State of Vermont Older Americans Act Policy and Operations Manual

February 2025 Edition

VERMONT
DEPT. OF DISABILITIES, AGING & INDEPENDENT LIVING

TABLE OF CONTENTS

Section I. Overview & Purpose

The United States Older American's Act (OAA) was passed in 1965, along with the creation of Medicare and Medicaid. The Act calls for creation of a comprehensive and coordinated system of services and supports for all Americans age 60 years and older who are in "greatest economic and social need". The Vermont Agency of Human Services is a recipient of OAA funds and is responsible for managing those funds on behalf of Vermonters via the Department of Disabilities, Aging & Independent Living's (DAIL) State Unit on Aging.

The OAA contains seven (7) titles (listed below) that are designed to instruct states on the rights of Older Americans and the management of OAA funding.

- ☒ **Title I**: Declaration of Objectives & Definitions
- ☒ **Title II**: Administration on Aging
- ☒ **Title III**: Grants for State and Community Programs on Aging
- ☒ **Title IV**: Activities for Health, Independence, and Longevity
- ☒ **Title V**: Community Service Senior Opportunities Act
- ☒ **Title VI**: Grants for Native Americans
- ☒ **Title VII**: Vulnerable Elder Rights Protection Activities

The purpose of this manual is to:

- Describe the roles and responsibilities of the Vermont State Unit on Aging (SUA).
- Describe the roles and responsibilities of Vermont's Area Agencies on Aging.
- Describe the purpose of Vermont's State Plan on Aging and Area Plans.
- Describe the way OAA funding is managed by Vermont.
- Provide requirements, instructions and technical support to recipients of OAA Title III & Title VII funding.
- Provide a reference to OAA related services that are unique to Vermont.
- Inform the public about how OAA services are managed in Vermont.

This manual is maintained by the State Unit on Aging within the Agency of Human Services, Department of Disabilities, Aging & Independent Living (DAIL), Adult Services Division and will be updated annually as needed.

DAIL - Adult Services Division, State Unit on Aging
280 State Drive, HC2 South
Waterbury, VT 05671-2070
(802) 241-0294 / www.asd.vermont.gov

Section II. Definitions

Key Definitions of the Older Americans Act (OAA)

For a complete list of all definitions in the Older Americans Act, please see OAA Sections 102 and 302.

Area Agency on Aging – An area agency on aging designated under section 305(a)(2)(A) or a State agency performing the functions of an area agency on aging under section 305(b)(5) of the OAA.

Family Caregiver – an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

Elder Justice – From a societal perspective, efforts to prevent, detect, treat, intervene in, and prosecute elder abuse, neglect, and exploitation; and protect older individuals with diminished capacity while maximizing their autonomy; and from an individual perspective, the recognition of an older individual's rights, including the right to be free of abuse, neglect, and exploitation.

Focal Point – A facility established to encourage the maximum collocation and coordination of services for older individuals.

Greatest Economic Need- the need resulting from an income level at or below the poverty line, and as further defined by State and area plans based on local and individual factors, including geography and expenses.

Greatest Social Need – Need caused by noneconomic factors that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently, including:

(A) physical and mental disabilities;
- (i) chronic conditions resulting in physical debilitation
- (ii) Alzheimer's Disease and Related Dementias (ADRD)
- (iii) trauma
- (iv) mental health diagnosis

(B) language barriers
- (i) New Americans
- (ii) Anyone with limited English proficiency

(C) cultural, social, or geographical isolation, such as isolation caused by racial or ethnic status, such as
- (i) Sexual orientation & gender identity (LGBTQ+)
- (ii) BIPOC
- (iii) HIV status
- (iv) Rural populations

(v) Individuals living alone

(D) Other needs as further defined by State and area plans based on local and individual factors.

Long-Term Care / Long-Term Services and Supports - The service, care, or item (ex. assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service—(A) intended to assist individuals to cope with and--to the extent practicable—compensate for a functional impairment in carrying out activities of daily living; (B) furnished at home, in a community care setting, or in a long-term care facility; and (C) not furnished to prevent, diagnose, treat, or cure a medical disease or condition.

Minority - A person's self-reported racial and ethnic identity that includes one or more of the following: Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native. (The OAA itself does not include a definition of minority; the OAA Performance System guidance uses the definition included here).

Multipurpose Senior Center – A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals, as practicable, including via virtual spaces.

Older Vermonter – An individual who is 60 years of age or older living in Vermont.

State Unit on Aging – The agency designated under section 305(a)(1) of the OAA to administer the OAA programs in the state.

OAA Reference: Sections 102 and 302

Section III. ROLE OF THE STATE UNIT ON AGING

A. Overview:

According to the Older Americans Act (OAA), every state must have a state agency designated as the State Unit on Aging (SUA) to oversee the OAA funding, programs and services in the state. In Vermont the designated State Unit on Aging is the Department of Disabilities, Aging and Independent Living (DAIL).

1. As the State Unit on Aging, DAIL is required to;
    a. Develop a State plan to be submitted to the Assistant Secretary for approval;
    b. Administer the State plan;
    c. Be primarily responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of the OAA;
    d. Serve as an effective and visible advocate for older individuals by reviewing and commenting upon all State plans, budgets, and policies which affect older individuals and providing technical assistance to any agency, organization, association, or individual representing the needs of older individuals; and
    e. Divide the State into distinct planning and service areas

2. DAIL shall—
    a. Designate a public or private nonprofit agency or organization as the area agency on aging for such area;
    b. DAIL will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;
    c. Develop, in collaboration with the designated Area Agencies on Aging, a formula for the distribution of OAA funding among the agencies that uses the best available data, is responsive to demographic changes and targets those in greatest social and economic need. *See Section VII. Budget and Intrastate Funding Formula.*
    d. Provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;
    e. Provide assurances that the State agency will require use of outreach efforts to the OAA target population, including:
    (i) older individuals residing in rural areas; (ii) older individuals with *greatest economic and social need* (with particular attention to low-income older individuals, including low-income minority older individuals, and older individuals with limited English proficiency); (iii) older individuals with severe disabilities; and (iv) older individuals with Alzheimer's disease and related disorders with

neurological and organic brain dysfunction (and the caretakers of such individuals).

f. Set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;
g. State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals.

3. DAIL shall, consistent with this section, promote the development and implementation of a State system of long-term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers, by—
    a. Collaborating, coordinating, and consulting with other agencies in the State responsible for formulating, implementing, and administering programs, benefits, and services related to providing long-term care;
    b. Participating in any State government activities concerning long-term care, including reviewing and commenting on any State rules, regulations, and policies related to long-term care;
    c. Conducting analyses and making recommendations with respect to strategies for modifying the State 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 individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
    d. Implementing (through area agencies on aging, service providers, and such other entities as the State determines to be appropriate) evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
    e. providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, area agencies on aging, and other appropriate means) of information relating to—
        i. the need to plan in advance for long-term care; and
        ii. the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.

Section IV. ROLE OF THE AREA AGENCIES ON AGING

A. Overview

The role of the **Area Agency on Aging (AAA)** is to act as a regional planning entity to foster the development and implementation of a comprehensive and coordinated system to serve older Vermonters, age 60 years and older, and family caregivers within the AAA service area. In Vermont, there are five AAAs covering five regions of the state (see Attachment A for map and details):

1. Age Well
2. Central Vermont Council on Aging
3. Northeast Kingdom Council on Aging
4. Senior Solutions
5. Southwestern Vermont Council on Aging

All services and supports within the comprehensive and coordinated system should be **targeted to those in greatest economic and social need**. AAAs should be able to document how services are targeted and the results of that targeting. *See Section II. Definitions* for definitions of "greatest economic need" and "greatest social need."

Key goals for a comprehensive and coordinated system are:

1. Secure and maintain maximum independence and dignity in a home and community environment for older Vermonters capable of self-care with appropriate supportive services
2. Remove barriers to economic and personal independence for older Vermonters
3. Provide a continuum of care for older Vermonters
4. Secure the opportunity for older Vermonters to receive in-home and community-based long-term services and supports
5. Support social connectedness and social participation of older Vermonters, including volunteering, civic engagement and employment opportunities
6. Align with the objectives of Title I of the OAA.

B. AAA Requirements under the OAA

1. Area Plan and Budget

Each AAA is required to submit to the State Unit on Aging for approval an Area Plan (*see Section VI. Area Plans*) describing goals, objectives, strategies and performance measures for the continued development and improvement of the comprehensive and coordinated system to serve older Vermonters within the AAA service area. The Area Plan serves as the AAA's contract with the State Unit on Aging, authorizing the usage of Older Americans Act funds within the service area.

Accompanying the plan, the AAA must submit its annual budget to the DAIL business office according to the guidance set forth in *Section VII. Budget and Intrastate Funding Formula* of this manual and in the Area Plan Budget Instructions.

Detailed Area Plan Instructions are provided by the SUA annually in the spring of each year. AAAs shall follow all instructions in order to receive Area Plan approval.

2. Coordination of a Comprehensive System of Services

Each AAA is required to:

1. Concentrate resources, build community partnerships and enter into cooperative agreements (grants and contracts) with agencies and organizations for the delivery of services. Cooperative agreements can be made with:
    a. Providers, including voluntary organizations or other private sector organizations of supportive services, nutrition services and multipurpose senior centers
    b. Organizations representing or employing older Vermonters or their families
    c. Organizations that provide training, placement and stipends to volunteers in community service settings
    d. Indian tribes and tribal organizations
    e. State agencies and other AAAs

2. Upon request from the SUA, submit to the SUA for review any cooperative agreement for services using OAA funding. The SUA may request for approval cooperative agreements prior to AAAs entering into such agreements. This may include the renewal of agreements, new agreements with entities the AAA has or had other established agreements with, or new agreements with entities the AAA has no previous contractual relationship with.

3. The SUA may require review of cooperative agreements at any time.

4. Designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers as such focal points and specify, in grants, contracts, and agreements implementing the Area Plan, the identity of each designated focal point. Every effort shall be made to co-locate supports and services at such designated focal points.

5. Conduct outreach to identify older Vermonters eligible for assistance under the OAA, with special emphasis on those who are in greatest economic and social need, socially isolated, and low-income minority and limited-English proficient.

6. Coordinate planning, identification, assessment of needs, and provision of services for older Vermonters with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services.

7. Make use of trained volunteers to provide direct services to older Vermonters, including those with disabilities and if possible, work in coordination with organizations that have experience in providing training, placement and stipends for volunteers or participants in community service settings.

8. Set specific objectives within the Area Plan, consistent with state policy, for providing services to older Vermonters with greatest economic need, older Vermonters with greatest social need, and older Vermonters at risk for institutional placement.

9. Set specific objectives within the Area Plan, consistent with state policy, for providing services to low-income minority Vermonters, older Vermonters with limited English proficiency and older Vermonters residing in rural areas.

10. In each agreement with a provider of any service under OAA Title III, the AAA must include a requirement that the provider will:

    a) Specify how the provider intends to satisfy the identified service needs of low-income minority Vermonters, those with limited-English proficiency and those in rural areas (if these populations live within the service area);
    b) provide such services; and
    c) meet specific objectives established by the AAA for providing such services to these targeted populations within the service area.

11. Follow all OAA requirements and SUA procedures around the provision of direct service and the requirement to request waivers for AAA provision of direct service. *See Section XIII. Direct Service Waiver.*

12. Report data required by the Older Americans Act and the Administration for Community Living regarding people served, services provided, and expenditures made under the OAA, including identification of the number of low-income, minority individuals served, those living in rural areas served, and those with ADL and IADL needs served, and how the AAA met the objectives to serve these targeted populations. *See Section XIV. Data Systems, Collection and Reporting.*

3. Inclusion of Older Vermonters in Planning and Advocacy

Each AAA is required to:

1. Serve as the advocate for older Vermonters within the region by monitoring, evaluating and commenting upon all identified policies, programs, hearings, levies and community actions which will significantly affect older Vermonters.

2. Assure that the views of AAA service recipients will be considered regarding matters of program development, service delivery and policy advocacy.

3. Establish and maintain an advisory council consisting of older Vermonters (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in OAA programs, family caregivers of such older Vermonters, representatives of older Vermonters, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if

appropriate), and the general public, to continuously advise the AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

OAA Reference: Section 301-302; 306.

Section V. STATE PLAN ON AGING

A. Overview:

In order to plan for the ongoing and future needs of older adults in Vermont and to meet the requirements of Section 307 of the Older Americans Act (OAA), the Department of Disabilities, Aging and Independent Living (DAIL), the designated State Unit on Aging (SUA) for Vermont, is required to prepare a State Plan on Aging for submission to the federal Administration for Community Living (ACL) every two, three or four years. ACL provides detailed instructions to states on the requirements of the plan.

