we are making a difference and turning the curve among Vermont's food insecure population.

The above graph shows the quarterly trend of the percent of clients who reported they have enough to eat since enrolling in the Meals on Wheels program. This data was collected beginning on October 1st 2017 and covers through the end of June 2018. The first quarter represents, October through December, quarter two represents January through March and quarter three represents April through June.

What Works: Constant collaboration among community partners with the common goal, that all older adults have access to fresh, nutritionally balanced food they can afford. Increasing awareness and advocacy at the legislative level to increase funding for nutrition programs. Increased outreach among other nutrition

programs such as 3SquaresVT, Commodity Supplemental Food Program (CSFP) Farm to Family Coupons, and other local resources such as transportation options and local food shelves.

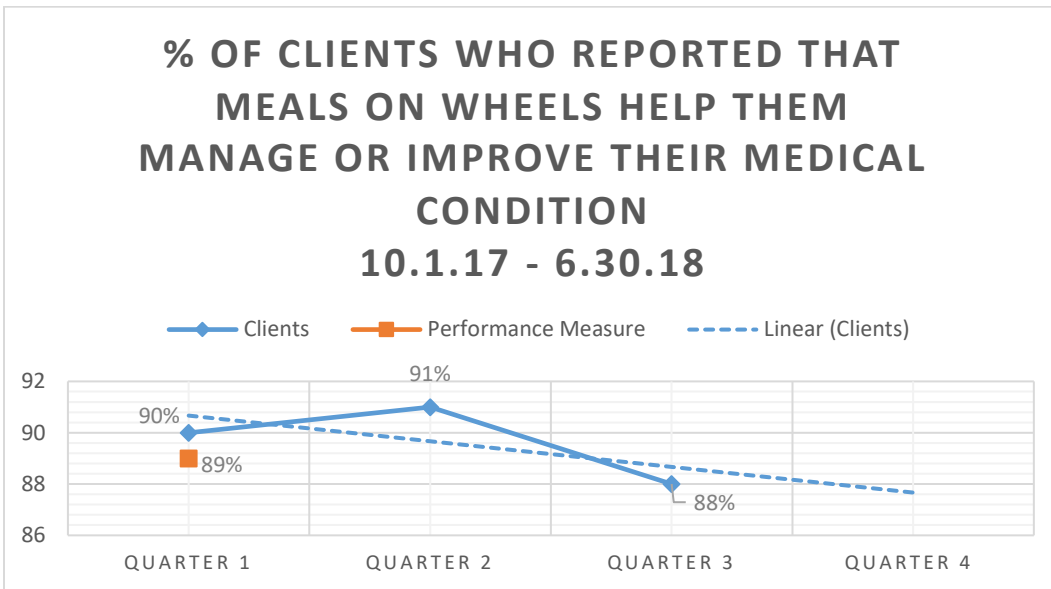
Partners: Fitz-Vogt (MOW's Provider), Bennington County Meals Program (MOW's Provider), Rutland Regional Medical Center, Southwestern Vermont Medical Center, discharge planners, DAIL, Hunger Free Vermont, RSVP, Jaya Davis (SVCOA Registered Dietician) and The Vermont Foodbank.

Action Plan:

- 1.1 Educate and train staff as well as community partners the importance of universal food insecurity screening.
- 1.2 Continue to utilize the validated "hunger vital sign" questions that were imbedded within our Meals on Wheels intake for all home delivered meal clients in 2016.
- 1.3 Continue to assess all new MOW's clients with the food insecurity questions for prioritization use within the program.
- 1.4 Continue to create and close MOW's care enrollments for all MOW's participants to help manage a waitlist (if needed) and run necessary care enrollment reports.
- 1.5 Continue analyzing clients who are enrolled in the MOW's program by prioritizing visits of clients who are screened and assessed at level "A" (highest level of food insecurity) to make sure they are connected with as many nutrition programs and benefits as possible.
- 1.6 SVCOA created a welcome packet for Meals on Wheels clients, which contains information regarding other nutrition programs. We would like to develop a way to track which clients are connected to which programs.
- 1.7 SVCOA has encouraged and provided support for community partners to increase use of technology to streamline data collection systems and program delivery. We have been meeting with our community partners over the past several months and sharing the new Meals on Wheels statewide eligibility guidelines as well as the Meals on Wheels intake questions, so that providers can be prepared when signing folks up.
- 1.8 Continue to explore and develop the mission of the older Vermonters Nutrition Coalition to decrease food insecurity among older Vermonters.
- 1.9 Enhance outreach activities to connect older Vermonters within our service area to 3SVT Outreach benefits, creating more access to food and food benefits.
- 1.10 Enhance outreach on other federal nutrition programs and other food resources.
- 1.11 SVCOA will continue to track Meals on Wheels clients who are due for annual reassessments on a monthly basis by utilizing the SAMS Assessment Report, which was created by the state. These reports are run on a monthly basis by the Nutrition Director. and in-home visits are coordinated by either the Nutrition Assistant or the 3SVT outreach specialist. If the client is connected to one of our case managers, the case manager helps collect the assessment and food insecurity questions. By coordinating among multiple departments, we have been able to avoid duplication of services.

2. Performance Measure 2:

% of home delivered meal clients will report that meals on wheels help them manage or improve their medical condition



Story Behind the Baseline: While health care policy in the U.S is rapidly evolving and costs continue to rise, it is important for us to focus on social determinants of health, non-medical factors like food, which can impact health and quality of life. High utilizers are general people living with multiple chronic conditions and other social factors affecting either their health or their ability to manage their diagnoses. According to a recent survey, “the top five percent of individual high utilizers account for about 50 percent of overall health care expenditures”. Food is a critical component of health care for people living with an illnesses or medical condition and if we can show the impact the Meals on Wheels program has on benefiting folks to improve or manage their medical conditions, we will better position ourselves for the future changes with health care reform.

While our baseline is still to be determined, the above graph displays the quarter trend of clients who reported that since enrolling in the Meals on Wheels, the program has helped them manage or improve a medical condition that they have.

What Works: The importance for clients to make the connection that nutrition is health, supportive services, and improved access to healthcare, referrals, better care coordination, improving choice, special diets, therapeutic diets and offering breakfast or liquid supplements, as additional nutrition resources for clients and constant community and client nutrition education.

Partners: Fitz-Vogt (MOW Provider), Bennington County Meals Program (MOW Provider), Rutland Regional Medical Center, Southwestern Vermont Medical Center, discharge planners, DAIL, Hunger Free Vermont, Green Mountain RSVP, Jaya Davis (SVCOA Registered Dietician) and The Vermont Foodbank.

Action plan:

- 2.1 Continue to make necessary changes and updates to the FFY18 AAA MOW Statewide Nutrition Survey to capture pertinent data for our Area Plan update.
- 2.2 Continue working with meal providers and the registered dietician to provide medically tailored meals and specialized diets to help better manage chronic conditions.

- 2.3 Generate informative brochures to distribute to clients for better management of chronic conditions using nutrition education.
- 2.4 Develop a mechanism or strategy to track clients who are receiving medically tailored meals to determine whether nutrition is helping improve their medical conditions.
- 2.5 Develop a way to track clients who are receiving medically tailored meals and the number of readmissions to the hospital by utilizing our Patient Ping Database.
- 2.6 Continue to increase nutrition education and nutrition counseling with our Registered Dietician services to clients and community partners to help raise awareness on the importance and relationship of health and nutrition.
- 2.7 Continue to enhance quality of meals through increased use of fresh and local produce/products.
- 2.8 SVCOA has been utilizing the Patient Ping database for a little over a year now, and continues to export rosters on a weekly basis for our Meals on Wheels providers to enable a reduction in wasted meals for clients admitted into nursing homes or hospitals. SVCOA's administrative staff keeps this database up-to-date on a daily basis by adding new Meals on Wheels clients and removing inactive clients. SVCOA is also able to follow-up with clients that are being discharged from in-patient care to ensure that their meal delivery resumes to aid in the reduction of their risk of readmission.

Please note: All data collected for survey results are completed during an in-home visit by either our Nutrition Assistant, 3SquaresVT Outreach Specialist or case manager, using a formula based off the number of clients served.

PROGRAM: Health Promotion and Disease Prevention

Goal/Outcome: To improve the overall health and wellness of older Vermonters.

WHO does the program serve?

Older Vermonters who attend an evidence based Tai Chi program.

WHAT does the program do?

Improves balance and increases socialization.

Headline Performance Measures:

1. Performance Measure 1:

AAA's will work in collaboration and collectively to gather accurate and uniform data from #/% of participants in Tai Chi for Falls Prevention classes.

Action Plan: All AAA's promote evidence based Tai Chi for Falls Prevention, and while we track basic participation numbers we do not have any data on if the participations in Tai Chi for Falls Prevention report feeling more stable and balanced after taking these classes. The AAA's have created Pre and Post Survey's to be completed by participants in Tai Chi for Falls Prevention classes sponsored by the local AAA. The AAA's will also track participation more specifically using Rosters so that we can collect data as it is linked to specific individuals as it relates to their participation hours and feelings of stability and balance.

Story Behind the Baseline: *To maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers. Falls can have a widespread and significant impact on health, can be deadly, and often result in high cost. One out of four older adults fall each year. In 2014, 2.8 million nonfatal falls among older adults were treated in emergency departments and more than 800,000 of these patients were hospitalized. In 2014, adjust for inflation, the direct medical costs for fall injuries were \$31 billion annually. Fortunately, research has shown that falls and fall risks can be reduced through systematic risk identification and targeted intervention, including a combination of clinical and community-based interventions. Multiple evidence-based community programs, including but not limited to, Tai Chi for Fall Prevention, have been shown to reduce falls and/or falls risk factors as well as provide a positive return on investment. (Reference: ACL FALLS PREVENTION GRANT) Until now, the AAA's in Vermont have had little to no captured data to show the true effectiveness of Tai Chi for Fall Prevention's impact on fall risk reduction, improved balance, and socialization. It is the intention of this plan to capture pertinent data so that we may assess our impact and improve upon it.*

What Works: This performance measure is set to establish a baseline of data so that we can assess our impact for our clients in our service areas as well as across Vermont. By committing to collaboration we not only will be collecting specific data as it's related to region, counties and towns, we will also be able to set baseline data for Vermont as a whole.

Partners: AAA's Tai Chi Vermont, Volunteer Tai Chi teachers, Senior Centers and Community partners who provide space for Tai Chi classes to be held.

2. **Performance Measure 2:** All AAA's will ensure that a minimum of 50 hours / year of Tai Chi for Falls Prevention classes are available in their service areas for participants who choose to participate.

Action Plan: All AAA's promote evidence based Tai Chi for Falls Prevention. In order to show the advantages of taking these classes, we need to show improvement of participants balance. The problem with tracking progress is that evidence based results only show improvement after a participant has been involved with at least 50 hours of Tai Chi. We can only commit to offering 50 hours of Tai Chi classes; we cannot guarantee participants will choose to attend all 50 hours of classes offered. SVCOA will begin collecting pre and post survey's for every participant with Stay Steadi questions, as well as record accurate attendance sheets.

Story Behind the Curve: Among older adults, ages 65 or better, Falls are the leading cause of injury-related death (CDC). Falls are also the most common cause of non-fatal injuries and of hospital admissions for trauma. Falls are associated with increased lengths-of-stay, increased utilization of health care resources, and poorer health outcomes. Soft tissue injuries or minor fractures can cause significant functional impairment, pain, and distress. Even "minor" falls can trigger a fear of falling in older persons, leading them to limit their activity and lose their strength and independence. Our goal is by committing to offering the 50 hours of Tai Chi classes we will minimize the preceding facts for those individuals who participate in all 50 hours.