Vermont's current four-year State Plan for the period October 1, 2022 through September 30, 2026 is available online at: https://asd.vermont.gov/resources/state-plans.

B. State Plan on Aging:

DAIL has been given the authority to develop and administer the State Plan on Aging in accordance with all of the State activities related to the purposes of the OAA, including the development of comprehensive and coordinated systems for the delivery of supportive services, such as multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for older adults and family caregivers in Vermont.

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

As required by ACL, the plan includes the following key components:

1. Executive Summary
2. Analysis of Demographics and Demographic Trends in the State
3. Results of the Statewide Needs Assessment
4. Description of the Aging Services Network
5. Goals, Objectives, Strategies, Performance Measures and Outcomes
6. Emergency Preparedness Plans
7. Quality Management Plans
8. Summary of Public Hearing and Comment Process
9. Intrastate Funding Formula
10. Assurances to Meet the Requirements of the OAA

DAIL uses the performance measures identified in the plan to track the state's progress using the State's Performance Scorecard platform and the Results Based Accountability framework. DAIL and partners will seek to understand answers to the questions, "how much?" "how well?" and "is anyone better off?" within each objective of the plan. The federal Administration for Community Living reviews progress annually with DAIL.

OAA Reference: Section 307.

Section VI. Area Plans

A. Overview

This section sets forth the policies and procedures governing the development and submission of the Area Plan and Plan Updates. Each Area Agency on Aging (AAA) shall prepare and develop an area plan for a planning and service area for a multi-year period as determined by the SUA, with such annual adjustments as may be necessary. Each plan shall be based upon a uniform format for Area Plans following the Area Plan Instructions provided annually.

The current Area Plans for Vermont's AAAs are located online at: https://asd.vermont.gov/services/aaa-oaa-services.

B. The Area Plan Process

1. Area Plans

Area Plans will include:

a) Needs assessment
b) Assurances that the AAA will set specific objectives for providing services to older Vermonters who are:
    a. at greatest social and economic need
    b. at risk for institutional placement
    c. low-income minority individuals
    d. limited English proficient
    e. residing in rural areas
c) Objectives, performance measures and proposed strategies to achieve objectives.
d) Assurances. Assurances required to be met by the AAAs are found in the Area Plan Instructions.
e) Information detailing how the AAA 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.
f) Requests for waivers to provide direct service. *See Section XIII. Direct Service Waivers.*

2. Public Hearing Requirements

a) Public input is a very important part of the Area Plan process.

b) Each AAA must hold, at a minimum, one in-person public hearing on its Area Plan (an option to participate remotely may be made). The hearing must be held after the plan is drafted and before the plan is submitted to SUA for approval. The hearing must be publicized broadly for maximum attendance.

c) AAAs must establish a time period of 30 calendar days or greater for public review and comment on new area plans and area plan amendments.
d) More detailed Area Plan Instructions are sent to AAAs for completing their plans.

3. Area Plan Updates

a) Twice a year AAAs are asked to report on progress of their specific performance measures as outlined in their Area Plan.
b) AAAs submit comprehensive Area Plan Updates annually, including more detailed progress reports on all objectives and performance measures, and any proposed amendments to goals, objectives, strategies and performance measures.

OAA Reference: Section 306

Section VII. BUDGET AND INTRASTATE FUNDING FORMULA

A. Overview:

The five Area Agencies on Aging (AAAs) are required to outline goals, objectives and strategies for the use of OAA funds. The AAAs then report annually in the Area Plan Updates as to the status of their achievements. AAAs are also required to electronically submit annual reports as part of the State Program Report (SPR). The SPR provides demographic data on service recipients, service data and financial data. Annually, the State Unit on Aging (SUA) reviews SPR reports with the AAA Executive Directors to ensure accurate and consistent reporting across all five AAAs. In addition, SUA staff meet regularly with AAA directors and team leads.

The DAIL Business Office (BO) reviews and approves the budget for each Area Agency on Aging. A checklist for budget review is utilized by the BO to ensure that for all Title III and VII funds that are budgeted, the required matching and earmarking requirements are being adhered to. The State Unit on Aging provides programmatic input to the BO during this review process to ensure Area Plan programmatic goals and budgets align. The BO approves the budgets for the Area Agencies on Aging.

Once the AAA's narrative and budget have been approved by DAIL, a letter accepting the Area Plan Update (narrative) and a Notification of Grant Award is sent to each AAA. The AAA is required to accept the Notice of Grant Award by signing the Notice and sending it back to the DAIL BO.

B. Intrastate Funding Formula:

The OAA requires that every state with AAAs develop an Intrastate Funding Formula that is responsive to demographic changes and targets those in greatest social and economic need.

1. **Guiding Principles:**

A. Stability: Avoid distributing large funds associated with a small number of people. This is a challenge for Vermont's AAA service areas, which have small numbers of people in many cohorts of 'greatest social and economic need'.

B. 'Best available data': Draws from the Special Tabulations (AGID) completed by the Administration for Community Living (ACL) of the American Community Survey (ACS) 5-year estimates. The ACS produces annual population estimates and provides population estimates based on averages of a recent 5-year period. The "Special Tabulation" completed by ACL provides data divided by the "Planning Service Areas" (PSA), the service areas of the individual AAAs. The ACS 5-year Survey is described by the U.S. Census Bureau (in Guidance for Data Users) as providing more precision for small populations than other data sources. As most population cohorts in Vermont are small, the Special Tabulation of the ACS 5-year Survey is utilized as "best available data" for the purpose of the IFF.

2. **Funding Factors:**

A. Service Base: distribution of 10% of total funds available for distribution, divided equally among the five AAAs (i.e. 2% per AAA).

B. Area Plan Administration: distribution of 10% of total funds available for distribution, divided equally among the five AAAs (i.e. 2% per AAA).

C. Age:

- 15% of the remaining funds distributed by the proportion of people age 60-74 in each PSA.
- 15% of the remaining funds distributed by the proportion of people age 75-84 in each PSA.
- 27% of the remaining funds distributed by the proportion of people age 85+ in each PSA.

D. Age and economic need: 40% of the remaining funds distributed by the proportion of people age 60+ and at or below 100% of the Federal Poverty Level in each PSA.

E. Age and social need, defined as limited English: 1% of the remaining funds distributed by the proportion of people age 60+ and with limited English proficiency in each PSA.

F. Age and social need, defined as minority status: 1% of the remaining funds distributed by the proportion of people age 60+ and minority in each PSA.

G. Age and social need, defined as living alone: 1% of the remaining funds distributed by the population of people age 60+ and living alone in each PSA.

The BO prepares a Resource Projections sheet that is sent to each of the AAAs based on the above Intrastate Funding Formula (IFF) methodology. Resource Projections are based on demographic percentages calculated 18 months in advance of the federal fiscal year implementation.

Based on the Resource Projections sent, it is the responsibility of the AAA to complete a budget as noted above. Once DAIL receives final notification of the grant award from the Department of Health and Human Services the Resource Projections sheet is updated and the AAAs are required to make changes to their budget, if applicable, and have the budget reapproved by DAIL.

C. Request for Funds:

The AAAs draw down their awarded funds on a monthly basis, which is 1/12th of the approved budget/grant amount. The AAAs complete a "Request for Funds" sheet, which outlines by title the grant award, payments received year-to-date, grant left available, amount requested, and new balance. The form also requests that funds be on hand at the beginning of the month and for the anticipated need for the next 30 days. The form states, "If anticipated need is not at least 1/12th of the awarded amount the State reserves the right to adjust payment request." The "Request for Funds" is signed by the authorized official of the AAA, typically the Executive Director.

The cash request form is then received by DAIL. The DAIL BO reviews it, compares the requested amount to the amount already requested, and to the total amount they may receive per the budget. The BO also breaks out the amount of prior year funding in each draw request, using a special

project ID code to identify the amount of funding related to the period of performance. If everything appears in order and correct, the BO will sign the request to note it is approved. A State VISION System voucher is created and printed for each draw. Once the voucher has been printed, it is approved, and budget checked in the VISION System and then signed. The voucher is then processed by Finance for payment through the State system.

D. Monitoring of Subrecipients:

DAIL monitors the AAAs in a variety of ways:

1. DAIL BO monitors AAAs through the tracking of the receipt of the AAAs' quarterly expenditure reports and annual audit reports.

2. Every quarter the AAAs submit reports of expenditures to DAIL. Semi-annually the DAIL BO enters the information into a spreadsheet in preparation for creating the Financial Status Reports for ACL.

3. Each AAA is required to have a single audit conducted in accordance with the requirements in Uniform Guidance 2 CFR 200 (Subpart F), and the audit report is required to be submitted to DAIL for review. As there are only five Area Agencies, the DAIL BO is well aware of which audit reports have not been submitted and there is constant communication with each AAA. The DAIL BO reviews the audit reports and includes expenditure amounts on the audit report to DAIL's records.

E. Resource Projections:

DAIL will issue the resource projections as close to April of the prior Federal Fiscal year as possible using the best published data available as of March of the prior Federal Fiscal year. DAIL will send AAAs the methodology used in determining the resource projections, so that AAAs will have an opportunity to review the methodology and ask questions.

F. General Rules Pertaining to AAA Funding

1. Title III funds, with the exception of Title III-E funds, must be matched by fifteen percent (15%) non-Federal match. Five percent (5%) of the non-federal match must be state funds. National Family Caregiver Program funds, Title III-E, must be matched with a twenty-five percent (25%) non-federal match.

2. Title III funds used for Area Plan Administration (APA) require a twenty five percent (25%) non-Federal match. Expenses for Area Plan Administration should be recognizable by FASB 116 and 117. Area Plan Administration must be funded with Title IIIC-1 or non-AoA funding source. AAAs may only apply APA to programs not listed as allowable direct services.

3. Each AAA must budget their allocated funds for Area Plan Administration, or the State will redistribute any unbudgeted funds by formula to other AAAs.

4. AAAs budget allocations of Title III-B, III-C-1 or III-C-2 funds require the approval of DAIL. The Department limits the amount of funds that each AAA may transfer to not more than 30% between Titles III-B and C, or not more than 40% between Titles III-C-1 and III-C-2.

5. Title III-B funds are for Supportive Services only. III-B funding is to support the coordination and delivery of the services and cannot be used for the purchase of goods, with the exception of assistive technology. *See Section VIII. Supportive Services.*

6. Title III-C-1 funds are for Congregate Meal programs, nutrition counseling, education and other nutrition services, and Area Plan Administration. *See Section IX. Nutrition Services.*

7. Title III-C-2 funds are for Home Delivered Meals, nutrition counseling, education and other nutrition services. *See Section IX. Nutrition Services.*

8. Title III-D funds are for Disease Prevention and Health Promotion Programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective for improving the health and well- being or reducing disease, disability and/or injury among older adults. The most recent definition of evidence-based can be found here: https://acl.gov/programs/health-wellness/disease-prevention#future *See Section X. Health Promotion and Disease Prevention Services.*

9. Title III-E funds are for the National Family Caregiver Support Program. Funds may be used to provide the five categories of services authorized in the OAA: 1) information services; 2) access assistance; 3) counseling; 4) respite care; and 5) supplemental services. All Case Management, Information and Assistance, Respite and other expenses for family caregivers should be budgeted in this program. The category of supplemental services is designed to be used on a limited basis. As a result, each AAA must receive approval from the Department **in advance** of providing supplemental services and may dedicate no more than ten percent (10%) of the Federal funding to this category. AAAs are also required to provide caregiver services to older relative caregivers of children age 18 and younger but may dedicate no more than ten percent (10%) of federal funding to this type of service.

10. Title VII funds are for Elder Abuse Prevention services, including public education and outreach, training, service coordination and multidisciplinary activities.

11. Nutrition Services Incentive Program (NSIP) funds are to support the Congregate and Home-Delivered Nutrition Programs by providing an incentive to serve more meals. NSIP funds must be used exclusively to purchase domestically produced food, not meal preparation, and may not be used to pay for other nutrition-related services such as nutrition education or for State or local administrative costs.

12. Each AAA shall expend at least 65% of III-B funds for Access to Services, 1% of III-B funds for In-home Services and 5% of III-B funds for Legal Assistance.

13. AAAs must budget expenses for Nutrition Education since it is a State required activity.

14. Food and Nutrition Services (FNS - Food Stamp Outreach Program) require a fifty percent (50%) non-Federal match. These funds must be allocated within the Case Management and Information & Assistance programs, and in the Information and Access Assistance programs under Title III E.

15. Administrative costs are to be spread by the percentage of total cash expenses to each program.

16. Equipment costing over $5000/unit (per piece of equipment) must have authorization from the funding source if Federal funds are to be used.

17. Local funds must be expended in accordance with the budgeted use of local funds.

18. AAAs may only use their current fiscal year funding and unbudgeted prior year funds, unless DAIL has an audit or draft audit identifying the carryover amounts from the prior year.

19. An Area Agency on Aging must expend 85% of its annual allocation and any carryover of special service funds during the current year. Special service funds are used to help meet the unmet needs of individuals for which there are no other available resources.

20. The Department will only allow AAAs to draw in a proportionate share of their Title III funds, Title VII funds, State Base General Fund, Special Services, Nutrition Service-Meals, Flexible funds, Nutrition Services Incentive Program funds (NSIP), and Volunteer Outreach funds each month (i.e. $1/12^{th}$ per month). Cash requests above the proportionate share will require an acceptable explanation. AAAs will minimize the elapsed time between the Federal funds drawn and the expenditure of funds for program purposes.

There are many other specific regulations, rules and/or policies attached to specific revenue sources such as the Senior Companion program, for example. More information about specific requirements can be found in the grant agreements, contracts and program regulations for a specific revenue source. The above list is not meant as a comprehensive list of rules for AAA funding but should serve as a list of some more general rules that AAAs should be aware of.

G. Use of Specific Categories of State General Funds:

Within the AAA Resource Projections, state general funds are allocated for several specific state general fund categories including:

1. Volunteer Outreach Funds
2. Nutrition Service & Home Delivered Meals
3. Alzheimer's Fund (Dementia Respite Grants)
4. Long Term Care Flex Funds
5. Special Services Fund
6. 3SquaresVT (Transfer to DCF)
7. Elder Care Clinician (Transfer to DMH)

Note that Medicaid funded programs, such as self-neglect grants and global commitment to support HDM grants, are not included in the resource projections.

Below are guidelines for using these funds:

1. Volunteer Outreach Funds: To be used to increase the AAAs' capacity to make effective use of volunteers, including increasing volunteers and volunteer hours.

2. Nutrition Service & Home Delivered Meals: To be used to support the Title III-C home delivered meals and congregate meals programs.

3. Alzheimer's Fund: Also known as the *State Dementia Respite Grant Program*, to be used to support the well-being of family caregivers of people diagnosed with Alzheimer's Disease or another form of dementia. DAIL has specific grant agreements with AAAs which include additional details on the allowable usage of these funds.

4. Long Term Care Flex Funds: To be used to support individuals age 60 and older or people with disabilities to be able to maintain their independence and live in the setting of their choice. Unlike OAA Title III-B funding which can only be used for service-related supports, these funds may be used for living expenses (i.e. rent or utilities), home repairs and adaptive equipment, and the purchase of products (i.e. dentures or eyeglasses) in addition to services such as personal care. Special consideration should be given to serve those in greatest economic and social need in the service area.

5. Special Services: To be used according to the same guidelines as Long Term Care Flex Funds above.

6. 3SquaresVT: This is funding transferred by MOU from DAIL to the Department for Children and Families (DCF) to support outreach and application assistance to older Vermonters who may be eligible for 3SquaresVT food benefits. DCF manages the grants directly with the AAAs.

7. Elder Care Clinician: This is funding to serve older Vermonters who need mental health services but are unable to access those services in an office and so are served in their homes. Funding is managed by MOU from DAIL to the Department of Mental Health (DMH) for Medicaid

reimbursement. Funding is distributed by DAIL to the AAAs who contract with the designated mental health agencies in their region to provide the direct mental health services.

H. Use of Base Allocation of State General Funds:

In addition to OAA funding, DAIL manages State General Funds provided to AAAs to supplement the OAA funds for services. A portion of these funds are targeted to specific programs and services with separate requirements. Another portion are considered base general funds or the base allocation. The following principles for the use of base general funds should guide all AAAs in funding allocation decisions:

1. Funds should be targeted to serve those in greatest social and economic need, consistent with the OAA and AAA mission.
2. Funds should be used to supplement OAA funds when OAA funds do not suffice to meet targeted service needs.
3. Funds can be used flexibly in that they are designed to be responsive to local needs or changes and to support organizational and programmatic stability.

Moving Base State General Funds: If AAAs plan to make a budgetary change from one fiscal year to the next, moving more than $50,000 from one budgetary category to another, the DAIL business office and SUA require an explanation in advance of budget submission to understand the proposed change and its impact on services. The AAA must make this request at least 15 days in advance of the budget submission deadline.

I. AAAs and Requests for Private Pay Direct Services:

Per Older Americans Act (OAA) regulations, AAAs are not allowed to require that individuals age 60 and older pay for services provided under the Older Americans Act, but service providers must provide individuals the opportunity to voluntarily contribute to the cost of the service (45 CFR §1321.67).

Under Section 212 of the OAA, which permits AAAs to enter into agreements "to provide services to individuals or entities not otherwise receiving services under this Act", AAAs may develop a contract in which a business or organization pays a fee to the AAA for direct services. Such a contract must be approved by the SUA if the AAA uses OAA funding in any way to implement private pay direct services.

<u>Private Pay Direct Service Contracts Using OAA Funding</u>

The SUA requires the following information for approval of private pay direct service contracts that use OAA funding to develop or carry out the private pay agreement. Upon receipt of this information, the SUA will have 10 business days to approve the contract.

1. Name of entity with which AAA intends to contract
2. Nature of the agreement, including specific services or types of services to be provided and the proposed individuals to be served.
3. Estimate of the proposed costs to be incurred.

4. The duration of the contract.
5. A statement clarifying that these OAA funds will be reimbursed after the contract becomes profitable and subsequent profits reinvested in OAA services.
6. Assurances that the contract will not:
    a. directly or indirectly provide for, or have the effect of, paying, reimbursing, subsidizing, or otherwise compensating an individual or entity in an amount that exceeds the fair market value of the services subject to such agreement;
    b. result in the displacement of services otherwise available to an older individual with greatest social need, an older individual with greatest economic need, or an older individual who is at risk for institutional placement; or
    c. in any other way compromise, undermine, or be inconsistent with the objective of serving the needs of older individuals
7. A statement that any potential risks or conflicts of interest have been identified, mitigated, removed, or determined to be nonexistent.
8. Also, AAAs must inform the SUA of the intent to amend said contract and the changes related to the amendment.
9. The SUA may request review of these private pay contracts at any time.

Non-OAA Funded Private Pay Direct Service Contracts

1. AAAs must make the SUA aware of entering into a contract not later than 45 days after the agreement first goes into effect and annually thereafter, if no OAA funds are used in developing or carrying out the agreement. In that notification, AAAs make the SUA aware of the agreement, the services provided, and the populations served.
2. Health plans do not have to report their rates for providing services
3. The SUA may request review of these private pay contracts at any time.
4. Assurances that the contract will not:
    a. Undermine the duties of the AAA under the OAA
    b. Undermine the provision of services in accordance with the OAA
    c. Violate terms and conditions of awards received by the AAA under the OAA
5. Assurances that any potential real or perceived conflict of interest has been prevented or mitigated, including providing a description of any such conflicts of interest and a description of the actions taken to mitigate such conflicts of interest
6. Within 45 days of amending said contracts, AAAs must inform the SUA of an amendment and provide assurances listed in #4 above.

OAA Reference: Section 305 (IFF), Section 309 (Payments), Section 212 (Contracting/Private Pay)

Section VIII. SUPPORTIVE SERVICES (Title III B)

A. Overview:

Essential to the Older Americans Act's (OAA) ability to support older adults and family caregivers are the many home and community-based supportive services authorized in Title III, Part B of the OAA, which ensures that Area Agencies on Aging (AAAs) can meet the individual needs of older adults and their caregivers in the community. The funding for services provided through III B is flexible, allowing agencies to develop programming to reflect community needs and provide tailored supports for older adults and ensure the system of supports is comprehensive and coordinated.

B. Services:

There are more than 25 authorized supportive services that AAAs can fund through Title III B, but the most common services funded in Vermont are information and referral, case management, in-home care, transportation and legal services.

Below is a complete list of services contained in the OAA Section 321:

1. Health (including physical, mental and behavioral health, which includes substance use and suicide risk), education and training, welfare, informational, recreational, home-maker, counseling, referral, chronic condition self-care management, or falls prevention services;
2. Transportation services to facilitate access to supportive services or nutrition services, and services provided by AAAs in conjunction with local transportation service providers, public transportation agencies, and other local government agencies, that result in increased provision of such transportation services for older individuals;
3. Services designed to encourage and assist older individuals to use the facilities and services (including information and assistance services) available to them, including language translation services to assist older individuals with limited- English speaking ability to obtain services under this title;
4. Services designed to:
    a. Assist older individuals to obtain adequate housing, including residential repair and renovation projects designed to enable older individuals to maintain their homes in conformity with minimum housing standards;
    b. Adapt homes to meet the needs of older individuals who have physical disabilities;
    c. Prevent unlawful entry into residences of older individuals, through the installation of security devices and through structural modifications or alterations of such residences; or
    d. Assist older individuals in obtaining housing for which assistance is provided under programs of the Department of Housing and Urban Development;
5. Services designed to assist older individuals in avoiding institutionalization and to assist individuals in long-term care institutions who can return to their communities, including:

   a. client assessment, case management services, and development and coordination of community services;
   b. supportive activities to meet the special needs of caregivers, including caretakers who provide in-home services to frail older individuals; and
   c. in-home services and other community services, including home health, homemaker, shopping, escort, reader, and letter writing services, to assist older individuals to live independently in a home environment;
6. Services designed to provide older individuals legal assistance and other counseling services and assistance, including:
   a. tax counseling and assistance, financial counseling, and counseling regarding appropriate health and life insurance coverage;
   b. representation—(i) of individuals who are wards (or are allegedly incapacitated); and (ii) in guardianship proceedings of older individuals who seek to become guardians, if other adequate representation is unavailable in the proceedings; and
   c. provision, to older individuals who provide uncompensated care to their adult children with disabilities, of counseling to assist such older individuals with permanency planning for such children;
7. Services designed to enable older individuals to attain and maintain physical and mental well-being through programs of regular physical activity, exercise, music therapy, art therapy, and dance-movement therapy;
8. Services designed to provide health screening (including mental and behavioral health screening and falls prevention services screening) to detect or prevent (or both) illnesses and injuries that occur most frequently in older individuals;
9. Services designed to provide, for older individuals, pre-retirement counseling and assistance in planning for and assessing future post-retirement needs regarding public and private insurance, public benefits, lifestyle changes, relocation, legal matters, leisure time, and other appropriate matters;
10. Services of an ombudsman at the State level to receive, investigate, and act on complaints by older individuals who are residents of long-term care facilities and to advocate for the well-being of such individuals;
11. Provision of services and assistive devices (including provision of assistive technology services and assistive technology devices) which are designed to meet the unique needs of older individuals who are disabled, and of older individuals who provide uncompensated care to their adult children with disabilities;
12. Services to encourage the employment of older workers, including job and second career counseling and, where appropriate, job development, referral, and placement, and including the coordination of the services with programs administered by or receiving assistance from the Department of Labor, including programs carried out under the Workforce Innovation and Opportunity Act;
13. Crime prevention services and victim assistance programs for older individuals;
14. A program, to be known as ''Senior Opportunities and Services'', designed to identify and meet the needs of low-income older individuals in one or more of the following areas:
   a. development and provision of new volunteer services;
   b. effective referral to existing health (including mental and behavioral health), employment, housing, legal, consumer, transportation, and other services;

   c. stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs; and
   d. such other services as the Assistant Secretary may determine are necessary or especially appropriate to meet the needs of low-income older individuals and to assure them greater self-sufficiency;
15. Services for the prevention of abuse of older individuals in accordance with chapter 3 of subtitle A of title VII and section 307(a)(12), and screening for elder abuse, neglect, and exploitation;
16. In service training and State leadership for legal assistance activities;
17. Health and nutrition education services, including information concerning prevention, diagnosis, treatment, and rehabilitation of age-related diseases and chronic disabling conditions;
18. Services designed to enable mentally impaired older individuals to attain and maintain emotional well-being and independent living through a coordinated system of support services;
19. Services designed to support family members and other persons providing voluntary care to older individuals that need long-term care services;
20. Services designed to provide information and training for individuals who are or may become guardians or representative payees of older individuals, including information on the powers and duties of guardians and representative payees and on alternatives to guardianship;
21. Services to encourage and facilitate regular interaction between students and older individuals, including services for older individuals with limited English proficiency and visits in long-term care facilities, multipurpose senior centers, and other settings;
22. In-home services for frail older individuals, including individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, and their families, including in-home services defined by a State agency in the State plan submitted under section 307, taking into consideration the age, economic need, and noneconomic and non-health factors contributing to the frail condition and need for services of the individuals described in this paragraph, and in-home services defined by AAAs in their Area Plans submitted under section 306;
23. Services designed to support States, AAAs, and local service providers in carrying out and coordinating activities for older individuals with respect to mental and behavioral health services, including outreach for, education concerning, and screening for such services, and referral to such services for treatment;
24. Activities to promote and disseminate information about life-long learning programs, including opportunities for distance learning; and
25. Any other services necessary for the general welfare of older individuals.