What Works: This performance measure is set to establish a baseline of data so that we can assess our impact for our clients in our service areas as well as across Vermont. By committing to ensuring that each provider offers at least 50 hours of Tai Chi classes in our service areas in congruence with more detailed

tracking of participation. We will be able to set a baseline of data to see the effectiveness of the program offered as it correlates with the participant's self-assessment of steadiness and balance and hours participated in Tai Chi.

Partners: AAA's Tai Chi Vermont, Volunteer Tai Chi teachers, Senior Centers and Community partners who provide space for Tai Chi classes to be held.

SECTION D

AGENCY PLAN FOR DATA MANAGEMENT AND / OR DEVELOPMENT

The Southwestern Vermont Council on Aging (SVCOA) is currently exploring other data reporting systems due to the challenges and limitations of the current SAMS system. It is our expectation that we will transition during the first half of this Area Plan to a system that allows us to have access to all of our client data.

SVCOA has experienced multiple and persistent obstacles in the following areas;

- Reporting
- Technical Support
- Inaccurate Data and Linking Issues
- Lack of Reporting Capabilities
- Unstable Licensing Costs
- Assessment Issues
- Profile Issues

The Southwestern Vermont Council on Aging will continue to enter data into the SAMS system to be in compliance with National Aging Program Information System (NAPIS) reporting regulations. This new database will also be compliant with the required NAPIS reporting regulations. We will continue to use the SAMS database to remain in compliance with DAIL's requirements surrounding Choices for Care.

SVCOA is committed to following DAIL's NAPIS Instructions to ensure the timely submission of complete and accurate data for OAA services and funding as required by DAIL and the Administration on Aging (AoA)—Administration for Community Living (ACL).

Prior to conversion, data for the NAPIS report will be obtained through the on-going entry of data into the SAMS III database and, as necessary, from the appropriate Agency program and fiscal staff responsible for management and oversight of the various OAA programs and services. After conversion, from our new software we will have the capability to upload all required data for NAPIS SRT reporting. We will continue to monitor our data management on a monthly basis. On a regular basis SVCOA will audit the various OAA programs that we manage to identify missing demographic data from clients that are of interest to AoA/ACL: age, sex, ADLs, IADL's poverty, race, ethnicity, nutritional risk, living status, and rurality and will work to obtain and enter this missing data.

Once the required data has been entered into SAMS III, or the new database, we will conduct an internal audit of the data, which shall include a comparison of the data reported in the prior federal fiscal year. Agency staff who are familiar with the history of the various programs and services being reported shall review data, including expenditures and service units. We will also verify that NAPIS expenditure data is consistent with financial audit information. If any discrepancies are identified, we will take responsibility for investigating the cause of the discrepancy and make any necessary corrections. Lastly, SVCOA's Directors shall review the data with appropriate program leads prior to submission to DAIL, including a comparison of the data for the current year to the data for the previous year.

In 2017, to protect the rights of the clients we serve, SVCOA took steps to become a HIPPA compliant agency. This process began with a HIPPA Compliance audit. This was an essential step in an ongoing process, as it enabled us to identify areas of weakness and come up with appropriate solutions to address

those concerns. An action plan was created from the results of this audit and the agency is in the process of actively working towards being fully HIPPA compliant. Areas identified and addressed by SVCOA included: (a) installing a secure Wi-Fi network; (b) ensuring that all printing and copying occurred through the use of a HIPPA complaint secure printer/copier; (c) software to detect and quarantine malicious software, and, (d) having a secure, locked server room in the building, (e) secure email, (f) HIPPA compliant universal release of information. Other deficiencies currently being addressed include updating access control policies, security awareness and training, and identifying and securing funding for a Chief Innovation Officer (CIO). SVCOA feels that full HIPPA compliance will better position us to work closely with all medical and mental health partners as well as allow for better protection of client information.

SECTION E

CONTINUOUS QUALITY IMPROVEMENT PLAN

The Vermont Legislature and the Agency of Human Services embrace the use of Results Based Accountability (RBA) as a specific method to demonstrate the difference programs and services are making for Vermonters. With that said, it is SVCOA's intention to utilize this system to conduct our quality improvement activities for older Vermonters and Vermonters with disabilities for the establishment of program goals, performance outcomes and measurements. Our quality improvement process is anchored around the following principles:

- ❖ SVCOA's Board and staff leadership promotion of a culture that values service quality and continual efforts by the full agency, its partners, and contractors to achieve strong performance, program goals, and positive results for service recipients
- ❖ The tools used to support performance and quality improvement is sufficient to identify organization-wide issues, implement solutions that improve overall productivity, and promote accessible, effective services in all agency programs
- ❖ SVCOA uses an inclusive approach to establishing measured performance goals and client outcomes, indicators, and sources of data ensures broad based support for useful performance and outcome measurements

The Performance and Quality Improvement plan describes how valid, reliable data will be obtained and used on a regular basis to advance monitoring of actual versus desired outcomes and includes:

1. The functioning of operations, that influence SVCOA's capacity to deliver services;
2. The quality of service delivery systems;
3. Program results;
4. Client satisfaction; and
5. Client outcomes.

Reports, with findings based on improvement efforts, will be developed annually and provided to personnel throughout the agency and provide information useful for improving programs and practice.

Staff and stakeholders (as appropriate) will receive training and support that increases their capacity to participate in, conduct and sustain performance and quality improvement activities.

The goals of this Continuous Quality Improvement Plan are to:

- Guide quality operations
- Ensure safe environments and a high quality of services
- Meet external standards and regulations
- Assist SVCOA programs and services to meet annual goals and objectives

The Continuous Quality Improvement Plan involves two primary activities:

- ☐ Measuring and assessing the performance of client services through the collection and analysis of data

- Conducting quality improvement initiatives and taking action where indicated, including the
 - design of new services, and/or
 - improvement of existing services

The process is based upon Results Based Accountability and starts with the development of the Area Plan:

Step 1 - Identify a need/issue/problem and develop a problem statement

Step 2 - Define the current situation - break down problem into component parts, identify major problem areas, develop a target improvement goal

Step 3 - Analyze the problem - identify the root causes of the problem and use charts and diagrams as needed

Step 4 - Develop an action plan - outline ways to correct the root causes of the problem, specific actions to be taken

Step 5 - Look at the results - confirm that the problem and its root causes have decreased, identify if the target has been met

Step 6 - Start over – return to the first step and use the same process for the next problem

An evaluation is completed at the end of each calendar year. The annual evaluation is conducted by SVCOA and kept on file, along with the Continuous Quality Improvement Plan. These documents will be available for review by DAIL at the time of the annual review conducted by the State.

The evaluation will summarize the goals and objectives of SVCOA's Continuous Quality Improvement Plan, the quality improvement activities conducted during the past year, including the targeted process, systems and outcomes, the performance indicators utilized, the findings of the measurement, data aggregation, assessment and analysis processes, and the quality improvement initiatives taken in response to the findings. The evaluation will include:

- ⇒ A summary of the progress towards meeting the annual goals/performance measures
- ⇒ For each of the goals, a brief summary of progress
- ⇒ A brief summary of the findings for each of the indicators used during the year. These summaries include both the outcomes of the measurement process and the conclusions and actions taken in response to these outcomes. Summary will include the progress in relation to the initiative(s). For each initiative, a brief description of what activities took place including the results on the indicator will be included. What are the next steps? How will we "hold the gains?"
- ⇒ Recommendations will be based upon the evaluation, stating the actions viewed as necessary to improve the effectiveness of the Continuous Quality Improvement Plan

SECTION F

REQUEST FOR DIRECT SERVICE WAIVERS

REQUEST FOR WAIVER FORM

Direct Provision of Services by the Area Agency on Aging

The Area Agency on Aging requests approval of the State Agency for direct provision of the following service for Federal Fiscal Year 2019.

Service:

Service Area:

Southwestern Vermont Council on Aging requests approval to provide direct service for Powerful Tools for Caregivers, an evidence-based Health Promotion and Disease Prevention program to older adults and younger disabled individuals in Rutland and Bennington Counties should they be needed or requested.

Documentation of activities and results of such activities the AAA undertook to seek potential providers to justify direct provision of service by AAA – *please be comprehensive and specific:*

The Southwestern Vermont Council on Aging reached out for collaboration with the Rutland County Caregiver Coalition to partner as trainers for the evidence-based Powerful Tools for Caregiver (PTC) workshops, at that time they had no interest in offering this workshop to the caregivers in our community. Which is why SVCOA felt it was important to move forward in training two (as required by the PTC guidelines) of our staff members to teach this important workshop in our service planning area. In order to stay a certified instructor of PTC you must lead a minimum of one workshop a year.

Plan of action to build local provider capacity to provide direct service.

SVCOA will continue to collaborate with the community at large on recruiting potential trainers for PTC workshops. SVCOA will also work to reestablish a partnership with the Rutland County Caregiver Coalition to utilize their certified PTC trainers for future workshops.

REQUEST FOR WAIVER FORM

Direct Provision of Services by the Area Agency on Aging

The Area Agency on Aging requests approval of the State Agency for direct provision of the following service for Federal Fiscal Year 2019.

Service:

Service Area:

Southwestern Vermont Council on Aging requests approval to provide direct service for the HomeMeds Program, which is evidence based. We are requesting the ability to use IIIB (Case Management, Information and Assistance, Legal Assistance, Access to Transportation and other) and IIID (Health Promotion and Disease Prevention) funds in implementing this program across Rutland and Bennington Counties.

Documentation of activities and results of such activities the AAA undertook to seek potential providers to justify direct provision of service by AAA – please be comprehensive and specific:

1.1 Southwestern Vermont Council on Aging has researched the implementation of this program in another part of the state, as well as other states, and found that it is most successful when conducted by trained staff and treated as another assessment tool during a home visit in an older individual's residence. Part of this work will include contracting with a pharmacist, who will be responsible for reviewing and communicating with the individual's primary care physician. Other providers in our service area do engage in basic versions of medication reconciliation, but are not communicating in the same manner with the pharmacist or primary care physicians. Our research also indicates this program is not well suited to volunteer recruitment due to the specific skills and expertise needed to perform the tasks of this program. SVCOA has a Registered Nurse on staff who will be piloting this program while working to bridge the gap between the medical and social service communities to bring the most holistic care to the clients with whom we work and with the ultimate goal to prevent hospital readmissions.

Plan of action to build local provider capacity to provide direct service.

1.1 As SVCOA continues to pilot this program in Rutland and Bennington Counties, we will continue to see if there are parts of the process that will allow for community engagement and partnership, whether with the Hospitals, Home Health Agencies, or local Pharmacists. We anticipate that as healthcare reform continues to evolve that the hospitals will see the value of this service and will want to 'purchase' this service from us as a way to help with readmissions. This anticipated financial investment from the broader healthcare community would then allow this program to become sustainable outside of federal funds.

APPENDIX A

AREA AGENCY ON AGING ASSURANCES

The Older Americans Act requires that to be approved by the State Agency, Area Agencies must make certain assurances. Below is a listing of the most current information provided by the Administration on Aging identifying new or amended assurances and information requirements which must be addressed in all area plans. Also included are the assurances and information requirements detailed in previous Administration on Aging guidance.

Development of a Comprehensive, Coordinated, Client-Centered System

1. ((306(a)(1)) The plan shall provide, through a comprehensive and coordinated system, supportive services, nutrition services and, where appropriate, the establishment, maintenance or construction of multipurpose senior centers, including determining the extent of need for supportive services, nutrition services and multipurpose senior centers.
2. ((306(a)(1)) Among other things, the plan will take into consideration the number of older individuals with low incomes residing in the planning and service area, the number of older individuals with low-incomes, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), residing in the planning and service area, the number of individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians (Native Americans) residing in the area. The plan will also take into consideration the efforts of voluntary organizations in the community.
3. ((306(a)(1)) The plan shall include a method and plans for evaluating the effectiveness of the use of resources in meeting these needs.
4. ((306(a)(3)) The plan shall designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers as such focal point and specify, in grants, contracts, and agreements implementing the plan, the identity of each designated focal point.
5. ((306(a)(5)) The Area Agency 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. ((306(a)(6)(B)) The Area Agency will serve as the advocate and focal point for the elderly within the community by monitoring, evaluating and commenting upon all policies, programs, hearings, levies and community actions which will affect the elderly.
7. ((306(a)(6)(C)(i)) Where possible, the area agency on aging will enter into agreements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults and families.
8. ((306(a)(6)(C)(ii)) The Area Agency will, if possible, regarding the provision of services under Title III, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or came into existence during fiscal 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirement under section 675(c)(3) of the Community Services Block Grant Act (42 U.S.C. 9904 (c)(3).
9. ((306(a)(6)(C)(iii)) The Area Agency will make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service) in community service settings.
10. ((306(a)(6)(E)) The Area Agency will establish effective and efficient procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs under this title and the following programs:
 - a. the Job Training Partnership Act,
 - b. Title II of the Domestic Volunteer Service Act of 1973,
 - c. Titles XVI, XVIII, XIX, and XX of the Social Security Act,
 - d. Sections 231 and 232 of the National Housing Act,
 - e. the United States Housing Act of 1937,
 - f. Section 202 of the Housing Act of 1959,
 - g. Title I of the Housing and Community Development Act of 1974,
 - h. Title I of the Higher Education Act of 1965 and the Adult Education Act,
 - i. Sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964,
 - j. the Public Health Service Act, including block grants under Title XIX of such Act,
 - k. the Low-Income Home Energy Assistance Act of 1981,

- l. part A of the Energy Conservation in Existing Buildings Act of 1976 relating to weatherization assistance for low income persons,
 - m. the Community Services Block Grant Act,
 - n. demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, U.S. Code,
 - o. parts II and III of Title 38, U.S. Code,
 - p. the Rehabilitation Act of 1973,
 - q. the Developmental Disabilities and Bill of Rights Act,
 - r. the Edward Byrne Memorial State and Local Law Enforcement Assistance Programs, established under part E of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750-3766b).
11. ((306(a)(6)(F)) In coordination with the State agency and the State agency responsible for mental health services, the Area Agency will 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.
12. ((306(a)(7)) The Area Agency will conduct efforts to facilitate the area –wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers by -
- a. Collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
 - b. Conducting analyses and making recommendations with respect to strategies for modifying the local system of long term care to better-
 - i. Respond to the needs and preferences of older individuals and family caregivers;
 - ii. Facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - iii. Target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings.
13. ((306(a)(7)(C)) The Area Agency will implement, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals.
14. ((306(a)(7)(D)) The Area Agency shall provide for the availability and distribution (through public educations campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to the need to plan in advance for long-term care and the full range of available public and private

long-term care (including integrated long-term care) programs, options, service providers and resources.

15. ((306(a)(8)) The Area Agency assures that case management services provided under this title through the Area Agency will:
 - a. not duplicate case management services provided through other Federal and State programs;
 - b. be coordinated with case management services provided through other Federal and State programs; and
 - c. be provided by a public agency; or a nonprofit private agency that:
 - i. gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the Area Agency;
 - ii. gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipts by such individual of such statement;
 - iii. has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - iv. is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii).

Public Input

1. ((306(a)(6)(A)) The Area Agency will take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan.
2. ((306(a)(6)(D)) The Area Agency will establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate) and the general public to advise continuously the Area Agency on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

Preference to Those in Greatest Economic or Social Need

1. ((306(a)(2)(B)) The area agency on aging will provide assurances that it will -
 - a. Expend at least 65% of part B funds for Access to Services, 1% of Part B funds for In-home Services and 5% of Part B funds for Legal Assistance.

2. ((306(a)(4)(A)(i)) The area agency on aging will provide assurances that it will –
 - a. 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.
 - b. Include specific objectives for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
 - c. Include proposed methods to achieve the objectives described in items a and b above.
 - d. The area agency on aging will assure that it will include in each agreement with a provider of any service under this title a requirement that the 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 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 the 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.
3. ((306(a)(4)(A)(iii)) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, the Area Agency shall:
 - a. identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
 - b. describe the methods used to satisfy the service needs of such minority older individuals; and
 - c. provide information on the extent to which the Area Agency met the objectives described in clause (306(a)(4)(A)(i)).
4. ((306(a)(4)(B)) The area agency will assure that it will use outreach efforts that will-
 - a. identify individuals eligible for assistance under the Act, with special emphasis on older individuals residing in rural areas; older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English proficiency; older individuals with Alzheimer’s disease or related disorders (and the caretakers of such individuals); and older individuals at risk for institutional placement; and
 - b. inform the older individuals listed in a. above and the caretakers of such individuals , of the availability of assistance.

5. ((306(a)(4)(C)) The Area Agency shall 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.
6. ((306(a)(11)) The Area Agency shall provide information and assurances concerning older Native Americans, including: 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 will pursue activities, including outreach, to increase access to those older Native Americans to programs and benefits provided under this title;
 - a. an assurance that the Area Agency will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - b. an assurance that the Area Agency 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.

Agreements with Service Providers

1. ((306(A)(1)) The plan shall include a method and plans for entering into agreements with providers of services for the provision of services to meet needs.
2. ((307(a)(11)) The Area Agency on Aging will--
 - a. enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance.
 - b. include in any such contract provisions to assure that any recipient of funds under section a (immediately above) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
 - c. attempt to involve the private bar in legal assistance activities authorized under Title III, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.
3. ((307(a)(11)(B)) The Area Agency on Aging will assure 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 LSC projects in the planning and service area in order to concentrate the use of funds provided under Title III on individuals with 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.

4. ((307(a)(11)(D)) The Area Agency on Aging will assure, 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 other sources other than the OAA and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals.
5. ((307(a)(11)(E)) The Area Agency 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.

Provision of Services

1. ((306(a)(2)) The plan shall provide assurances that an adequate proportion, as required under section 307(a)(2) of the Older Americans Act, 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 in detail the amount of funds expended for each such category during the fiscal year most recently concluded.
2. ((306(a)(13)(A)) The Area Agency will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
3. ((306(a)(13)(B)) The Area Agency will disclose to the Assistant Secretary and the State agency --
 - a. the identity of each non-governmental entity with which it has a contract or commercial relationship relating to providing any service to older individuals; and
 - b. the nature of the contract or relationship.

4. ((306(a)(13)(C)) 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 commercial relationships.
5. ((306(a)(13)(D)) 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.
6. ((306(a)(13)(E)) 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.
7. ((306(a)(14)) The Area Agency assures that preference in receiving Title III services will not be given to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement Title III.
8. ((306(a)(15)) The Area Agency on Aging assures that funds received under Title III will be used to provide benefits and services to older individuals, giving priority to older individuals identified in section 306(a)(4)(A)(i); and, in compliance with the assurances specified in section 306 (a)(13).
9. ((306(a)(16)) The Area Agency on Aging agrees to provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.
10. ((306(a)(17)) The Area Agency on Aging shall include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.

Department of Disabilities, Aging and Independent Living (DAIL) Requirements:

1. The Area Agency on Aging (AAA) shall:
 - a. assure that all services and service options are fully explained to applicants/participants/representatives;
 - b. assure that all applicants/participants/representatives are provided with a copy of the AAA's consumer grievance procedures and are provided with assistance as necessary to understand and follow the established procedures.

- c. assist applicants/participants to obtain necessary services;
 - d. involve applicants/participants in the planning of their services;
 - e. coordinate services provided by the AAA with other related services provided to the participant by other agencies or individuals;
 - f. assure that the AAA's services meet the individual needs of each participant, including changes in services as needs change.
2. The AAA shall assure that all services provided under this area plan will be coordinated with other home and community based services and providers in the AAA's service area to avoid duplication, maximize existing resources and ensure optimum coordination of services for individual clients. "Home and community based services and providers" include, but are not limited to, hospital discharge planning, nursing homes, residential care homes, home health agencies, adult day services, services of the Vermont Center for Independent Living, services funded through Part B of the Rehabilitation Act, the Office of Public Guardians, and activities conducted through community resource teams or adult abuse teams.
 3. The AAA shall assure that all Case Management services provided under this area plan will comply with the Department of Disabilities, Aging and Independent Living [Case Management Standards & Certification Procedures For Older Americans Act Programs & Choices for Care, Revised January 2017.](#)
 4. The AAA shall assure that at a minimum, the Nutrition Screening Instrument: DETERMINE Your Nutritional Health Checklist, shall be used to screen all clients receiving home delivered meals; case management clients, congregate meal participants and for other individuals who may benefit from such counseling. The AAA shall build capacity to use the Nutrition Program Prioritization Tool with all home delivered meal clients in conjunction with the NSI screening.
 5. The AAA shall assure that it will develop and maintain, in collaboration with DAIL, quality assurance and improvement processes which will allow the AAA and DAIL to monitor the quality of services provided by the Agency.
 6. The AAA will assist in developing a stronger home and community-based system of care for older Vermonters and persons with disabilities by providing them with a choice of supportive services that address their long-term care needs and will allow them to remain independent and avoid or delay the need for nursing home admission.
 7. The AAA shall administer state general funds Long Term Care Flexible Funds Special Services Funds and give priority to older Vermonters and persons with disabilities in greatest economic and social need. Flexible Funds may be used for a variety of good and services to assist Vermonters to be able to maintain their independence and live in the setting of their choice. These funds may only be used when there are no other funds available to pay for

services. The AAA will utilize the funding to serve residents of the entire Area Agency on Aging planning and service area.

8. The AAA shall assure for all services provided under this plan that the DAIL Background Check policy will be followed.
9. The AAA shall assure that third party referrals will be accepted and followed-up upon.
10. The AAA shall assure responsibility for accepting and responding to third party referrals concerning individuals with self-neglecting behaviors who are 60 years of age or older.
11. The AAA shall assure that FFY 2018 funds to strengthen the volunteer base will be utilized for at least one evidenced-based falls prevention program.

General Administration

1. Compliance with Requirements. The Area Agency on Aging agrees to administer the program in accordance with the Act, the State Plan and all applicable regulations, policies and procedures established by the Department of Disabilities, Aging & Independent Living and federal agencies. This includes compliance with the State of Vermont Customary State Grant Provisions. (Please note section below.)
2. Data Entry Requirements. Notwithstanding the due dates listed in #3 below, the Area Agency on Aging agrees to complete data entry into the SAMS data base within 60 days of the end of each month. AAAs that do not complete the required data entry within the required time frame will be subject to 1/24 funding until the AAA is within the 60 day time frame. An AAA may request a variance to the 60-day data entry requirement if there are circumstances beyond the AAA's control that necessitate an extension. Variance requests must be submitted **in advance of the due date** and should be sent to the attention of Angela Smith-Dieng.

Reporting Requirements. The Area Agency on Aging agrees to furnish such reports and evaluations to the Department of Disabilities, Aging and Independent Living as may be specified in these assurances as well as additional contracts and grants.