C. Service Coordination:

AAAs are required to coordinate III B services described above with other community agencies and voluntary organizations providing the same or similar services to ensure a comprehensive and coordinated system. AAAs should also pursue opportunities for the development of intergenerational shared site models for co-location of programs or projects.

D. Direct Service:

Title III B supportive services shall not be provided directly by an Area Agency on Aging, with the following exceptions:

1. Information and Assistance
2. Case Management
3. Outreach

All other supportive services must be by cooperative agreement with other community service providers. Temporary direct service waivers may be requested by the AAA to the State Unit on Aging. *See Section XIII. Direct Service Waivers* of this manual for details.

Please note that for the service of case management, AAAs may provide direct service, and in doing so are required to follow the Case Management Standards and Certification Procedures for Older American's Act and Choices for Care - January 2017 for all case management clients.

E. Funding:

1. III B funding is to support the coordination and delivery of the above services and cannot be used for the purchase of goods, with the exception of assistive technology.

2. III B funding may be used for the purpose of assisting in the operation of multipurpose senior centers and meeting all or part of the costs of compensating professional and technical personnel required for the operation of multipurpose senior centers.

3. III B funding may be used for renovation and construction activities pertaining to multipurpose senior centers. These activities may include repair and upkeep of buildings and equipment, and acquisition and replacement of equipment.

4. III B funding shall supplement, and not supplant, any Federal, State, or local funds expended by AAAs or local service provider to provide services described above.

F. Reporting:

All services provided using OAA Title III B funding shall be reported to the SUA annually via the required reporting system for OAA data, OAAPS. The SUA may at any time during the year request additional data about these services provided by the AAAs, and AAAs shall respond as accurately and timely as possible. More detailed instructions about data reporting shall be provided to AAAs annually; questions may always be directed to the SUA Director. *See Section XIV. Data Systems, Collection and Reporting.*

OAA Reference: Section 321.

Section IX. Nutrition Services Program (Title III C)

A. Introduction

Nutrition plays an important role in promoting good health and preventing disease for all Americans. The OAA Nutrition Services Program (OAA NSP) promotes the health and wellbeing of older adults through access to nutritious meals, social contacts, nutrition screening, nutrition education, and nutrition counseling. Providing nutritious, high-quality meals for older adults is the foundation of Vermont's OAA NSP. Ensuring the meals are prepared and delivered with the highest food safety standards is of equal importance.

This guidance is intended to be a resource for Area Agencies on Aging (AAAs), Nutrition Services Program managers and food preparation staff and volunteers who are responsible for preparing and providing nutrition services under Title III–C of the Older Americans Act.

The purpose of the OAA NSP is to:

- Reduce hunger, food insecurity and malnutrition
- Promote socialization
- Promote health and well being

The target population for the program includes:

- Low-income older adults
- Minority older adults
- Older adults living in rural communities
- Older adults with limited English proficiency
- Older adults at risk of institutional care

B. Participant Eligibility

<u>Congregate Meal Nutrition Services (Title III C1)</u>

Any person is eligible who is age 60 and over and their spouse of any age. In addition, the following individuals are also eligible:

- People with disabilities under age 60 residing in community housing occupied primarily by older adults where congregate meals are served.
- People with disabilities who reside and accompany a person age 60 and older to a Congregate Nutrition Program Services site.
- Nutrition Services Program volunteers, under the age of 60, may be offered a meal if doing so will not deprive an adult over the age of 60 a meal.

Congregate Nutrition Services shall be offered at sites located where eligible older adults will feel free to attend. Factors to consider include: accessibility, parking, visibility, public transportation access and co-location with other services and activities.

Home Delivered Meal (HDM) Nutrition Services (Title III C2)

Any person is eligible who is age 60 or over and is unable to obtain or prepare meals on a temporary or permanent basis due to a physical, mental or cognitive condition that requires assistance to leave home.

Also eligible are the spouse, regardless of age, of eligible individuals receiving HDM and individuals under 60 years of age with a disability who reside with an eligible individual receiving HDM. Nutrition services program volunteers may be offered a meal if doing so will not deprive an adult over the age of 60 a meal.

C. Service Delivery Options

"Grab and Go" Option

"Grab and Go" meals shall be offered to provide access to meals when congregate nutrition services aren't an option. All the requirements of a congregate NSP site must still be met. These include, but are not limited to:

- Provide 33⅓% of the DRIs and in compliance with the Dietary Guidelines for Americans
- Contributions must be explicitly voluntary and confidential (cannot be advertised as a purchase price)
- Provision of nutrition education either on or off site at least 4 times a year; explicitly offered to participants
- Promotion of socialization, either in-person or in a virtual environment

The Grab and Go option must be funded with OAA Title III C2 funds. OAA Title III C1 funding shall not be used to support the Grab and Go option. Meal providers participating in "Grab and Go" must develop a system to prevent dual participation in Grab and Go and HDM. The participants themselves must pick up the Grab and Go meal.

Restaurant Ticket Option

A restaurant ticket option should be used to supplement congregate site NSP. For example, tickets are valid only at times when a congregate site(s) NSP is not operating. All participants receiving restaurant tickets must also receive a schedule of meals and activities at congregate sites in the AAA service area.

All the requirements of the traditional congregate site NSP must still be met. These include, but are not limited to:

- Provide 33⅓% of the DRIs and in compliance with the Dietary Guidelines for Americans
- Contributions must be explicitly voluntary and confidential (cannot be advertised as a purchase price)
- Provision of nutrition education either on or off site at least 4 times a year; explicitly offered to participants
- Promotion of socialization, either in-person or in a virtual environment

If a restaurant ticket option is unable to meet the requirements of traditional NSP congregate sites, then OAA Title III C1 funding shall not be used to support the restaurant ticket option.

Groceries, Fruit and Vegetable Packages, Liquid Nutrition Supplements

Groceries, fruit and vegetable packages, and liquid nutrition supplements may be provided to meet the nutritional needs of older adults.

Groceries, fruit and vegetable packages, and liquid nutrition supplements are not considered a meal and not counted in meal reporting. For reporting purposes, they are considered "other nutrition service".

Title III-B, Title III-C2, and Title III-E (when provided to caregivers) funds may be used. Note, use of Title III-C2 funding may reduce meal counts and the meals funding that the State receives.

Criteria to determine which clients will benefit for these types of services include:

- Individuals who are capable of cooking
- Individuals who express interest in learning how to cook
- Individuals who have severe dietary restrictions and cannot consume the congregate or home delivered prepared meals, but who are otherwise eligible for OAA services.
- Individuals at high risk for malnutrition may be provided with liquid nutrition supplements to enhance the protein, vitamins and minerals provided by the Senior Nutrition Program meal.
- Caregivers who need help meeting the nutritional needs of a care recipient.

D. Meal Frequency

Each nutrition services program provider shall serve meals 5 or more days per week – both congregate and home delivered programs. In areas where such frequency is not feasible a lesser frequency must be approved by the SUA. AAAs shall make a lesser-frequency request as part of their Area Plan submission.

E. Carryout Food from a Congregate NSP

Congregate NSP participants have the option of taking home any part of a meal **served** to them at the congregate NSP site. Meals that haven't been served to a participant are not allowed for carryout. The safety of the food, after it has been served and taken from the site, is the responsibility of the participant. NSP providers and volunteers are encouraged to educate participants on safe food handling practices.

F. Nutrition Screening

Each participant in the OAA NSP must be screened upon application and annually thereafter for nutrition risk using the Nutrition Screening Initiative (NSI) DETERMINE checklist. The screening results should be used for referral to appropriate services such as nutrition counseling and planning for nutrition education programs. Screening must be done within 30 days of the start date of nutrition services. Reassessment is done on an annual basis thereafter. The results of the prioritization screening shall be used for caseload management, need for nutrition related supportive services and referral as necessary. All screening results are reported to the SUA annually. NSI screening scores are reported in the Older Americans Act Performance System and the prioritization screening is reported in the Area Agency on Aging Area Plan Update.

G. Nutrition Education

Nutrition education is an intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (Source: National Nutrition Monitoring and Related Research Act of 1990 and Input Committee)

Nutrition education shall be provided a minimum of 4 times per year to congregate, "grab and go" and HDM NSP participants. Monthly nutrition education is encouraged. Nutrition education includes in person demonstrations, presentations, lectures, or small group discussions; video, audio or online content; and the distribution of printed materials from credible sources. A registered dietitian nutritionist must review and approve the content of nutrition education prior to presentation or dissemination. Nutrition education can also be provided to individuals who aren't receiving meals. For example, there may be benefit to providing nutrition education to individuals experiencing severe allergies.

H. Nutrition Counseling

Nutrition counseling is a standardized service as defined by the Academy of Nutrition & Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietitian/dietitian nutritionist and addresses the options and methods for improving nutrition status with a measurable goal. (Source: Input Committee)

I. Registered Dietitian/Registered Dietitian Nutritionist

The AAA shall employ or retain the services of a qualified registered dietitian (OAA Sec. 339). Responsibilities include but are not limited to approval of all menus, staff and volunteer training, nutrition education and nutrition counseling. A registered dietitian/registered dietitian nutritionist is an individual who holds a current registration with the Commission on Dietetic Registration (CDR). Either the RD or RDN credential designations may be used. To verify registration status or registration-eligibility by the CDR go to https://www.cdrnet.org/

J. Voluntary Contributions

Voluntary contributions may be solicited for all services for which funds are received under the OAA NSP. The AAA shall ensure that each OAA NSP Provider must:

- Provide each participant with an opportunity to voluntarily contribute to the cost of the service.
- Clearly inform each participant that there is no obligation to contribute, the contribution is purely voluntary, and services will be provided regardless of the participant's ability to contribute. Providers shall not use leading language that there is a specific price or cost to receive service(s).
- Protect the privacy and confidentiality of each participant with respect for the participant's

contribution or lack thereof.

- Provide all participants with information as to the full cost of the meal and suggested donation for a meal.
- Establish appropriate procedures to safeguard and account for all contributions.
- Use all collected contributions to expand the service for which the contribution was given and to supplement, not supplant, funds received under the OAA NSP.

K. Waiting List

Whenever an OAA NSP provider is unable to provide meals to all eligible individuals, a waiting list shall be established. The order an eligible individual is placed on a waiting list is based on the result of the HDM Screening Tool to Prioritize Clients' Risk for Hunger, date of OAA NSP application, ADL, IADL and NSI scores. When a waiting list is established the SUA must be notified of the town(s) impacted, OAA NSP provider, number of persons and meals served monthly, number of individuals on waiting list and start date of waiting list. The SUA must then be notified if such waiting list is no longer needed.

L. Complaint Procedure

The AAA shall have a written procedure for individuals to follow in the event there's a concern of unfair treatment by staff or volunteers of the OAA NSP or a complaint about the quality of the service.

M. Participant Satisfaction

At least once a year the AAA will measure participant satisfaction of the OAA NSP for meal quality and delivery of services. The results shall be shared with the Nutrition Services Program provider and the SUA.

N. OAAPS Reporting Requirements

- Congregate Meals Programming and Nutrition Counseling
    - Demographics, poverty status, and nutrition risk score
        - Missing data for these categories also requires reporting

- Home Delivered Meals Programming
    - Demographics, poverty status, nutrition risk score, ADLs, and IADLs
        - Missing data for these categories also requires reporting

All services provided using OAA Title III C funding shall be reported to the SUA annually in the Older Americans Act Performance System (OAAPS). The SUA may at any time during the year request additional data about these services provided by the AAAs, and AAAs shall respond as accurately and timely as possible. More detailed instructions about data reporting shall be provided to AAAs annually. Questions may always be directed to the SUA Director. *See Section XIV. Data Systems, Collection and Reporting.*

O. Safety Checks and Emergency Contacts

Upon enrollment in the OAA NSP, all HDM participants and their emergency contacts will be provided with a plan that describes what happens if a HDM NSP participant is found ill or injured when a meal is delivered. The AAA shall have a written plan that describes procedures to follow if a client is ill, injured or cannot be located when a meal is delivered. This plan shall be shared with all staff and volunteers.