Due Date	Reporting Period	Reports/Data Due
February 15	October-December	Title III and Title VII QTR 1 Financial Reports
May 15	January – March	Title III and Title VII QTR 2 Financial Reports, Draft Audits
August 1	October – September	FFY19 Budgets FFY19-FFY22 Finalized Area Plans
August 15	April – June	Title III and Title VII QTR 3 Financial Reports

October 20	July - September	Title III and Title VII QTR 4 Financial Reports
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*** The Department reserves the right to delay the release of funds to the Area Agency on Aging if required data or reports are not submitted in a timely fashion.**

Please refer to the NAPIS Reporting Procedures (sent to NAPIS leads by 10/13/17 and posted to <http://asd.vermont.gov/resources/program-manuals/>) for specific instruction related to the submission of NAPIS reports.

3. Area Plan Amendments. Area Plan amendments will be made in conformance with applicable program regulations.
4. Opportunity to Contribute. Each service provider must offer older persons an opportunity to voluntarily contribute toward the cost of the services they receive under Title III programs. Such contributions must be used to expand the provider's services to older persons.
5. Usage of Local Funds. Local funds must be used in accordance with the budgeted use of local funds.
6. Client Transportation. AAAs shall purchase client transportation through public transit in all instances where public transit services are appropriate to client needs and as cost-efficient as other transportation, or wherever consistent with regional transportation development plans.
7. Exclusion from Federal Procurement. The AAA agrees to comply with federal requirements which prohibit non-federal entities from contracting with or making sub-awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Non-federal entities may check for suspended and debarred parties which are listed in the List of Parties Excluded From Federal Procurement or Nonprocurement Programs, issued by the General Services Administration.

**STANDARD STATE PROVISIONS FOR CONTRACTS
AND GRANTS REVISED JULY 1, 2016**

1. Definitions: For purposes of this Attachment, “Party” shall mean the Contractor, Grantee or Subrecipient, with whom the State of Vermont is executing this Agreement and consistent with the form of the Agreement. “Agreement” shall mean the specific contract or grant to which this form is attached.

2. Entire Agreement: This Agreement, whether in the form of a Contract, State Funded Grant, or Federally Funded Grant, represents the entire agreement between the parties on the subject matter. All prior agreements, representations, statements, negotiations, and understandings shall have no effect.

3. Governing Law, Jurisdiction and Venue; No Waiver of Jury Trial: This Agreement will be governed by the laws of the State of Vermont. Any action or proceeding brought by either the State or the Party in connection with this Agreement shall be brought and enforced in the Superior Court of the State of Vermont, Civil Division, Washington Unit. The Party irrevocably submits to the jurisdiction of this court for any action or proceeding regarding this Agreement. The Party agrees that it must first exhaust any applicable administrative remedies with respect to any cause of action that it may have against the State with regard to its performance under the Agreement.

Party agrees that the State shall not be required to submit to binding arbitration or waive its right to a jury trial.

4. Sovereign Immunity: The State reserves all immunities, defenses, rights or actions arising out of the State’s sovereign status or under the Eleventh Amendment to the United States Constitution. No waiver of the State’s immunities, defenses, rights or actions shall be implied or otherwise deemed to exist by reason of the State’s entry into this Agreement.

5. No Employee Benefits For Party: The Party understands that the State will not provide any individual retirement benefits, group life insurance, group health and dental insurance, vacation or sick leave, workers compensation or other benefits or services available to State employees, nor will the state withhold any state or federal taxes except as required under applicable tax laws, which shall be determined in advance of execution of the Agreement. The Party understands that all tax returns required by the Internal Revenue Code and the State of Vermont, including but not limited to income, withholding, sales and use, and rooms and meals, must be filed by the Party, and information as to Agreement income will be provided by the State of Vermont to the Internal Revenue Service and the Vermont Department of Taxes.

6. Independence: The Party will act in an independent capacity and not as officers or employees of the State.

7. Defense and Indemnity: The Party shall defend the State and its officers and employees against all third party claims or suits arising in whole or in part from any act or omission of the Party or

of any agent of the Party in connection with the performance of this Agreement. The State shall notify the Party in the event of any such claim or suit, and the Party shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit. The State retains the right to participate at its own expense in the defense of any claim. The State shall have the right to approve all proposed settlements of such claims or suits. In the event the State withholds approval to settle any such claim, then the Party shall proceed with the defense of the claim but under those circumstances, the Party's indemnification obligations shall be limited to the amount of the proposed settlement initially rejected by the State.

After a final judgment or settlement the Party may request recoupment of specific defense costs and may file suit in Washington Superior Court requesting recoupment. The Party shall be entitled to recoup costs only upon a showing that such costs were entirely unrelated to the defense of any claim arising from an act or omission of the Party in connection with the performance of this Agreement.

The Party shall indemnify the State and its officers and employees in the event that the State, its officers or employees become legally obligated to pay any damages or losses arising from any act or omission of the Party or an agent of the Party in connection with the performance of this Agreement.

The Party agrees that in no event shall the terms of this Agreement nor any document required by the Party in connection with its performance under this Agreement obligate the State to defend or indemnify the Party or otherwise be liable for the expenses or reimbursement, including attorneys' fees, collection costs or other costs of the Party except to the extent awarded by a court of competent jurisdiction.

8. Insurance: Before commencing work on this Agreement the Party must provide certificates of insurance to show that the following minimum coverages are in effect. It is the responsibility of the Party to maintain current certificates of insurance on file with the State through the term of the Agreement. No warranty is made that the coverages and limits listed herein are adequate to cover and protect the interests of the Party for the Party's operations. These are solely minimums that have been established to protect the interests of the State.

Workers Compensation: With respect to all operations performed, the Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont. Vermont will accept an out-of-state employer's workers' compensation coverage while operating in Vermont provided that the insurance carrier is licensed to write insurance in Vermont and an amendatory endorsement is added to the policy adding Vermont for coverage purposes. Otherwise, the party shall secure a Vermont workers' compensation policy, if necessary to comply with Vermont law.

General Liability and Property Damage: With respect to all operations performed under this Agreement, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:

Premises - Operations

Products and Completed Operations

Personal Injury Liability

Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

\$1,000,000 Each Occurrence

\$2,000,000 General Aggregate

\$1,000,000 Products/Completed Operations Aggregate

\$1,000,000 Personal & Advertising Injury

Automotive Liability: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than \$500,000 combined single limit. If performance of this Agreement involves construction, or the transport of persons or hazardous materials, limits of coverage shall not be less than \$1,000,000 combined single limit.

Additional Insured. The General Liability and Property Damage coverages required for performance of this Agreement shall include the State of Vermont and its agencies, departments, officers and employees as Additional Insureds. If performance of this Agreement involves construction, or the transport of persons or hazardous materials, then the required Automotive Liability coverage shall include the State of Vermont and its agencies, departments, officers and employees as Additional Insureds. Coverage shall be primary and non-contributory with any other insurance and self-insurance.

Notice of Cancellation or Change. There shall be no cancellation, change, potential exhaustion of aggregate limits or non-renewal of insurance coverage(s) without thirty (30) days written prior written notice to the State.

9. Reliance by the State on Representations: All payments by the State under this Agreement will be made in reliance upon the accuracy of all representations made by the Party in accordance with the Contract, including but not limited to bills, invoices, progress reports and other proofs of work.

10. False Claims Act: The Party acknowledges that it is subject to the Vermont False Claims Act as set forth in 32 V.S.A. § 630 *et seq.* If the Party violates the Vermont False Claims Act it shall be liable to the State for civil penalties, treble damages and the costs of the investigation and prosecution of such violation, including attorney's fees, except as the same may be reduced by a court of competent jurisdiction. The Party's liability to the State under the False Claims Act shall not be limited notwithstanding any agreement of the State to otherwise limit Party's liability.

11. Whistleblower Protections: The Party shall not discriminate or retaliate against one of its employees or agents for disclosing information concerning a violation of law, fraud, waste, abuse of authority or acts threatening health or safety, including but not limited to allegations concerning the False Claims Act. Further, the Party shall not require such employees or agents to forego monetary awards as a result of such disclosures, nor should they be required to report misconduct to the Party or its agents prior to reporting to any governmental entity and/or the public.

12. Federal Requirements Pertaining to Grants and Subrecipient Agreements:

- A. Requirement to Have a Single Audit:** In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, the Subrecipient will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether or not a Single Audit is required for the prior fiscal year. If a Single Audit is required, the Subrecipient will submit a copy of the audit report to the granting Party within 9 months. If a single audit is not required, only the Subrecipient Annual Report is required.

For fiscal years ending before December 25, 2015, a Single Audit is required if the subrecipient expends \$500,000 or more in federal assistance during its fiscal year and must be conducted in accordance with OMB Circular A-133. For fiscal years ending on or after December 25, 2015, a Single Audit is required if the subrecipient expends \$750,000 or more in federal assistance during its fiscal year and must be conducted in accordance with 2 CFR Chapter I, Chapter II, Part 200, Subpart F. The Subrecipient Annual Report is required to be submitted within 45 days, whether or not a Single Audit is required.

- B. Internal Controls:** In the case that this Agreement is a Grant that is funded in whole or in part by Federal funds, in accordance with 2 CFR Part II, §200.303, the Party must establish and maintain effective internal control over the Federal award to provide reasonable assurance that the Party is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).
- C. Mandatory Disclosures:** In the case that this Agreement is a Grant funded in whole or in part by Federal funds, in accordance with 2CFR Part II, §200.113, Party must disclose, in a timely manner, in writing to the State, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures may result in the imposition of sanctions which may include disallowance of costs incurred, withholding of payments, termination of the Agreement, suspension/debarment, etc.

13. Records Available for Audit: The Party shall maintain all records pertaining to performance under this agreement. “Records” means any written or recorded information, regardless of physical form or characteristics, which is produced or acquired by the Party in the performance of this agreement. Records produced or acquired in a machine readable electronic format shall be maintained in that format. The records described shall be made available at reasonable times during the period of the Agreement and for three years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal Government. If any litigation, claim, or audit is started before the expiration of the three-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved.

14. Fair Employment Practices and Americans with Disabilities Act: Party agrees to comply with the requirement of 21 V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Party shall also ensure, to the full extent required by the Americans

with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement.

15. Set Off: The State may set off any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any set off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided hereinafter.

16. Taxes Due to the State:

- A. Party understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, corporate and/or personal income tax on income earned within the State.
- B. Party certifies under the pains and penalties of perjury that, as of the date the Agreement is signed, the Party is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.
- C. Party understands that final payment under this Agreement may be withheld if the Commissioner of Taxes determines that the Party is not in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont.
- D. Party also understands the State may set off taxes (and related penalties, interest and fees) due to the State of Vermont, but only if the Party has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Party has no further legal recourse to contest the amounts due.

17. Taxation of Purchases: All State purchases must be invoiced tax free. An exemption certificate will be furnished upon request with respect to otherwise taxable items.

18. Child Support: (Only applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date the Agreement is signed, he/she:

- A. is not under any obligation to pay child support; or
- B. is under such an obligation and is in good standing with respect to that obligation; or
- C. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

19. Sub-Agreements: Party shall not assign, subcontract or subgrant the performance of this Agreement or any portion thereof to any other Party without the prior written approval of the State. Party shall be responsible and liable to the State for all acts or omissions of subcontractors and any other person performing work under this Agreement pursuant to an agreement with Party or any subcontractor. In the case this Agreement is a contract with a total cost in excess of \$250,000, the Party shall provide to the State a list of all proposed subcontractors and subcontractors'

subcontractors, together with the identity of those subcontractors' workers compensation insurance providers, and additional required or requested information, as applicable, in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54).

Party shall include the following provisions of this Attachment C in all subcontracts for work performed solely for the State of Vermont and subcontracts for work performed in the State of Vermont: Section 10 ("False Claims Act"); Section 11 ("Whistleblower Protections"); Section 14 ("Fair Employment Practices and Americans with Disabilities Act"); Section 16 ("Taxes Due the State"); Section 18 ("Child Support"); Section 20 ("No Gifts or Gratuities"); Section 22 ("Certification Regarding Debarment"); Section 23 ("Certification Regarding Use of State Funds"); Section 31 ("State Facilities"); and Section 32 ("Location of State Data").

20. No Gifts or Gratuities: Party shall not give title or possession of anything of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.

21. Copies: Party shall use reasonable best efforts to ensure that all written reports prepared under this Agreement are printed using both sides of the paper.

22. Certification Regarding Debarment: Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Party further certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, Party is not presently debarred, suspended, nor named on the State's debarment list at: <http://bgs.vermont.gov/purchasing/debarment>

23. Certification Regarding Use of State Funds: In the case that Party is an employer and this Agreement is a State Funded Grant in excess of \$1,001, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party's employee's rights with respect to unionization.

24. Conflict of Interest: Party shall fully disclose, in writing, any conflicts of interest or potential conflicts of interest.

25. Confidentiality: Party acknowledges and agrees that this Agreement and any and all information obtained by the State from the Party in connection with this Agreement are subject to the State of Vermont Access to Public Records Act, 1 V.S.A. § 315 et seq.

26. Force Majeure: Neither the State nor the Party shall be liable to the other for any failure or delay of performance of any obligations under this Agreement to the extent such failure or delay shall have been wholly or principally caused by acts or events beyond its reasonable control rendering performance illegal or impossible (excluding strikes or lock-outs) ("Force Majeure"). Where Force Majeure is asserted, the nonperforming party must prove that it made all reasonable efforts to remove, eliminate or minimize such cause of delay or damages, diligently pursued performance of its obligations under this Agreement, substantially fulfilled all non-excused obligations, and timely notified the other party of the likelihood or actual occurrence of an event

described in this paragraph.

27. Marketing: Party shall not refer to the State in any publicity materials, information pamphlets, press releases, research reports, advertising, sales promotions, trade shows, or marketing materials or similar communications to third parties except with the prior written consent of the State.

28. Termination: In addition to any right of the State to terminate for convenience, the State may terminate this Agreement as follows:

A. Non-Appropriation: If this Agreement extends into more than one fiscal year of the State (July 1 to June 30), and if appropriations are insufficient to support this Agreement, the State may cancel at the end of the fiscal year, or otherwise upon the expiration of existing appropriation authority. In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, and in the event federal funds become unavailable or reduced, the State may suspend or cancel this Grant immediately, and the State shall have no obligation to pay Subrecipient from State revenues.

B. Termination for Cause: Either party may terminate this Agreement if a party materially breaches its obligations under this Agreement, and such breach is not cured within thirty (30) days after delivery of the non-breaching party's notice or such longer time as the non-breaching party may specify in the notice.

C. No Implied Waiver of Remedies: A party's delay or failure to exercise any right, power or remedy under this Agreement shall not impair any such right, power or remedy, or be construed as a waiver of any such right, power or remedy. All waivers must be in writing.

29. Continuity of Performance: In the event of a dispute between the Party and the State, each party will continue to perform its obligations under this Agreement during the resolution of the dispute until this Agreement is terminated in accordance with its terms.

30. Termination Assistance: Upon nearing the end of the final term or termination of this Agreement, without respect to cause, the Party shall take all reasonable and prudent measures to facilitate any transition required by the State. All State property, tangible and intangible, shall be returned to the State upon demand at no additional cost to the State in a format acceptable to the State.

31. State Facilities: If the State makes space available to the Party in any State facility during the term of this Agreement for purposes of the Party's performance under this Agreement, the Party shall only use the space in accordance with all policies and procedures governing access to and use of State facilities which shall be made available upon request. State facilities will be made available to Party on an "AS IS, WHERE IS" basis, with no warranties whatsoever.

32. Location of State Data: No State data received, obtained, or generated by the Party in connection with performance under this Agreement shall be processed, transmitted, stored, or transferred by any means outside continental United States, except with the express written permission of the State.

(End of Standard Provisions)

BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (“AGREEMENT”) IS ENTERED INTO BY AND BETWEEN THE STATE OF VERMONT AGENCY OF HUMAN SERVICES, OPERATING BY AND THROUGH ITS DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING (“COVERED ENTITY”) AND _____, (“BUSINESS ASSOCIATE”) AS OF OCTOBER 1, 2017 (“EFFECTIVE DATE”). THIS AGREEMENT SUPPLEMENTS AND IS MADE A PART OF THE CONTRACT/GRANT TO WHICH IT IS ATTACHED.

Covered Entity and Business Associate enter into this Agreement to comply with standards promulgated under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), including the Standards for the Privacy of Individually Identifiable Health Information, at 45 CFR Parts 160 and 164 (“Privacy Rule”), and the Security Standards, at 45 CFR Parts 160 and 164 (“Security Rule”), as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH), and any associated federal rules and regulations.

The parties agree as follows:

1. **Definitions.** All capitalized terms used but not otherwise defined in this Agreement have the meanings set forth in 45 CFR Parts 160 and 164 as amended by HITECH and associated federal rules and regulations.

“Agent” means those person(s) who are agents(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).

“Breach” means the acquisition, access, use or disclosure of protected health information (PHI) which compromises the security or privacy of the PHI, except as excluded in the definition of Breach in 45 CFR § 164.402.

“Business Associate shall have the meaning given in 45 CFR § 160.103.

“Individual” includes a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

“Protected Health Information” or PHI shall have the meaning given in 45 CFR § 160.103, limited to the information created or received by Business Associate from or on behalf of Agency.

“Security Incident” means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.

“Services” includes all work performed by the Business Associate for or on behalf of Covered Entity that requires the use and/or disclosure of protected health information to perform a business associate

function described in 45 CFR § 160.103 under the definition of Business Associate. “Subcontractor” means a person or organization to whom a Business Associate delegates a function, activity or service, other than in the capacity of a member of the workforce of the Business Associate. For purposes of this Agreement, the term Subcontractor includes Subgrantees.

2. **Identification and Disclosure of Privacy and Security Offices.** Business Associate and Subcontractors shall provide, within ten (10) days of the execution of this agreement, written notice to the Covered Entity’s contract/grant manager the names and contact information of both the HIPAA Privacy Officer and HIPAA Security Officer. This information must be updated any time either of these contacts changes.

3. **Permitted and Required Uses/Disclosures of PHI.**

- 3.1 Except as limited in this Agreement, Business Associate may use or disclose PHI to perform Services, as specified in the underlying grant or contract with Covered Entity. The uses and disclosures of Business Associate are limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the underlying agreement. Business Associate shall not use or disclose PHI in any manner that would constitute a violation of the Privacy Rule if used or disclosed by Covered Entity in that manner. Business Associate may not use or disclose PHI other than as permitted or required by this Agreement or as Required by Law.

- 3.2 Business Associate may make PHI available to its employees who need access to perform Services provided that Business Associate makes such employees aware of the use and disclosure restrictions in this Agreement and binds them to comply with such restrictions. Business Associate may only disclose PHI for the purposes authorized by this Agreement: (a) to its agents and Subcontractors in accordance with Sections 9 and 18 or, (b) as otherwise permitted by Section 3.

- 3.3 Business Associate shall be directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Covered Entity, and for impermissible uses and disclosures, by Business Associate’s Subcontractor(s), of the PHI that Business Associate handles on behalf of Covered Entity and that it passes on to Subcontractors.

4. **Business Activities.** Business Associate may use PHI received in its capacity as a Business Associate to Covered Entity if necessary for Business Associate’s proper management and administration or to carry out its legal responsibilities. Business Associate may disclose PHI received in its capacity as Business Associate to Covered Entity for Business Associate’s proper management and administration or to carry out its legal responsibilities if a disclosure is Required by Law or if Business Associate obtains reasonable written assurances via a written agreement from the person to whom the information is to be disclosed that the PHI shall remain confidential and be used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the Agreement requires the person or entity to notify Business Associate, within two (2) business

days (who in turn will notify Covered Entity within two (2) business days after receiving notice of a Breach as specified in Section 6.1), in writing of any Breach of Unsecured PHI of which it is aware. Uses and disclosures of PHI for the purposes identified in Section 3 must be of the minimum amount of PHI necessary to accomplish such purposes.

5. **Safeguards.** Business Associate, its Agent(s) and Subcontractor(s) shall implement and use appropriate safeguards to prevent the use or disclosure of PHI other than as provided for by this Agreement. With respect to any PHI that is maintained in or transmitted by electronic media, Business Associate or its Subcontractor(s) shall comply with 45 CFR sections 164.308 (administrative safeguards), 164.310 (physical safeguards), 164.312 (technical safeguards) and 164.316 (policies and procedures and documentation requirements). Business Associate or its Agent(s) and Subcontractor(s) shall identify in writing upon request from Covered Entity all of the safeguards that it uses to prevent impermissible uses or disclosures of PHI.

6. **Documenting and Reporting Breaches.**

- 6.1 Business Associate shall report to Covered Entity any Breach of Unsecured PHI, including Breaches reported to it by a Subcontractor, as soon as it (or any of its employees or agents) becomes aware of any such Breach, and in no case later than two (2) business days after it (or any of its employees or agents) becomes aware of the Breach, except when a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security.

- 6.2 Business Associate shall provide Covered Entity with the names of the individuals whose Unsecured PHI has been, or is reasonably believed to have been, the subject of the Breach and any other available information that is required to be given to the affected individuals, as set forth in 45 CFR § 164.404(c), and, if requested by Covered Entity, information necessary for Covered Entity to investigate the impermissible use or disclosure. Business Associate shall continue to provide to Covered Entity information concerning the Breach as it becomes available to it. Business Associate shall require its Subcontractor(s) to agree to these same terms and conditions.

- 6.3 When Business Associate determines that an impermissible acquisition, use or disclosure of PHI by a member of its workforce is not a Breach, as that term is defined in 45 CFR § 164.402, and therefore does not necessitate notice to the impacted individual(s), it shall document its assessment of risk, conducted as set forth in 45 CFR § 402(2). When requested by Covered Entity, Business Associate shall make its risk assessments available to Covered Entity. It shall also provide Covered Entity with 1) the name of the person(s) making the assessment, 2) a brief summary of the facts, and 3) a brief statement of the reasons supporting the determination of low probability that the PHI had been compromised. When a breach is the responsibility of a member of its Subcontractor's workforce, Business Associate shall either 1) conduct its own risk assessment and draft a summary of the event and assessment or 2) require its Subcontractor to conduct the assessment and draft a summary of the event. In either case, Business Associate shall make these assessments and reports available to Covered Entity.

6.4 Business Associate shall require, by contract, a Subcontractor to report to Business Associate and Covered Entity any Breach of which the Subcontractor becomes aware, no later than two (2) business days after becomes aware of the Breach.

7 **Mitigation and Corrective Action.** Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to it of an impermissible use or disclosure of PHI, even if the impermissible use or disclosure does not constitute a Breach. Business Associate shall draft and carry out a plan of corrective action to address any incident of impermissible use or disclosure of PHI. If requested by Covered Entity, Business Associate shall make its mitigation and corrective action plans available to Covered Entity. Business Associate shall require a Subcontractor to agree to these same terms and conditions.