P. Emergency Situations

The AAA shall have written procedures to follow in the event of weather-related emergencies or situations that may interrupt service or delivery of meals to OAA NSP participants.

Q. OAA Nutrition Program Services Standards (OAA Section 339)

The OAA requires that each meal served in the Nutrition Services Program provide at least 33⅓% of the current Dietary Reference Intakes for adults age 60 and older. This requirement is established by the Food and Nutrition Board of the National Academy of Sciences and National Research Council. It complies with the Dietary Guidelines for Americans. The nutrition standards outlined in this guide are based on this requirement. To the maximum extent that it is practical, meals shall be adjusted to meet any special dietary needs of program participants. The Vermont OAA NSP standards shall be incorporated into each AAA's request for proposals, bid packages, and contracts for nutrition program services.

Dietary Reference Intakes

https://ods.od.nih.gov/Health_Information/Dietary_Reference_Intakes.aspx

The Dietary Reference Intakes (DRIs) are reference values used for planning and assessing diets for healthy people. The DRIs are established by the Food and Nutrition Board of the Institute of Medicine of the National Academies. The DRIs include the Recommended Dietary Allowances (RDAs), Adequate Intakes (AI) and Tolerable Upper Intake Levels (UL). All three components are updated periodically as scientists learn more about the relationship between nutrients and health.

Recommended Dietary Allowances (RDA)

The RDAs are the average daily level of nutrients that meet the needs of nearly all healthy individuals by age and gender group. RDAs are revised every 4 – 5 years to reflect current research about nutrition, health, and disease.

Adequate Intake (AI)

Adequate Intake is the recommended intake based on scientific estimates of nutrition intake by a group or groups of healthy people that are assumed to be adequate. They are used when an RDA cannot be determined.

Tolerable Upper Intake Level (UL)

The tolerable upper intake level is the highest level of nutrient intake that is likely to pose no risk of adverse health effects for most individuals in the general population. The ULs were established because of widespread use of fortified foods and dietary supplements. As nutrient intake increases above the UL, the potential risk of adverse effects increases.

Dietary Guidelines for Americans

https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf

The Dietary Guidelines for Americans (DGAs) help all individuals to eat a healthy, nutritionally adequate diet. They are used to develop policies, programs, and nutrition education messages.

The 2020 – 2025 DGAs are:

- Follow a healthy dietary pattern at every life stage
- Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations
- Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits
- Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages

A *dietary pattern* is the combination of foods and beverages that constitutes an individual's complete dietary intake over time. This may be a description of a customary way of eating or a description of a combination of foods recommended for consumption.

Nutrient dense: Nutrient-dense foods and beverages provide vitamins, minerals, and other health-promoting components and have little added sugars, saturated fat, and sodium. Vegetables, fruits, whole grains, seafood, eggs, beans, peas, and lentils, unsalted nuts and seeds, fat-free and low-fat dairy products, and lean meats and poultry—when prepared with no or little added sugars, saturated fat, and sodium—are nutrient-dense foods.

MyPlate

MyPlate is used to illustrate the five food groups which are the building blocks for healthy eating. The site https://www.choosemyplate.gov/ has a variety of resources and online tools to help NSP providers and volunteers support healthy eating styles.

R. Menu Planning, Posting and Record Retention

Menus must be planned a minimum of one month in advance and be reviewed and approved by a registered dietitian. Menus may be reviewed and approved using either a meal pattern method or nutrient analysis method. The approved menu shall be posted at each congregate NSP site in a location that is visible to all participating in the meal. HDM NSP participants shall receive or have access to the approved monthly menus. Approved menus with documentation of any menu changes must be kept by the AAA for at least 3 years. The AAA will develop monitoring forms and establish nutrition program record keeping schedules, including food and equipment temperature logs. The AAA will conduct an annual on-site kitchen inspection of each OAA NSP

provider. Excluded are OAA NSP providers who are inspected by the Vermont Department of Health.

S. Food Safety and Sanitation

Providing nutritious, well-balanced meals to older adults is the cornerstone of the OAA Nutrition Program. Of equal importance is ensuring that these meals are safe to eat, free from contamination and delivered at the correct temperature. Prevention is the key to keeping food safe. The AAA is responsible for food safety oversight and compliance of OAA NSP providers. Each meal site must have at least one kitchen manager ***and*** at least one other person (staff or volunteer) certified in food safety (ie. ServSafe or equivalent as outlined in this link). These food safety certified individuals must provide instructions to any new staff or volunteer cooking or preparing food at each meal site. The instructions can be verbal and hands-on, taking place before and during the cooking and preparation of a meal, and should cover:

a. Hand washing and personal hygiene
b. Sanitation of work surfaces
c. Prevention of cross contamination

Nutrition Program Directors should develop a system (ex. audits, check-ins with kitchen managers) that allows them to feel confident these instructions are being provided.

T. Food Donation Standards

Donations of food items may be prepared and served if they are safe and healthy. This includes fresh fruits, fresh vegetables and meat that has been slaughtered in a licensed slaughterhouse.

Foods that cannot be accepted include:

- Leftovers
- Swollen, leaking, rusty, severely dented food containers
- Unpasteurized dairy products
- Spoiled foods
- Home-canned foods of any kind
- Potentially hazardous foods that have not been stored/maintained at a temperature below 41° F or above 135° F
- Food without a label
- Physically or chemically contaminated foods
- Cracked eggs
- Distressed foods damaged by fire, flood, or accident
- Road killed deer or game
- Wild game and fish

U. Meal Pattern Requirements

Menu Planning using Dietary Guidelines for Americans and Dietary Reference Intakes

Meal planning to meet OAA NSP standards requires putting foods together in such a way that older adults enjoy a variety of flavorful, nutritious meals. When planning meals consider the season, events, holidays, traditional favorites, budget, food service skills and provider capacity. The components of each meal are described below. When questions arise about a food, contact the AAA for clarification.

The OAA requires that each meal served in the Nutrition Services Program provide at least 33⅓% of the current Dietary Reference Intakes for adults age 60 and older as established by the Food and Nutrition Board of the National Academy of Sciences -National Research Council and comply with the Dietary Guidelines for Americans.

Each meal must:

- Provide 3 ounces of protein rich meat, fish, poultry, eggs, cheese, legumes or nuts. For combination food dishes 3 ounces of protein must be provided. It is encouraged for meal sites to use lean protein options such as fish, poultry, eggs or legumes.
- Include at least 2 ounces of grains, with at least 1 ounce being a whole grain
- Contain a total of 1 ½ cups of vegetable and/or fruit
- Offer 8 ounces of fat free, low-fat or reduced fat milk or equivalent (see food substitution list)
- Meet vitamin C and vitamin A requirements
- Include less than or equal to 10% of calories from saturated fat and between 20% – 35% of calories from total fat

Food Group	Minimum # of Servings per Meal	Serving Size Examples
Grains	2	1, 1 oz. slice bread, ½ cup cooked pasta, rice, couscous, noodle, 1 cup ready to eat cereal, ½ regular size hotdog or hamburger bun, 1, 6" tortilla
Fruit and/or Vegetable	3	½ cup fresh, frozen or canned (cooked or raw) ¼ cup dried fruit, 1 cup raw leafy greens, ½ cup 100% fruit or vegetable juice
Milk	1	8 ounces, reduced, low fat or nonfat options strongly encouraged
Protein Foods	1	3-ounce equivalent, lean options encouraged
Oils and Fats	Saturated fat < 10% of calories Total fat < 20% - 35% of calories	May use 1 teaspoon served as a side serving. Not required. Unsaturated fats encouraged to be used in place of saturated fats
Dessert	Not Required	May use dessert to meet fruit and or grain requirement. Avoid high sugar foods.

Grains

- When selecting whole grain breads and other grain products, read the list of ingredients and look for "whole grain" or "whole wheat" or look for the whole grain stamp. Encouraged to use products that are labeled "100% whole wheat/grain".
- Serving sizes are generally:
    - 1 slice (1 oz.) bread
    - 1 cup ready to eat cereal
    - ½ cup cooked cereal
    - ½ cup cooked pasta, rice, noodles, couscous
    - 1 small (2oz.) muffin
    - 1 pancake, 4" diameter
    - 1 waffle, 4"- 5" diameter
    - ½ English muffin

- 4 – 6 crackers, (1oz.)
- 1 tortilla, 6" diameter
- ¼ cup stuffing
- ½ small bagel
- ½ hotdog or hamburger bun

Gluten Free Grain Options

With the recognition that many individuals have gluten allergies, sensitivities and intolerances, below is a table of gluten free grain options to choose from.

Grain
Amaranth
Buckwheat
Corn (corn meal products- ie. Corn tortillas, corn bread, popcorn)
Millet
Montina (Indian rice grass)
Oats
Quinoa
Rice
Sorghum
Teff
Wild Rice

Fruits

1. Whenever possible, use fresh, frozen or canned fruit, without added sugar or packed in natural juice.
2. Serving sizes are generally:
    - ½ cup fresh, frozen, or canned fruit, cooked or raw
    - ¼ cup dried fruit
    - ½ cup 100% fruit juice

Vegetables

1. Whenever possible, use fresh, frozen or unsalted canned vegetables.
2. Serving sizes are generally:
    - ½ cup of fresh, frozen, or canned vegetables, cooked or raw
    - ½ cup mashed vegetables, cooked
    - 1 cup leafy greens
    - ½ cup 100% vegetable juice

Milk and Milk Alternatives

Serving size is generally 1 cup (8 fluid oz.)
8 oz. fortified nonfat, low fat, reduced fat, lactose reduced or buttermilk (nonfat or 1% may be flavored) 8 oz. of fat free or low-fat yogurt (with or without fruit). If milk products aren't preferred, a milk alternative may be provided. A milk alternative must contain at least 250 mg calcium per serving and be fortified with vitamin D.

Protein

Protein includes meat, poultry, seafood, eggs, nuts and seeds, beans, and peas. Serving size is generally 3 ounces. One-ounce equivalents include the following:

- 1-ounce cooked lean beef or pork
- 1-ounce cooked chicken or turkey without skin
- 1-ounce cooked fish, shellfish or tuna fish
- 1 egg
- ½ ounce nuts (12 almonds, 24 pistachios, 7 walnut halves)
- ½ ounce seeds
- 1 tablespoon of peanut butter
- ¼ cup cooked beans (black, kidney, pinto or white)
- ¼ cup cooked peas (chickpeas, cowpeas, lentils or split)
- ¼ cup baked beans, refried beans
- ¼ cup tofu
- 1-ounce cooked tempeh
- 2 tablespoons hummus

Fats and Oils

Choose unsaturated fats such as olive, canola, and vegetable (corn and sunflower) oils, lower fat mayonnaise and dressings. Minimize the use of saturated fats such as butter, lard, solid/stick margarines, sour cream, cream, cream cheese, and mayonnaise. Avoid coconut, palm kernel and palm oils.

Sodium

High sodium meals are to be limited to no more than once a week. When a high sodium meal is served a low sodium option must be available. Meals that contain over 1,200mg must be noted as a high sodium meal on the menu. Any single item with greater than 500 mg of sodium must also be marked on the menu. This requirement is waived for emergency meals, although inclusion of low sodium items is encouraged.

Desserts

Desserts using fruit, whole grains and low fat or low sugar products are encouraged. Desserts can be used to meet requirements for the fruit and grain components of the meal plan. When a dessert contains a ½ cup of fruit per serving it may be counted as a fruit serving.

Meal Portion Sizes

Each OAA NSP provider will use standardized portion control procedures to ensure that each offered meal is uniform and meets the meal requirements. Standard portions may be altered to be less than the standard size only at the request of a participant or if a participant declines an item. Portions must be served by a trained volunteer or staff member to ensure standard portions are being served and to reduce the risk of cross-contamination.

Vitamin A and Vitamin C Requirements

Vitamin A and Vitamin C requirements can be met by either serving fruit(s), vegetable(s) or a combination of fruit(s) and vegetable(s).

A serving of fruit is generally:

- ½ cup fresh, cooked, frozen, canned, or drained fruit
- ½ cup 100% fruit juice with Vitamin C
- ¼ cup dried fruit

A serving of vegetables is generally:

- ½ cup fresh, cooked, frozen, canned, or drained vegetable
- 1 cup leafy greens
- ½ cup 100% tomato or vegetable juice (low sodium may be necessary to meet sodium limits per meal)

Vitamin	Number of servings/day	Number of servings/week
Vitamin C	1 rich or 2 fair	5 rich or 10 fair
Vitamin A		2 rich or 4 fair

If a food item served is both a rich or fair source of Vitamin A and Vitamin C it may count towards meeting the requirements for both Vitamin A and Vitamin C. See Food Table on next page.