8 **Providing Notice of Breaches.**

8.1 If Covered Entity determines that an impermissible acquisition, access, use or disclosure of PHI for which one of Business Associate's employees or agents was responsible constitutes a Breach as defined in 45 CFR § 164.402, and if requested by Covered Entity, Business Associate shall provide notice to the individual(s) whose PHI has been the subject of the Breach. When requested to provide notice, Business Associate shall consult with Covered Entity about the timeliness, content and method of notice, and shall receive Covered Entity's approval concerning these elements. The cost of notice and related remedies shall be borne by Business Associate.

8.2 If Covered Entity or Business Associate determines that an impermissible acquisition, access, use or disclosure of PHI by a Subcontractor of Business Associate constitutes a Breach as defined in 45 CFR § 164.402, and if requested by Covered Entity or Business Associate, Subcontractor shall provide notice to the individual(s) whose PHI has been the subject of the Breach. When Covered Entity requests that Business Associate or its Subcontractor provide notice, Business Associate shall either 1) consult with Covered Entity about the specifics of the notice as set forth in section 8.1, above, or 2) require, by contract, its Subcontractor to consult with Covered Entity about the specifics of the notice as set forth in section 8.1

8.3 The notice to affected individuals shall be provided as soon as reasonably possible and in no case later than 60 calendar days after Business Associate reported the Breach to Covered Entity.

8.4 The notice to affected individuals shall be written in plain language and shall include, to the extent possible, 1) a brief description of what happened, 2) a description of the types of Unsecured PHI that were involved in the Breach, 3) any steps individuals can take to protect themselves from potential harm resulting from the Breach, 4) a brief description of what the Business Associate is doing to investigate the Breach, to mitigate harm to individuals and to protect against further Breaches, and 5) contact procedures for individuals to ask questions or obtain additional information, as set forth in 45 CFR § 164.404(c).

8.5 Business Associate shall notify individuals of Breaches as specified in 45 CFR § 164.404(d) (methods of individual notice). In addition, when a Breach involves more than 500 residents of Vermont, Business Associate shall, if requested by Covered Entity, notify prominent media outlets serving Vermont, following the requirements set forth in 45 CFR § 164.406.

9 **Agreements with Subcontractors.** Business Associate shall enter into a Business Associate Agreement with any Subcontractor to whom it provides PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity in which the Subcontractor agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such PHI. Business Associate must enter into this Business Associate Agreement before any use by or disclosure of PHI to such agent. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the use or disclosure of PHI. Business Associate shall provide a copy of the Business Associate Agreement it enters into with a subcontractor to Covered Entity upon request. Business associate may not make any disclosure of PHI to any Subcontractor without prior written consent of Covered Entity.

10 **Access to PHI.** Business Associate shall provide access to PHI in a Designated Record Set to Covered Entity or as directed by Covered Entity to an Individual to meet the requirements under 45 CFR § 164.524. Business Associate shall provide such access in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any request for access to PHI that Business Associate directly receives from an Individual.

11 **Amendment of PHI.** Business Associate shall make any amendments to PHI in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR § 164.526, whether at the request of Covered Entity or an Individual. Business Associate shall make such amendments in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any request for amendment to PHI that Business Associate directly receives from an Individual.

12 **Accounting of Disclosures.** Business Associate shall document disclosures of PHI and all information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. Business Associate shall provide such information to Covered Entity or as directed by Covered Entity to an Individual, to permit Covered Entity to respond to an accounting request. Business Associate shall provide such information in the time and manner reasonably designated by Covered Entity. Within three (3) business days, Business Associate shall forward to Covered Entity for handling any accounting request that Business Associate directly receives from an Individual.

13 **Books and Records.** Subject to the attorney-client and other applicable legal privileges, Business Associate shall make its internal practices, books, and records (including policies and procedures and PHI) relating to the use and disclosure of PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity available to the Secretary of HHS in the time and manner designated by the Secretary. Business Associate shall make the same information available to Covered Entity, upon Covered Entity's request, in the time and manner reasonably designated by Covered Entity so that Covered Entity may determine whether Business Associate is in compliance with this Agreement.

14 **Termination.**

14.1 This Agreement commences on the Effective Date and shall remain in effect until terminated by Covered Entity or until all of the PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity is destroyed or returned to Covered Entity subject to Section 19.8.

14.2 If Business Associate breaches any material term of this Agreement, Covered Entity may either: (a) provide an opportunity for Business Associate to cure the breach and Covered Entity may terminate the contract or grant without liability or penalty if Business Associate does not cure the breach within the time specified by Covered Entity; or (b) immediately terminate the contract or grant without liability or penalty if Covered Entity believes that cure is not reasonably possible; or (c) if neither termination nor cure are feasible, Covered Entity shall report the breach to the Secretary. Covered Entity has the right to seek to cure any breach by Business Associate and this right, regardless of whether Covered Entity cures such breach, does not lessen any right or remedy available to Covered Entity at law, in equity, or under the contract or grant, nor does it lessen Business Associate's responsibility for such breach or its duty to cure such breach.

15 **Return/Destruction of PHI.**

15.1 Business Associate in connection with the expiration or termination of the contract or grant shall return or destroy, at the discretion of the Covered Entity, all PHI received from Covered Entity or created or received by Business Associate on behalf of Covered Entity pursuant to this contract or grant that Business Associate still maintains in any form or medium (including electronic) within thirty (30) days after such expiration or termination. Business Associate shall not retain any copies of the PHI. Business Associate shall certify in writing for Covered Entity (1) when all PHI has been returned or destroyed and (2) that Business Associate does not continue to maintain any PHI. Business Associate is to provide this certification during this thirty (30) day period.

15.2 Business Associate shall provide to Covered Entity notification of any conditions that Business Associate believes make the return or destruction of PHI infeasible. If Covered Entity agrees that return or destruction is infeasible, Business Associate shall extend the protections of this Agreement to such PHI and limit further

uses and disclosures of such PHI to those purposes that make the return or destruction infeasible for so long as

Business Associate maintains such PHI. This shall also apply to all Agents and Subcontractors of Business Associate.

16 **Penalties.** Business Associate understands that: (a) there may be civil or criminal penalties for misuse or misappropriation of PHI and (b) violations of this Agreement may result in notification by Covered Entity to law enforcement officials and regulatory, accreditation, and licensure organizations.

17 **Training.** Business Associate understands that it is its obligation to comply with the law and shall provide appropriate training and education to ensure compliance with this Agreement. If requested by Covered Entity, Business Associate shall participate in AHS training regarding the use, confidentiality, and security of PHI, however, participation in such training shall not supplant nor relieve Business Associate of its obligations under this Agreement to independently assure compliance with the law and this Agreement.

18 **Security Rule Obligations.** The following provisions of this section apply to the extent that Business Associate creates, receives, maintains or transmits Electronic PHI on behalf of Covered Entity.

18.1 Business Associate shall implement and use administrative, physical, and technical safeguards in compliance with 45 CFR sections 164.308, 164.310, and 164.312 with respect to the Electronic PHI that it creates, receives, maintains or transmits on behalf of Covered Entity. Business Associate shall identify in writing upon request from Covered Entity all of the safeguards that it uses to protect such Electronic PHI.

18.2 Business Associate shall ensure that any Agent and Subcontractor to whom it provides Electronic PHI agrees in a written agreement to implement and use administrative, physical, and technical safeguards that reasonably and appropriately protect the Confidentiality, Integrity and Availability of the Electronic PHI. Business Associate must enter into this written agreement before any use or disclosure of Electronic PHI by such Agent or Subcontractor. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the use or disclosure of Electronic PHI. Business Associate shall provide a copy of the written agreement to Covered Entity upon request. Business Associate may not make any disclosure of Electronic PHI to any Agent or Subcontractor without the prior written consent of Covered Entity.

18.3 Business Associate shall report in writing to Covered Entity any Security Incident pertaining to such Electronic PHI (whether involving Business Associate or an Agent or Subcontractor). Business Associate shall provide this written report as soon as it becomes aware of any such Security Incident, and in no case later than two (2) business days after it becomes aware of the incident. Business Associate shall provide Covered Entity with the information necessary for Covered Entity to

investigate any such Security Incident.

18.4 Business Associate shall comply with any reasonable policies and procedures Covered Entity implements to obtain compliance under the Security Rule.

19 Miscellaneous.

19.1 In the event of any conflict or inconsistency between the terms of this Agreement and the terms of the contract/grant, the terms of this Agreement shall govern with respect to its subject matter. Otherwise, the terms of the contract/grant continue in effect.

19.2 Business Associate shall cooperate with Covered Entity to amend this Agreement from time to time as is necessary for Covered Entity to comply with the Privacy Rule, the Security Rule, or any other standards promulgated under HIPAA.

19.3 Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule, Security Rule, or any other standards promulgated under HIPAA.

19.4 In addition to applicable Vermont law, the parties shall rely on applicable federal law (e.g., HIPAA, the Privacy Rule and Security Rule, and the HIPAA omnibus final rule) in construing the meaning and effect of this Agreement.

19.5 As between Business Associate and Covered Entity, Covered Entity owns all PHI provided by Covered Entity to Business Associate or created or received by Business Associate on behalf of Covered Entity.

19.6 Business Associate shall abide by the terms and conditions of this Agreement with respect to all PHI it receives from Covered Entity or creates or receives on behalf of Covered Entity even if some of that information relates to specific services for which Business Associate may not be a “Business Associate” of Covered Entity under the Privacy Rule.

19.7 Business Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual’s PHI. Business Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Reports or data containing the PHI may not be sold without Agency’s or the affected individual’s written consent.

19.8 The provisions of this Agreement that by their terms encompass continuing rights or responsibilities shall survive the expiration or termination of this Agreement. For example: (a) the provisions of this Agreement shall continue to apply if Covered Entity determines that it would be infeasible for Business Associate to return or destroy PHI as provided in Section 14.2 and (b) the obligation of Business Associate to provide an accounting of disclosures as set forth in Section 12 survives

the expiration or termination of this Agreement with respect to accounting requests, if any, made after such expiration or termination.

Rev: 7/7/17

AGENCY OF HUMAN SERVICES' CUSTOMARY CONTRACT/GRANT PROVISIONS

1. **Definitions:** For purposes of this Attachment F, the term “Agreement” shall mean the form of the contract or grant, with all of its parts, into which this Attachment F is incorporated. The meaning of the term “Party” when used in this Attachment F shall mean any named party to this Agreement *other than* the State of Vermont, the Agency of Human Services (AHS) and any of the departments, boards, offices and business units named in this Agreement. As such, the term “Party” shall mean, when used in this Attachment F, the Contractor or Grantee with whom the State of Vermont is executing this Agreement. If Party, when permitted to do so under this Agreement, seeks by way of any subcontract, sub-grant or other form of provider agreement to employ any other person or entity to perform any of the obligations of Party under this Agreement, Party shall be obligated to ensure that all terms of this Attachment F are followed. As such, the term “Party” as used herein shall also be construed as applicable to, and describing the obligations of, any subcontractor, sub-recipient or sub-grantee of this Agreement. Any such use or construction of the term “Party” shall not, however, give any subcontractor, sub-recipient or sub-grantee any substantive right in this Agreement without an express written agreement to that effect by the State of Vermont.
2. **Agency of Human Services:** The Agency of Human Services is responsible for overseeing all contracts and grants entered by any of its departments, boards, offices and business units, however denominated. The Agency of Human Services, through the business office of the Office of the Secretary, and through its Field Services Directors, will share with any named AHS-associated party to this Agreement oversight, monitoring and enforcement responsibilities. Party agrees to cooperate with both the named AHS-associated party to this contract and with the Agency of Human Services itself with respect to the resolution of any issues relating to the performance and interpretation of this Agreement, payment matters and legal compliance.
3. **Medicaid Program Parties** (*applicable to any Party providing services and supports paid for under Vermont’s Medicaid program and Vermont’s Global Commitment to Health Waiver*):

Inspection and Retention of Records: In addition to any other requirement under this Agreement or at law, Party must fulfill all state and federal legal requirements, and will comply with all requests appropriate to enable the Agency of Human Services, the U.S. Department of Health and Human Services (along with its Inspector General and the Centers for Medicare and Medicaid Services), the Comptroller General, the Government Accounting Office, or any of their designees: (i) to evaluate through inspection or other means the quality, appropriateness, and timeliness of services performed under this Agreement; and (ii) to inspect and audit any records, financial data, contracts, computer or other electronic systems of Party relating to the performance of services under Vermont’s Medicaid program and Vermont’s Global Commitment to Health Waiver. Party will retain for ten years all documents required to be retained pursuant to 42 CFR 438.3(u).