Table of Vitamin A and Vitamin C Rich and Fair Foods

The definitions for rich and fair sources of Vitamin A and C are as follows: Vitamin C: Rich at least 30 milligrams/serving, Fair 15-29 milligrams/serving, Vitamin A: Rich at least 266 micrograms RAE*/serving, Fair 133-265 micrograms RAE/serving.
*RAE= Retinol Activity Equivalents, this is the standard unit of measure to assess for the amount of Vitamin A in a food that is able to be used by the body in its active form.

Food	Vitamin C Rich	Vitamin C Fair	Vitamin A Rich	Vitamin A Fair
Apricots			X	
Asparagus		X		
Broccoli	X			X
Brussels Sprouts	X			
Cabbage		X		
Cantaloupe	X		X	
Carrots			X	
Cauliflower	X			
Chinese Cabbage			X	
Clementine	X			
Fruit Juice 100%	X			
Grapefruit	X			
Greens Beet, Collard, Dandelion, Mustard, Turnip		X	X	
Green Pepper	X			
Honeydew Melon	X			
Kale	X		X	
Kiwi Fruit	X			
Mandarin Orange	X			
Mango	X		X	
Orange	X			
Peas & Carrots			X	
Pineapple		X		
Potato		X		
Pumpkin				X
Romaine Lettuce		X		X
Sauerkraut		X		
Snow peas		X		X
Spinach		X	X	
Strawberries	X			
Swiss Chard			X	
Tangerine	X			
Winter Squash Hubbard, Butternut, Acorn			X	
Sweet Red Pepper	X			
Sweet Potato	X		X	
Tomato		X		
Tomato Sauce ¾ cup		X		X
Vegetable Juice ¾ cup		X		X
Watermelon		X		

Note – this list isn't exhaustive. Contact the AAA with any questions about other sources of vitamin A and C

The Nutrition and Aging Resource Center Nutrition Guidelines, found here Nutrition Guidelines | ACL Administration for Community Living, provide additional information to support nutrition programming, including helpful infographics, fact sheets, and toolkits on topics like allergies and food substitutions.

Section X. HEALTH PROMOTION AND DISEASE PREVENTION (Title III D)

A. Overview:

Title III-D of the Older Americans Act (OAA) was established in 1987 and provides grants to states and territories for programs that support healthy lifestyles and promote healthy behaviors among older adults age 60 and over.

Evidence-based disease prevention and health promotion programs reduce the need for more costly medical interventions. Priority is given to serving older adults living in medically underserved areas of the state and those who are of greatest economic need.

While a broad range of services are considered under the umbrella of health promotion and disease prevention, since 2016 the Older Americans Act Title III-D focuses on programs that are based on scientific evidence and have been demonstrated through research and implementation to improve the health outcomes of older adults. For more information about the Administration for Community Living's definition of an evidence-based program and links to programs that meet its highest-tier criteria, visit: https://www.acl.gov/programs/health- wellness/disease-prevention.

Programs include those related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance use reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition.

Some examples of evidence-based programs that have been implemented in Vermont using OAA III-D funds include:

1. Tai Chi for Arthritis
2. A Matter of Balance
3. HomeMeds - Medication Safety Program
4. Arthritis Foundation Aquatics Program
5. Program to Encourage Active, Rewarding Lives (PEARLS)
6. Powerful Tools for Caregivers

AAAs are required to coordinate III-D services and programs with other community agencies and voluntary organizations providing the same or similar services to ensure a comprehensive and coordinated system. AAAs should also pursue opportunities for the development of intergenerational and shared site models for co-location of programs.

B. Direct Service:

Title III-D programs and services cannot be provided directly by an Area Agency on Aging and must be by contract with other community service providers. Temporary direct service waivers may be requested by the AAA. *See Section XIII. Direct Service Waivers* for details.

C. Funding:

Title III-D funding shall be spent on programs that meet the Administration for Community Living's criteria for evidence-based programs. If a AAA is uncertain a program meets the criteria, contact the State Unit on Aging.

If a AAA is coordinating a Title III-D program but not directly providing it – for example, recruiting and coordinating volunteers to be trained as Tai Chi instructors – then Title III-D funds shall not be used to pay for AAA staff time to coordinate and administer the program. AAA Admin funds or other non-OAA funds may be used for staff time. However, in this scenario,

Title III-D funding may pay for:

1. Training/certification and related costs (i.e. travel for a trainer, space and materials for a training, etc.)
2. Direct costs of program classes (space, materials, technology, etc.)
3. Outreach/marketing of programming

D. Reporting:

All services provided using OAA Title III-D funding shall be reported to the SUA annually via the required reporting system for OAA data. The SUA may at any time during the year request additional data about these services provided by the AAAs, and AAAs shall respond as accurately and timely as possible. More detailed instructions about data reporting shall be provided to AAAs annually.

Questions may always be directed to the SUA Director. *See Section XIV. Data Systems, Collection and Reporting.*

OAA Reference: Section 102; Section 361 – 362.

Health Promotion: Non-Evidence Based Programming

Health promotion and disease prevention activities that do not meet ACL/AoA's definition for an evidence-based program can use Title III-B, Title III-C (ex. Nutrition Education or Nutrition Counseling-related) and Title III-E funding for the following activities defined in the OAA (Section 102(14)):

1. health risk assessments;

2. routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, oral health, and nutrition screening;

3. nutritional counseling and educational services for individuals and their primary caregivers;

4. programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by an institution of higher education, a local educational agency, or a community- based organization;

5. home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment;

6. screening for the prevention of depression, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services;

7. educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);

8. medication management screening and education to prevent incorrect medication and adverse drug reactions;

9. information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction;

10. gerontological counseling; and

11. counseling regarding social services and follow-up health services based on any of the services described above.

Section XI. NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (Title III E)

A. Overview: Family Caregiver Support Services

The National Family Caregiver Support Program (NFCSP), Title III E of the Older Americans Act (OAA) was established in the 2000 reauthorization of the OAA to help families sustain their efforts to care for an older relative who has a chronic illness or disability. In 2020, the OAA was reauthorized to make caregivers of individuals living with Younger Onset ADRD eligible for supports and services under Title IIIE/ NFCSP. Prioritization for the use of Title IIIE/NFCSP funds should be in order as follows:

1. Family caregivers for care recipients over 60 years of age, with priority given to caregivers caring for ADRD individuals.
2. Care recipients over 60 years of age, with priority given to ADRD individuals.
3. Family caregivers for care recipients with Younger Onset ADRD.
4. Care recipients with Younger Onset ADRD.

Priority should be given to those with greatest socioeconomic need in each category.

All family caregivers should be recognized and supported for the valuable role they assume in the long-term care system. The NFCSP provides access to accurate and reliable information, referral, and assistance. Caregivers can choose from a broad array of service options available under the NFCSP. Access to respite care and other supportive services in their community are available to sustain the caregiver. The desired outcomes of the NFCSP are as follows:

1. Improve quality and availability of information to families and caregivers
2. Improve ease of access to existing services
3. Increase options for respite care
4. Increase availability of support groups, caregiver training and peer support options
5. Increase consumer choice

In providing services under this subpart, priority shall be given to:

- Family caregivers who provide care for older individuals with Alzheimer's disease and related disorders with neurological brain dysfunction; and
- For grandparents or older individuals who are relative caregivers, priority shall be given to caregivers who provide care for children with severe disabilities.

AAAs receiving Title III E funding should develop the following considerations for the design of their regional NFCSP:

1. Development of a coordinated infrastructure to provide services to family caregivers
2. Multiple, flexible services to meet the full range of needs of the caregivers being served

3. A system that offers both flexibility for caregivers and consistency of access statewide
4. Leverage funding as seed money for other resources to expand the program
5. Use funding to enhance existing services and develop new service options
6. Evaluate and document outcomes
7. Allow flexibility for innovation
8. Provide for accountability to the state
9. Ensure the availability and consistent quality of services to caregivers throughout the state.

Elements of NFCSP should contain the following considerations:

1. Be driven by the needs and values of the caregiver
2. Offer consumer choice
3. Be culturally sensitive
4. Be cost effective
5. Build upon the strength of families and empower them by providing information
6. Add to and not supplant existing services and resources through collaboration and coordination
7. Maintain a regional network so the program is accessible in all communities

B. Allowable Services

The National Family Caregiver Support Program specifies required categories of service. Each AAA is required to build a system to assure that all services listed below are available throughout the service region. There are multiple service activities allowable under the NFCSP. Examples of such activities in each category are:

1. **Assistance: Case Management (Caregiver)**

   Means a service provided to a caregiver, at the direction of the caregiver:
   - by an individual who is trained or experienced in the case management skills that are required to deliver services and coordination, including:
     - comprehensive assessment of the caregiver (including the physical, psychological, and social needs of the individual)
     - development and implementation of a service plan with the caregiver to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the caregiver, including coordination of the resources and services.
   - to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.

2. **Assistance: Information and Assistance (Caregiver**)

   A service that:
   - provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology
   - assesses the problems and capacities of the individuals
   - links the individuals to the opportunities and services that are available
   - to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures
   - serves the entire community of older individuals

Specific examples of Assistance: I & A for Caregivers include:

a) provide informal help to caregivers on a one-to-one basis in person, by phone, or other means to help gain access to long term care services for the care recipient;
b) connect caregiver to services for end-of-life issues;
c) through visits to homebound families, discuss and provide assistance to access available resources;
d) connect caregiver to programs on legal issues for grandparents raising grandchildren;
e) establish a telephone help line;
f) provide information and referral services to caregivers;
g) assist with benefits screening and eligibility assessment;
h) help caregiver assess needs and problems;
i) assist in accessing desired services;
j) develop additional resources;
k) help caregiver to develop an emergency plan
l) develop a "library" of multi-media resource materials for caregivers; and
m) offer other assistance requested by the caregiver.

3. Counseling (Caregiver)

A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by state policy, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions. Counseling is a separate function apart from support group activities or training (see definitions for these services). (Source: ACT committee)

4. Information Services (public) (Caregiver)

A public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Web site event. (Source: SHIP)

Examples of group outreach:

a) presentation of information to community organizations and groups;
b) public service announcements;
c) newspaper articles related to family caregiving;
d) publicity campaigns;
e) appearances on radio, TV programs, talk shows;
f) development of educational programs/curricula;
g) workshops in senior housing communities
h) providing caregiver information through health fairs, faith communities, and other information sharing techniques

Unlike Information and Assistance, this service is not tailored to the needs of the individual.

5. Respite Care:
A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities. During such respite, other activities can occur which may offer additional support to either the caregiver or care receiver, including homemaker or personal care services. (Source: ACT committee)

Respite (in-home)

- A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities. During such respite, other activities can occur which may offer additional support to either the caregiver or care receiver, including homemaker or personal care services.

Respite (out-of-home, day)

- A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur.

Respite (out-of-home, overnight)

- A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time.

Respite (other)

- A respite service provided using OAA funds in whole or in part, that does not fall into the previously defined respite service categories.

6. Supplemental Services:
Goods and services provided on a limited basis to complement the care provided by caregivers. (Source: OAA)

Examples include:

a) providing help obtaining caregiving supplies, such as incontinence items, adaptive clothing, personal emergency response units, assistive technology, environmental modifications, et cetera; and
b) other services or resources identified by the caregiver, such as transportation.

7. Support Groups
A service that is led by a trained individual, moderator, or professional, as required by state policy, to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. For the purposes of Title III-E funding, caregiver support groups would not include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state policy. (Source: ACT committee)

Examples include:

a) connect caregiver to appropriate support groups;
b) assist in developing or connecting caregiver to disease specific support groups;
c) connect caregiver to support groups for grandparents or older relatives raising grandchildren

8. Training

A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line, and be provided in individual or group settings. (Source: ACT committee)

Examples include:

a) conduct or sponsor caregiver training events for family caregivers on care techniques, wellness, stress reductions, transfer techniques, etc.;
b) Provide links to online courses through statewide and national partners or online offerings developed by the AAA network

In carrying out the NFCSP, each AAA shall make use of trained volunteers to expand the provision of the available services described and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants in community service settings.

Self-Directed Care: This is an approach to providing care that is led by the care recipient, often involving care provided by an informal caregiver. NFSCP funds may be dispersed to assist the family caregiver to arrange and pay for 'Self Directed' care. In accordance with the definition--based on the care recipient and caregiver assessment--the AAA staff will develop a plan together with the care recipient and their family on how these services will be planned, budgeted, and purchased, including steps to ensure the quality of services provided and the appropriate use of funds under the OAA.

Respite Voucher: A payment mechanism for caregiver respite services. A voucher is a document that shows respite services have been bought or respite services have been rendered, and authorizes payment. Please use the provided VT Record of Respite Services and VT Respite Provider Agreement forms when providing support using Respite Vouchers. These forms can be requested by contacting tiffany.smith@vermont.gov

Individuals with Younger Onset ADRD

Caregivers of Individuals with Younger Onset ADRD and care recipients with Younger Onset ADRD are eligible for supports and services under Title IIIE/NFCSP. These supports and services include:

For the care recipient:

- Registered Services
  - Personal Care
  - Homemaker
  - Chore
  - Home Delivered Nutrition
  - Assisted Transportation
  - Congregate Nutrition
  - Nutrition Counseling

- Non-Registered Services
  - Transportation
  - Nutrition Education
  - Health Promotion – Evidence based.
  - Health Promotion – Non-Evidence based.

For the caregiver:

- Registered Services
  - Counseling
  - Training
  - Respite (All Types)
  - Supplemental Services
  - Assistance: Case Management

- Non-registered Services
  - Support Groups
  - Assistance: I & A
  - Information Services

C. Title III E NFCSP Funding

1. NFCSP shall supplement and not supplant funds previously applied to support caregivers.
2. The NFCSP requires a 25% non-federal share for both administrative costs and services delivered under the program.
3. The spending limit for supplemental services is 10% of NFCSP funding.
4. The AAA shall allocate a minimum of 5% and no more than 10% of Title III-E funds to support grandparents or older relatives raising children.
5. The AAA is allowed no more than 10% of the regional allocation of NFCSP funds for planning and administration activities related to the NFCSP.
6. The OAA and SUA allow AAAs to provide Title III E NFCSP services either through cooperative agreements with community organizations or as direct service.

D. SUA Responsibilities

The SUA has overall responsibility for ensuring the proper expenditure of OAA funds and for the continuing development of the statewide service delivery system that is responsive to family caregivers.

E. AAA Responsibilities

To oversee and support development of the NFCSP Program at the regional level, the AAAs are to ensure continued development of the agency service system in response to the emerging needs of family caregivers and to manage the program and provide support to AAA staff. Each AAA shall employ a Family Caregiver Support Specialist to play an active role in leveraging existing resources, developing partnerships, identifying and responding to caregiver needs, linking caregivers to community resources and services, developing needed community resources, expanding successful services and evaluating the program on an ongoing basis to guide continued development and improvements in the program. The AAA can establish the position using the allocated OAA funds to cover the administrative duties of the advocate and a portion of the NFCSP service funds to cover the activities that aid caregivers directly, or through establishment of needed resources and service partnerships.

F. Partnership Development

The SUA requires the AAA to coordinate their activities with those of other community agencies and voluntary organizations providing services corresponding to those in Section B above. The AAA shall identify and build upon existing resources and activities within the region and establish memoranda of agreement with those entities that are essential to carrying out the regional NFCSP plan. These interagency agreements should ensure that existing services are accessed first to assure that NFCSP services are not supplanting existing resources.

G. Reporting:

All services provided using OAA Title III E funding shall be reported to the SUA annually via the required reporting system for OAA data. The SUA may at any time during the year request additional data about these services provided by the AAAs, and AAAs shall respond as accurately and timely as possible. More detailed instructions about data reporting shall be provided to AAAs annually; questions may always be directed to the SUA Director. *See Section XIV. Data Systems, Collection and Reporting.*

OAA Reference: Section 371-374.

Section XII. ELDER RIGHTS & PROTECTIONS (Title VII)

A. Overview

The Older Americans Act has been amended several times, including in 1992 when Congress approved amendments that created **Title VII: Allotments for Vulnerable Elder Rights Protection Activities**. Title VII brought together the various advocacy programs of the Act into a system of services, programs, and personnel designed to help older people understand their rights, exercise choice through informed decision-making, and benefit from the support and opportunities promised by law.

Through Title VII, Congress refocused the Older Americans Act's original advocacy mission and empowered state agencies on aging to "provide firm leadership...to assure that the rights of older individuals...[are] protected." Congress also recognized that while conditions for older people have improved markedly since 1965, there are many vulnerable older people who suffer serious deprivation, are denied their basic rights and benefits, and need vigorous advocacy on their behalf. Title VII encourages state agencies to concentrate advocacy efforts on issues affecting those who are the most socially and economically vulnerable.

Title VII brings together and strengthens three advocacy programs:

- Elder Abuse, Neglect and Exploitation Prevention Program
- Long-Term Care Ombudsman Program
- State Legal Assistance Development Program

In addition, Title VII calls on State Agencies to take a holistic approach to elder rights advocacy by coordinating the three programs and fostering collaboration among programs and other advocates in each state to address - at a systems level - issues of the highest priority for the most vulnerable elders.

B. Programs and Services:

1. Elder Abuse, Neglect and Exploitation Prevention Program

The goal of the Elder Abuse, Neglect and Exploitation Prevention Program is to develop and strengthen prevention efforts at the State and local level. Vermont's Title VII funding is distributed to the AAAs.

Services that can be coordinated by AAAs using Title VII funding include:

a) Public education and outreach to identify and prevent elder abuse, neglect and exploitation
b) Public education and outreach to promote financial literacy and prevent identify theft and financial exploitation of older individuals
c) Ensuring coordination of services provided by AAAs, APS, State and local law enforcement systems and courts of competent jurisdiction
d) Conducting training for individuals, including family caregivers, professionals, and paraprofessionals, in relevant fields, on the identification, prevention and treatment of elder abuse, neglect and exploitation with particular focus on prevention and enhancement of self-determination and autonomy
e) Supporting multidisciplinary elder justice activities, such as team approaches, coordinating councils, group trainings, review teams, etc.
f) Addressing underserved populations of older individuals, such as minority populations.

See OAA Section 721 for more detail.

2. Long-Term Care Ombudsman Program

Every State has an Office of the Long-Term Care Ombudsman under which dedicated advocates assist residents living in nursing homes, assisted living facilities and other residential settings to voice concerns, secure their rights, and correct conditions affecting their care.

In Vermont the State Unit on Aging maintains a grant with Vermont Legal Aid, Inc. to manage the Long-Term Care Ombudsman Program. Vermont's program also serves older Vermonters who live at home and receive long-term care services and supports through the Choices for Care Program.

For more about the Ombudsman program, see *Section XVI. OAA Related Grants and Programs*.

3. State Legal Assistance Development Program

The State Legal Assistance Development Program is another essential element in protecting elder rights under Title VII of the Older Americans Act. Legal Assistance Developers at the state level coordinate these legal assistance services and work to increase the availability of legal representation and advice to older adults throughout the state. The target population for legal assistance are those in greatest economic and social need. The priority legal matters are those related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. AAAs are required to do outreach to ensure that older Vermonters are aware of the legal assistance available to them. The Legal Assistance Guidelines for the State of Vermont (developed July 2018) provide further instruction to the legal services provider for meeting the OAA requirements for legal assistance.

C. Funding:

1. **Elder Abuse, Neglect and Exploitation Prevention Program**: Vermont's OAA Title VII funding for Elder Abuse, Neglect and Exploitation Prevention is distributed to the AAAs using the Intrastate Funding Formula. Funding is designated for the activities above.

2. **Long-Term Care Ombudsman Program**: Vermont funds the Long-term Care Ombudsman Program through a combination of funding including OAA Title III-B Supportive Services funding.

3. **State Legal Assistance Development Program**: Vermont's State Legal Assistance Developer is a staff attorney at DAIL. The Developer's work is supported by a combination of funding sources. Legal Services under the OAA are funded in part by a contract between the AAAs and Vermont Legal Aid. AAAs are required to allocate at least 5% of their Title III-B funds for legal assistance services.

OAA Reference: Sections 305, 307, 712, 721, 731.

Section XIII. DIRECT SERVICE WAIVERS FOR OAA SERVICES

A. Overview

In the creation of the Area Agencies on Aging (AAAs), the Older Americans Act (OAA) designed these agencies to be primarily responsible for planning and coordination of services for older Americans within designated geographic areas of each state. *See Section IV – Role of AAA*. AAAs are generally not direct service providers, but rather contract and coordinate with local providers through cooperative agreements for such direct service provision. The OAA allows for some exceptions to this rule:

B. Allowable versus Not Allowable Direct Service

1. AAA direct service provision is allowable for:

The following Title III-B programs and services:

a) Case management

b) Information and assistance

c) Outreach

All Title III-E National Family Caregiver Support Program services:

a) Caregiver counseling

b) Caregiver respite

c) Supplemental services

d) Information services

e) Access assistance

f) Case management

2. AAA direct service provision is not allowable, unless granted a waiver, for the following OAA Title III-B, III-C and III-D programs and services:

a) In-home services, including personal care, homemaker, chore, and other in-home services

b) Adult day services

c) Transportation and assisted transportation

d) Legal assistance

e) Any other services provided through Title III-B (except those named above: case management, information and assistance, and outreach).

f) Congregate meals

g) Home delivered meals

h) Nutrition education

i) Nutrition counseling

j) Health promotion and disease prevention services, including evidence-based programs

C. Requesting a Waiver

The State Unit on Aging has the authority to grant a waiver for a AAA to provide the above services temporarily if it determines that, per OAA rules, the direct provision of services is:

1. Necessary to assure an adequate supply,
2. The service directly relates to the AAA's administrative functions, or
3. The service can be provided more economically and with comparable quality by the AAA.

The State Unit on Aging does not grant direct service waivers indefinitely without justification. By definition, waivers are designed to be temporary, and AAAs are obligated to seek alternative local providers and provide ongoing justification for continuing direct service.

D. Waiver Request Form

If requesting a waiver, the AAA must submit the *Direct Service Waiver Request Form* as part of the Area Plan or Area Plan Update. A separate form for each service requested must be submitted. Please see Attachment B for a copy of the Direct Service Waiver Request Form.

E. Public Input

AAAs are also required to seek public input as part of the waiver request process. This may be done as part of the Area Plan public input process or separately. Documentation describing the public input process, timeline and outcomes must be included with the waiver request form.

If AAAs have questions about waivers and if one is needed for a particular program or service, contact the State Unit on Aging.

OAA Reference: Section 307(a)(8) and §1321.63.

Section XIV. DATA SYSTEMS, COLLECTION AND REPORTING

A. Overview

The Administration for Community Living (ACL) administers the OAA programs at the national level including collection and analysis of data from states and reporting of that data to Congress. States are required to compile OAA data reports and explanations from AAAs and then review, analyze and report aggregate state data and variance explanations to ACL in the required format and according to ACL's instructions and timeline. Area Agencies on Aging (AAA) are required to submit OAA data, reports and variance explanations to the State Unit on Aging (SUA) in the required format and according to the SUA's instructions and timeline.

B. State Unit on Aging Responsibilities

The SUA's responsibility is to follow the guidance provided by ACL and provide AAAs with guidance for OAA data reporting. Detailed guidance is provided to all AAAs in advance of the OAA reporting season. The SUA shall provide technical assistance to AAAs regarding service definitions, how to report service units, and other reporting related questions. Technical questions related to the reporting database should be directed to the database vendor. The SUA must compile, review and analyze AAA reports, work with AAAs to make any needed revisions, submit the State Program Report to ACL, including variance explanations, and respond to any additional requests from ACL regarding the data.

C. Area Agency on Aging Responsibilities

1. Data Systems

DAIL does not mandate that AAAs use a specific database for the collection of OAA required data. AAAs have the flexibility to use a database system of their choice for OAA programs and services. Regardless of the database system chosen by a AAA, all AAAs must be able to submit accurate and timely data directly into the online portal provided by ACL during the annual OAA reporting period.

2. Data Collection

AAAs must work with their contractors and community partners to ensure accurate and timely collection of data required by the OAA, including demographic and profile data, service data and revenue and expenditure data. AAAs must do due diligence with contractors and community partners in gathering as much of the required data from OAA participants as possible to minimize missing data.

3. Data Reporting

AAAs must submit required OAA data reports and explanations to the SUA both accurately and timely according to the reporting instructions sent to all AAAs in advance of the reporting season. The SUA may respond with additional data requests and questions requiring further explanation. AAAs must respond timely and accurately to all follow up requests. AAAs must also run and submit to the SUA FFY quarterly reports of OAA demographic and profile data to review missing data or data errors and adjust methods or procedures for data collection to maximize the accurate and timely collection of required data. Failure to provide data accurately and timely may result in a delay in OAA funding to AAAs.