Subcontracting for Medicaid Services: Notwithstanding any permitted subcontracting of services to be performed under this Agreement, Party shall remain responsible for ensuring

that this Agreement is fully performed according to its terms, that subcontractor remains in compliance with the terms hereof, and that subcontractor complies with all state and federal laws and regulations relating to the Medicaid program in Vermont. Subcontracts, and any service provider agreements entered into by Party in connection with the performance of this Agreement, must clearly specify in writing the responsibilities of the subcontractor or other service provider and Party must retain the authority to revoke its subcontract or service provider agreement or to impose other sanctions if the performance of the subcontractor or service provider is inadequate or if its performance deviates from any requirement of this Agreement. Party shall make available on request all contracts, subcontracts and service provider agreements between the Party, subcontractors and other service providers to the Agency of Human Services and any of its departments as well as to the Center for Medicare and Medicaid Services.

Medicaid Notification of Termination Requirements: Party shall follow the Department of Vermont Health Access Managed-Care-Organization enrollee-notification requirements, to include the requirement that Party provide timely notice of any termination of its practice.

Encounter Data: Party shall provide encounter data to the Agency of Human Services and/or its departments and ensure further that the data and services provided can be linked to and supported by enrollee eligibility files maintained by the State.

Federal Medicaid System Security Requirements Compliance: Party shall provide a security plan, risk assessment, and security controls review document within three months of the start date of this Agreement (and update it annually thereafter) in order to support audit compliance with 45 CFR 95.621 subpart F, *ADP System Security Requirements and Review Process*.

4. **Workplace Violence Prevention and Crisis Response** (*applicable to any Party and any subcontractors and sub-grantees whose employees or other service providers deliver social or mental health services directly to individual recipients of such services*):

Party shall establish a written workplace violence prevention and crisis response policy meeting the requirements of Act 109 (2016), 33 VSA §8201(b), for the benefit of employees delivering direct social or mental health services. Party shall, in preparing its policy, consult with the guidelines promulgated by the U.S. Occupational Safety and Health Administration for *Preventing Workplace Violence for Healthcare and Social Services Workers*, as those guidelines may from time to time be amended.

Party, through its violence protection and crisis response committee, shall evaluate the efficacy of its policy, and update the policy as appropriate, at least annually. The policy and any written evaluations thereof shall be provided to employees delivering direct social or mental health services.

Party will ensure that any subcontractor and sub-grantee who hires employees (or contracts with service providers) who deliver social or mental health services directly to individual recipients of such services, complies with all requirements of this Section.

5. **Non-Discrimination:**

Party shall not discriminate, and will prohibit its employees, agents, subcontractors, sub-grantees and other service providers from discrimination, on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, and on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964. Party shall not refuse, withhold from or deny to any person the benefit of services, facilities, goods, privileges, advantages, or benefits of public accommodation on the basis of disability, race, creed, color, national origin, marital status, sex, sexual orientation or gender identity as provided by Title 9 V.S.A. Chapter 139.

No person shall on the grounds of religion or on the grounds of sex (including, on the grounds that a woman is pregnant), be excluded from participation in, be denied the benefits of, or be subjected to discrimination, to include sexual harassment, under any program or activity supported by State of Vermont and/or federal funds.

Party further shall comply with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, et seq., and with the federal guidelines promulgated pursuant to Executive Order 13166 of 2000, requiring that contractors and subcontractors receiving federal funds assure that persons with limited English proficiency can meaningfully access services. To the extent Party provides assistance to individuals with limited English proficiency through the use of oral or written translation or interpretive services, such individuals cannot be required to pay for such services.

6. **Employees and Independent Contractors:**

Party agrees that it shall comply with the laws of the State of Vermont with respect to the appropriate classification of its workers and service providers as “employees” and “independent contractors” for all purposes, to include for purposes related to unemployment compensation insurance and workers compensation coverage, and proper payment and reporting of wages. Party agrees to ensure that all of its subcontractors or sub-grantees also remain in legal compliance as to the appropriate classification of “workers” and “independent contractors” relating to unemployment compensation insurance and workers compensation coverage, and proper payment and reporting of wages. Party will on request provide to the Agency of Human Services information pertaining to the classification of its employees to include the basis for the classification. Failure to comply with these obligations may result in termination of this Agreement.

7. **Data Protection and Privacy:**

Protected Health Information: Party shall maintain the privacy and security of all individually identifiable health information acquired by or provided to it as a part of the performance of this Agreement. Party shall follow federal and state law relating to privacy and security of

individually identifiable health information as applicable, including the Health Insurance Portability and Accountability Act (HIPAA) and its federal regulations.

Substance Abuse Treatment Information: Substance abuse treatment information shall be maintained in compliance with 42 C.F.R. Part 2 if the Party or subcontractor(s) are Part 2 covered programs, or if substance abuse treatment information is received from a Part 2 covered program by the Party or subcontractor(s).

Protection of Personal Information: Party agrees to comply with all applicable state and federal statutes to assure protection and security of personal information, or of any personally identifiable information (PII), including the Security Breach Notice Act, 9 V.S.A. § 2435, the Social Security Number Protection Act, 9 V.S.A. § 2440, the Document Safe Destruction Act, 9 V.S.A. § 2445 and 45 CFR 155.260. As used here, PII shall include any information, in any medium, including electronic, which can be used to distinguish or trace an individual's identity, such as his/her name, social security number, biometric records, etc., either alone or when combined with any other personal or identifiable information that is linked or linkable to a specific person, such as date and place of birth, mother's maiden name, etc.

Other Confidential Consumer Information: Party agrees to comply with the requirements of AHS Rule No. 08-048 concerning access to and uses of personal information relating to any beneficiary or recipient of goods, services or other forms of support. Party further agrees to comply with any applicable Vermont State Statute and other regulations respecting the right to individual privacy. Party shall ensure that all of its employees, subcontractors and other service providers performing services under this agreement understand and preserve the sensitive, confidential and non-public nature of information to which they may have access.

Data Breaches: Party shall report to AHS, through its Chief Information Officer (CIO), any impermissible use or disclosure that compromises the security, confidentiality or privacy of any form of protected personal information identified above within 24 hours of the discovery of the breach. Party shall in addition comply with any other data breach notification requirements required under federal or state law.

8 Abuse and Neglect of Children and Vulnerable Adults:

Abuse Registry. Party agrees not to employ any individual, to use any volunteer or other service provider, or to otherwise provide reimbursement to any individual who in the performance of services connected with this agreement provides care, custody, treatment, transportation, or supervision to children or to vulnerable adults if there has been a substantiation of abuse or neglect or exploitation involving that individual. Party is responsible for confirming as to each individual having such contact with children or vulnerable adults the non-existence of a substantiated allegation of abuse, neglect or exploitation by verifying that fact through (a) as to vulnerable adults, the Adult Abuse Registry maintained by the Department of Disabilities, Aging and Independent Living and (b) as to children, the Central Child Protection Registry (unless the Party holds a valid child care license or registration from the Division of Child Development, Department for Children and Families). See 33 V.S.A. §4919(a)(3) and 33 V.S.A. §6911(c)(3).

Reporting of Abuse, Neglect, or Exploitation. Consistent with provisions of 33 V.S.A.

§4913(a) and §6903, Party and any of its agents or employees who, in the performance of services connected with this agreement, (a) is a caregiver or has any other contact with clients and (b) has reasonable cause to believe that a child or vulnerable adult has been abused or neglected as defined in Chapter 49 or abused, neglected, or exploited as defined in Chapter 69 of Title 33 V.S.A. shall: as to children, make a report containing the information required by 33 V.S.A. §4914 to the Commissioner of the Department for Children and Families within 24 hours; or, as to a vulnerable adult, make a report containing the information required by 33 V.S.A. §6904 to the Division of Licensing and Protection at the Department of Disabilities, Aging, and Independent Living within 48 hours. Party will ensure that its agents or employees receive training on the reporting of abuse or neglect to children and abuse, neglect or exploitation of vulnerable adults.

9. **Information Technology Systems:**

Computing and Communication: Party shall select, in consultation with the Agency of Human Services' Information Technology unit, one of the approved methods for secure access to the State's systems and data, if required. Approved methods are based on the type of work performed by the Party as part of this agreement. Options include, but are not limited to:

1. Party's provision of certified computing equipment, peripherals and mobile devices, on a separate Party's network with separate internet access. The Agency of Human Services' accounts may or may not be provided.
2. State supplied and managed equipment and accounts to access state applications and data, including State issued active directory accounts and application specific accounts, which follow the National Institutes of Standards and Technology (NIST) security and the Health Insurance Portability & Accountability Act (HIPAA) standards.

Intellectual Property/Work Product Ownership: All data, technical information, materials first gathered, originated, developed, prepared, or obtained as a condition of this agreement and used in the performance of this agreement -- including, but not limited to all reports, surveys, plans, charts, literature, brochures, mailings, recordings (video or audio), pictures, drawings, analyses, graphic representations, software computer programs and accompanying documentation and printouts, notes and memoranda, written procedures and documents, which are prepared for or obtained specifically for this agreement, or are a result of the services required under this grant -- shall be considered "work for hire" and remain the property of the State of Vermont, regardless of the state of completion unless otherwise specified in this agreement. Such items shall be delivered to the State of Vermont upon 30-days notice by the State. With respect to software computer programs and / or source codes first developed for the State, all the work shall be considered "work for hire," i.e., the State, not the Party (or subcontractor or sub-grantee), shall have full and complete ownership of all software computer programs, documentation and/or source codes developed.

Party shall not sell or copyright a work product or item produced under this agreement without explicit permission from the State of Vermont.

If Party is operating a system or application on behalf of the State of Vermont, Party shall not make information entered into the system or application available for uses by any other party than the State of Vermont, without prior authorization by the State. Nothing herein shall entitle the State to pre-existing Party's materials.

Party acknowledges and agrees that should this agreement be in support of the State's implementation of the Patient Protection and Affordable Care Act of 2010, Party is subject to the certain property rights provisions of the Code of Federal Regulations and a Grant from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. Such agreement will be subject to, and incorporates here by reference, 45 CFR 74.36, 45 CFR 92.34 and 45 CFR 95.617 governing rights to intangible property.

Security and Data Transfers: Party shall comply with all applicable State and Agency of Human Services' policies and standards, especially those related to privacy and security. The State will advise the Party of any new policies, procedures, or protocols developed during the term of this agreement as they are issued and will work with the Party to implement any required.

Party will ensure the physical and data security associated with computer equipment, including desktops, notebooks, and other portable devices, used in connection with this Agreement. Party will also assure that any media or mechanism used to store or transfer data to or from the State includes industry standard security mechanisms such as continually up-to-date malware protection and encryption. Party will make every reasonable effort to ensure media or data files transferred to the State are virus and spyware free. At the conclusion of this agreement and after successful delivery of the data to the State, Party shall securely delete data (including archival backups) from Party's equipment that contains individually identifiable records, in accordance with standards adopted by the Agency of Human Services.