4. Data Integrity

AAAs must monitor their own data collection and reporting efforts continuously to identify and remedy program and service areas where data integrity may be an issue, including identifying and working to remedy missing data and inaccurate data. AAAs must ensure staff are trained in quality data collection and data management as needed and have procedures in place to track progress on data integrity at the program and organizational level.

OAA Reference: Section 202. See also OAA Service Definitions for State Program Reporting

Section XV. OAA Assurances Requirements

The Administration for Community Living (ACL) requires that the State of Vermont and its Area Agency on Aging partners, sign written agreements that commit both parties to specific ground rules and activities within Title III (Grants for State and Community Programs on Aging) and Title VII (Vulnerable Elder Rights Protection Activities) of the Older American's Act (OAA). Assurances are a very important part of managing OAA services and the designation of Vermont's Area Agencies on Aging.

OAA Assurances are located within the following sections of the Act:

- **Title III, Sec. 305**: Organization
- **Title III, Sec. 306**: Area Plans
- **Title III, Sec. 307**: State Plans
- **Title III, Sec. 308**: Planning, Coordination, Evaluation, and Administration of State Plans
- **Title VII, Sec. 705**: Additional State Plan Requirements

A signed set of Assurances must be attached to the Vermont State Plan on Aging and the Area Agency on Aging Area Plan documents. Technical assistance regarding the required Assurances can be found on the ACL Program Instructions web page or by contacting the director of the State Unit on Aging.

See Attachment A – Area Plan Assurances.

Section XVI. OAA-Related Federal Programs

In addition to the OAA programs, the State receives federal funding and contributes State General Funds for other programs related to the OAA. These programs are managed through written State Grant Agreements that describe the work to be performed by the Grantee, performance measures and payment provisions. This section describes those programs.

Federally Funded OAA-Related Programs Description

1. Long-Term Care Ombudsman

Description: The Vermont State Long-Term Care (LTC) Ombudsman project protects the health, welfare and rights of people who live in long-term care facilities including nursing homes, residential care homes and assisted living residences, as required by federal law and Vermont Title 33, chapter 75. The LTC Ombudsman also helps Vermonters who receive long-term services and supports in their homes through the Choices for Care (CFC) program. The LTC Ombudsman helps to resolve individual complaints, educate people about their rights, and advocates for administrative and legislative changes that protect consumer rights and allow older Vermonters to make decisions about where and how they will live. Vermont Legal Aid is the designated State Long-Term Care Ombudsman for the state of Vermont.

Funding: The Vermont State LTC Ombudsman Project is primarily funded through Title IIIB and Title VII of the federal Older American's Act (CFDA#93.044, #93.042 and #93.778). The state of Vermont supplements the funding with State General Funds (GF) for the purpose of expanding services beyond what is federally required, to the Vermont Choices for Care community-based settings. The State Unit on Aging manages this Grant Agreement on behalf of the State. (See Section VIII and Section XII of this manual for a description of Title IIIB and Title VII funding.)

Website: https://acl.gov/programs/protecting-rights-and-preventing-abuse/long-term-care-ombudsman-program

Access to Services: Individuals may contact the Vermont State LTC Ombudsman Project directly at 1-800-889-2047.

2. Medicare Improvements for Patients and Providers Act (MIPPA)

Description: The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 is a multifaceted piece of legislation related to Medicare. An important provision of MIPPA is the allocation of federal funding to help low-income Medicare beneficiaries understand the resources available for paying for prescription drugs and other health insurance costs. In

Vermont, the Vermont Association for Area Agencies on Aging (V4A) manages the MIPPA program in collaboration with the SHIP program.

Funding: MIPPA is 100% federally funded through the Administration for Community Living (ACL). The funding is managed through a State Grant Agreement between the Department of Disabilities, Aging & Independent Living (DAIL) and the Vermont Association of Area Agencies on Aging (V4A). The agreement describes the required activities, outcomes and payment provisions. The State Unit on Aging manages this Grant Agreement on behalf of the State.

Access to Services: Vermonters can call the Helpline (1-800-642-5119) to access free MIPPA services in their area of the state.

3. Senior Community Services Employment Program (SCSEP)

Description: Created in 1965, SCSEP is the nation's oldest program to help low-income, unemployed individuals aged 55+ find work. SCSEP matches eligible older adults with part-time jobs for community service organizations. Participants build skills and self-confidence, while earning a modest income. For most, their SCSEP experience leads to permanent employment. In Vermont, SCSEP is managed by the Vermont Associates in Training and Development.

Funding: SCSEP is 100% federally funded through the Department of Labor. The funding is managed through a State Grant Agreement between the Department of Disabilities, Aging & Independent Living (DAIL) and Vermont Associates in Training and Development. The agreement describes the required activities, outcomes and payment provisions. The Division of Vocational Rehabilitation manages this Grant Agreement on behalf of the State.

Website: https://www.ncoa.org/economic-security/matureworkers/scsep/#intraPageNav0

Access to Services: Vermonters can call the Vermont Associates in Training and Development at (802) 524-3200.

4. State Health Insurance Assistance Program (SHIP)

Description: The federal Administration for Community Living (ACL) provides funding to states to manage and coordinate program operations and activities for the federal State Health Insurance Assistance Program (SHIP). SHIP is managed in coordination with the MIPPA program.
The goal of the SHIP is to provide health insurance information, counseling and assistance to Medicare eligible Vermonters by providing the following services:

- Information and counseling in filing appeals for Medicaid and Medicare beneficiaries
- Policy comparison information for Medicare supplemental policies

- Information regarding long-term care insurance
- Conduct outreach programs to provide health insurance information and counseling to eligible individuals
- Refer eligible individuals to appropriate agencies for assistance with problems related to health insurance coverage

Funding: SHIP is 100% federally funded through the Administration for Community Living (ACL). The funding is managed through a State Grant Agreement between the Department of Disabilities, Aging & Independent Living (DAIL) and the Vermont Association of Area Agencies on Aging. The agreement describes the required activities, outcomes and reimbursement methodology. The State Unit on Aging manages the Grant Agreement on behalf of the State.

Website: https://acl.gov/programs/connecting-people-services/state-health-insurance-assistance-program-ship

Access to Services: Vermonters can call the Helpline (1-800-642-5119) to access free SHIP services in their area of the state.

5. ACL Discretionary Grants

Periodically Vermont applies for and receives federal funding from ACL for discretionary programs or projects.

Attachment A- Area Plan Assurances

Sec. 306, AREA PLANS

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

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular

attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

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

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

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

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

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

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

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

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

(B) disclose to the Assistant Secretary and the State agency—

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

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;
(B) land use;
(C) housing;
(D) transportation;
(E) public safety;
(F) workforce and economic development;
(G) recreation;
(H) education;
(I) civic engagement;
(J) emergency preparedness;
(K) protection from elder abuse, neglect, and exploitation;
(L) assistive technology devices and services; and
(M) any other service as determined by such agency.

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

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and

implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

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

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

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

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

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

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

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

Attachment B- Direct Service Waiver Form

REQUEST FORM FOR A DIRECT SERVICE WAIVER

Direct Provision of Services by the Area Agency on Aging
Per OAA Section 307(a)(8) and §1321.63

[Insert Name of Agency] requests approval of the State Unit on Aging for direct provision of the following service for Federal Fiscal Years [insert years].

Reason for request:

- ☐ Necessary to assure an adequate supply,
- ☐ The service directly relates to the AAA's administrative functions, or
- ☐ The service can be provided more economically and with comparable quality by the AAA.

Program:

Service:

Service Area: (please clearly state each location- county/city/community)
Estimated Persons Served for SFY waiver is requested:
AAA FTE's dedicated to direct service requested:

Describe the activities and anticipated results of the activities performed by AAA staff:

Describe the efforts undertaken by AAA to seek potential local providers to perform the function. – *please be comprehensive and specific:*

What is the role of each AAA staff? What shifts in workload within the agency or other accommodations if any, will be made to provide the direct service requested?

Documentation of public input process as part of waiver request, including:

- Time period public input was solicited
- Locations where public input was solicited
- How (methods) public input was solicited and
- Results and outcomes of public input process

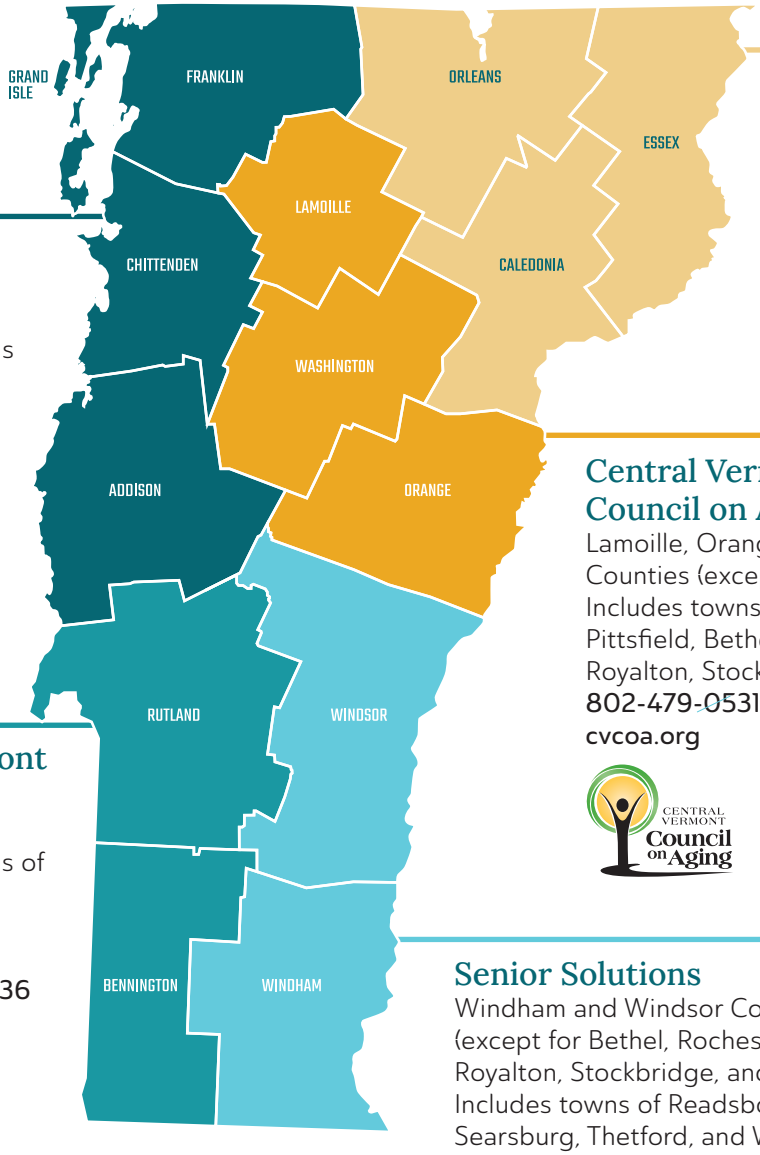
Plan of action (including anticipated timeline) to build local provider capacity to provide direct service in the future - *please be comprehensive and specific:* *Which organizations in your network will your agency approach to transition this direct service to? How will your agency approach finding an organization to provide this direct service? What support does your agency anticipate potential partners will need to implement this service? Once transitioned, what support does your agency expect to provide on an ongoing basis?*

This direct service waiver is approved by: _____

for the following time period:

Today's Date: Click or tap to enter a date.

Vermont Association of Area Agencies on Aging



Age Well

Addison, Chittenden, Franklin, and Grand Isle Counties (except for towns of Granville and Hancock)
802-865-0360
agewellvt.org

AGE WELL℠

Northeast Kingdom Council on Aging

Caledonia, Essex, and Orleans Counties
802-748-5182
nekcouncil.org

NORTHEAST KINGDOM Council on Aging
New directions for living well.

Central Vermont Council on Aging

Lamoille, Orange, and Washington Counties (except for Thetford). Includes towns of Granville, Hancock, Pittsfield, Bethel, Rochester, Royalton, Stockbridge, and Sharon
802-479-0531
cvcoa.org

CENTRAL VERMONT Council on Aging

Southwestern Vermont Council on Aging

Bennington and Rutland Counties (except for towns of Pittsfield, Readsboro, Searsburg, and Winhall)
Rutland: 802-786-5990
Bennington: 802-442-5436
svcoa.org

SOUTHWESTERN VERMONT COUNCIL ON AGING

Senior Solutions

Windham and Windsor Counties, (except for Bethel, Rochester, Royalton, Stockbridge, and Sharon). Includes towns of Readsboro, Searsburg, Thetford, and Winhall
802-885-2669
seniorsolutionsvt.org

Senior SOLUTIONS
Area Agency on Aging in Southeastern Vermont

Statewide helpline: 1-800-642-5119
vermont4a.org