Party, in the event of a data breach, shall comply with the terms of Section 6 above.

10. **Other Provisions:**

Environmental Tobacco Smoke. Public Law 103-227 (also known as the Pro-Children Act of 1994) and Vermont's Act 135 (2014) (An act relating to smoking in lodging establishments, hospitals, and child care facilities, and on State lands) restrict the use of tobacco products in certain settings. Party shall ensure that no person is permitted: (i) to use tobacco products or tobacco substitutes as defined in 7 V.S.A. § 1001 on the premises, both indoor and outdoor, of any licensed child care center or afterschool program at any time; (ii) to use tobacco products or tobacco substitutes on the premises, both indoor and in any outdoor area designated for child care, health or day care services, kindergarten, pre-kindergarten, elementary, or secondary education or library services; and (iii) to use tobacco products or tobacco substitutes on the premises of a licensed or registered family child care home while children are present and in care. Party will refrain from promoting the use of tobacco products for all clients and from making tobacco products available to minors.

Failure to comply with the provisions of the federal law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The federal Pro-Children Act of 1994, however, does not apply to portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, & Children (WIC) coupons are redeemed.

2-1-1 Database: If Party provides health or human services within Vermont, or if Party provides such services near the Vermont border readily accessible to residents of Vermont, Party shall adhere to the "Inclusion/Exclusion" policy of Vermont's United Way/Vermont 211 (Vermont 211), and will provide to Vermont 211 relevant descriptive information regarding its agency, programs and/or contact information as well as accurate and up to date information to its database as requested. The "Inclusion/Exclusion" policy can be found at www.vermont211.org.

Voter Registration: When designated by the Secretary of State, Party agrees to become a voter registration agency as defined by 17 V.S.A. §2103 (41), and to comply with the requirements of state and federal law pertaining to such agencies.

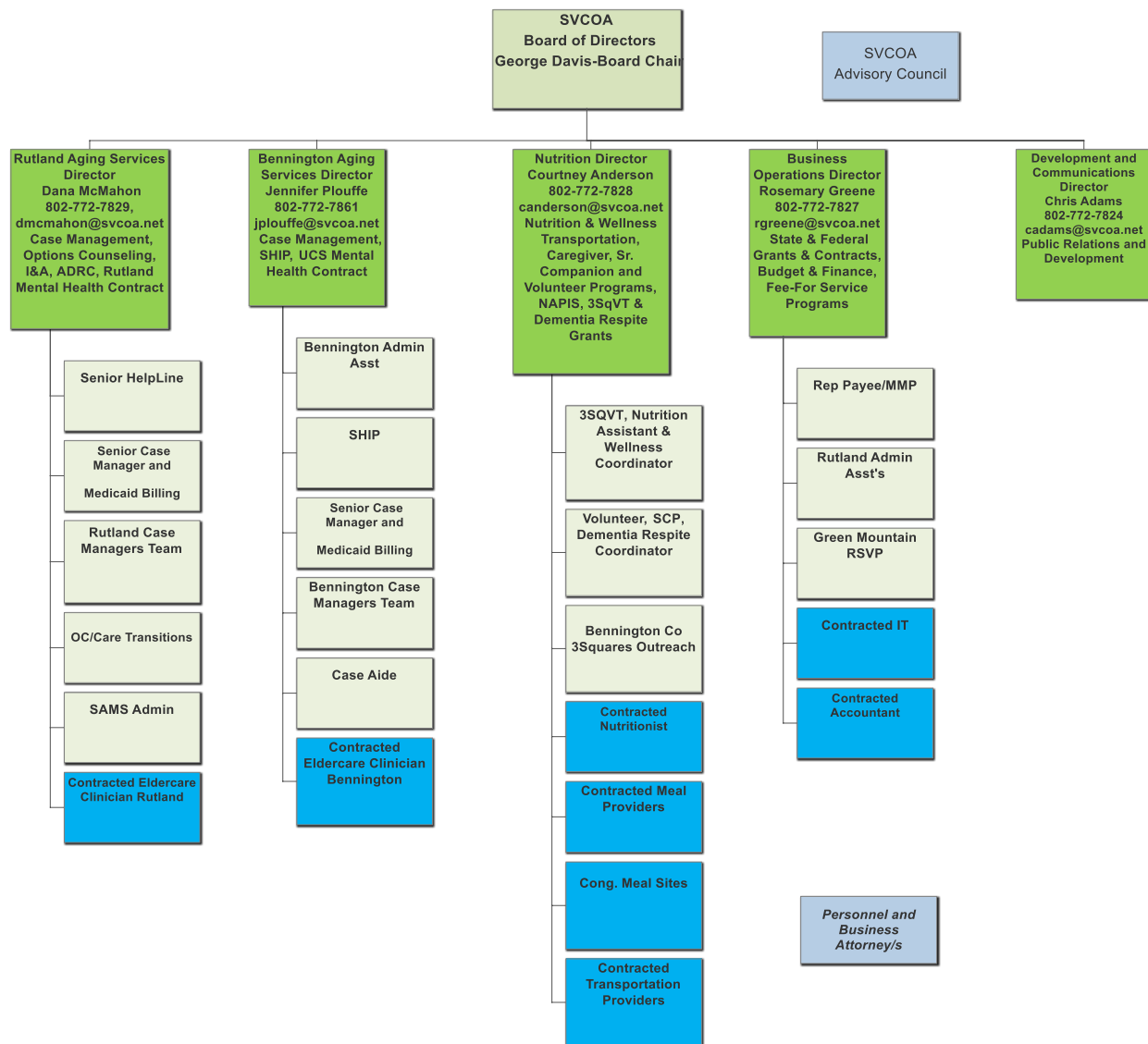
Drug Free Workplace Act: Party will assure a drug-free workplace in accordance with 45 CFR Part 76.

Lobbying: No federal funds under this agreement may be used to influence or attempt to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendments other than federal appropriated funds.

AHS ATT. F 12.31.16

APPENDIX B

CHART OF ORGANIZATIONAL STRUCTURE



ADVISORY COUNCIL LIST

<u>Name</u>	<u>Phone Number</u>	<u>Address</u>	<u>Town</u>
Peg Andrews	802-558-2843	82 Jackson Avenue	Rutland, VT
Christina Cosgrove	802-447-2792	325 North Street	Bennington, VT
Linda Wichlac	802-442-8136	614 Harwood Hill Road	Bennington, VT
Judy Vignoe	802-773-3257	134 Baxter Street	Rutland, VT
Alta Johnston	802-235-2247	1720 Route 133	Ira, VT
Jane Kendall	802-773-3251	191 Grove Street	Rutland, VT
Brian Collamore	802-773-1365	124 Patricia Lane	Rutland, VT
Becky Rizzi	802-558-0100	368 E.Tinmouth Road	West Rutland, VT
Gabrielle Davis	802-379-0234	68 Autumn Acres	Bennington, VT
Clay Gilbert	802-747-3588	135 Granger Street	Rutland, VT
Paul Bouchard	802-282-7452	468 Karen Drive	Rutland, VT
Louise Bouchard	802-282-7452	468 Karen Drive	Rutland, VT
Ken Putnam	802-773-3244	158 Spruce Street	Rutland, VT
Paul Dilonno	802-442-5491	100 Ledge Hill Drive	Bennington, VT
Lorraine Bedard	802-773-2157	71 Baxter Street	Rutland, VT
Laura Lebeau	802-753-5897	233 School St. Apt. 2	Bennington, VT

**Term of
service is
unlimited**

Updated
July 2018

BOARD COMPOSITION

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Town</u>	<u>Phone</u>
George Davis	President	208 Davis Road	Castleton, VT	802-273- 2468
Raebeth Hitchcock	Vice President	38 Country View Lane	Arlington, VT	802-375- 9294
Gale Courcelle	Secretary	50 Hazel Street	Rutland, VT	802-775- 0262
Ron Bower	Treasurer	PO Box 6035, 11 Brentwood Drive	Rutland, VT	802-747- 8955
Seward Hawley	Director	941 Post Road	Rutland, VT	802-773- 2236
Tom Adams	Director	65 Hazel Street	Rutland, VT	802-775- 5297
Howard Cohen	Director	204 Crescent Boulevard	Bennington , VT	413-652- 7086
Sandi Bartlett	Director	892 Overlea Road	Bennington, VT	802-447- 0305
Gail Cohen	Director	204 Crescent Boulevard	Bennington, VT	413-652-7086

APPENDIX C

EMERGENCY PREPAREDNESS AND CONTINUITY OF OPERATIONS PLAN

SVCOA has and will continue to participate in local emergency planning team meetings in our region and will work in conjunction with the planning team if and when a disaster occurs.

We are an identified agency for contact if and when an emergency occurs. A “telephone tree” of local social service agencies has been established in Rutland County to ensure that participant agencies are/can be notified and kept abreast of important information (See Vermont 211 Phone Tree in the Appendix). Key SVCOA staff are listed including the Director Team. Home/cell phone numbers of key staff have been provided. Key functions of the agency will be carried out as feasible with management team oversight. Our Business or Fiscal Director will provide back up on fiscal issues, including payroll during any emergency affecting our Planning and Service Area (PSA).

Case Managers encourage clients to put together an emergency plan, including an emergency kit with water, medicines, food, etc., to have ready and available in case a disaster occurs.

Aging Services Directors in both Rutland and Bennington counties maintain a tracking system, which identifies at risk clients who may need assistance during an emergency. The target group for this tracking system are clients who have no family/friend support system in place and who would be at significant risk during an emergency. The list is updated monthly by Aging Services Directors, and is stored in their file cabinets. Client contact information would be accessible via SAMS in the event of an emergency.

SVCOA has included a description of how the agency will comply with emergency preparedness planning described in the Revised Case Management Standards and Certification Procedures for Older Americans Act Programs and Choices for Care on the following State website:

<http://www.ddas.vermont.gov/ddas-policies/policies-older-americans-act/policies-older-americans-act-documents/revised-case-management-standards-and-certification-procedures/view?searchterm=Case>

SVCOA will consult the DAIL Just-in-Case Emergency Preparedness Guide for vulnerable populations and the DAIL Case Manager Emergency Preparedness Planning Checklist as described on the DAIL website at: <http://www.dail.vermont.gov/dail-resources/resources-default-page#emergency>

Agency Assistance

- ☐ Staff able to get into the office are expected to do so to provide assistance as needed.
- ☐ Senior HelpLine staff will be in contact with the emergency planning team to make sure we have the most up-to-date information.
- ☐ Phone and computer access: Staff voicemail will be accessed as needed and there is one non-electrical phone in the Rutland and Bennington offices for use during a power outage. The network administrator and Executive Director have administrative privileges for computers. SVCOA’s servers are “backed up” and stored off-site daily.

- ☐ The Management Team will know the critical functions of the agency and cover for staff as needed.
- ☐ Client calls will be “triaged” in line with SVCOA’s prioritization protocol.

- ☐ Available case management staff will be assigned as appropriate, e.g., to assist at housing sites, the hospital or, if feasible, to directly assist individual vulnerable clients.

Meal Program Support

- ☐ SVCOA meal contractors have or are in the process of obtaining generators to keep food “safe” and be equipped to continue meal production
- ☐ Home-delivered meals will be prepared and delivered when possible
- ☐ Meal providers and volunteers will assist, to the extent possible, with any community meal efforts

All SVCOA case managers have access to the SAMS website with their own password. This will allow access to their client’s contact information from anywhere that has available internet access.

