

JOINT COMMISSION ON HEALTH CARE

STRATEGIES TO SUPPORT AGING VIRGINIANS IN THEIR COMMUNITIES

REPORT TO THE GOVERNOR AND THE
GENERAL ASSEMBLY OF VIRGINIA



REPORT DOCUMENT #463

COMMONWEALTH OF VIRGINIA
RICHMOND
2021

Code of Virginia § 30-168.

The Joint Commission on Health Care (the Commission) is established in the legislative branch of state government. The purpose of the Commission is to study, report and make recommendations on all areas of health care provision, regulation, insurance, liability, licensing, and delivery of services. In so doing, the Commission shall endeavor to ensure that the Commonwealth as provider, financier, and regulator adopts the most cost-effective and efficacious means of delivery of health care services so that the greatest number of Virginians receive quality health care. Further, the Commission shall encourage the development of uniform policies and services to ensure the availability of quality, affordable and accessible health services and provide a forum for continuing the review and study of programs and services.

The Commission may make recommendations and coordinate the proposals and recommendations of all commissions and agencies as to legislation affecting the provision and delivery of health care. For the purposes of this chapter, "health care" shall include behavioral health care.

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Strategies to Support Aging Virginians in their Communities

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Strategies to Support Aging Virginians in their Communities

POLICY OPTIONS IN BRIEF

There are 7 policy options in the report for Member consideration. Below are highlighted options.

Option: Develop a 1915(i) Medicaid state plan program to provide limited HCBS services to individuals with higher incomes and moderate functional needs (Option 1, page 16).

Option: Provide additional funding for home care and home modification programs and direct DARS to track unmet need (Option 3, page 19).

Option: Provide financial assistance to unpaid caregivers through tax credits, respite care, and grants to community organizations (Options 4-6, page 20).

Option: Direct DHCD to include older Virginians as a target population in the work of the Housing and Supportive Services Interagency Leadership Team (Option 7, page 21).

FINDINGS IN BRIEF

An increasing number of older Virginians need aging services, but non-Medicaid funding for services has decreased in real terms

An estimated 200,000 individuals in Virginia need aging services, with the number of older Virginians projected to grow by 22% over the next 10 years. Medicaid provides a spectrum of home and community based services for those with the highest functional and financial need, but only 12% of older Virginians in need of aging services are currently Medicaid-eligible for long-term services and supports. Inflation-adjusted, non-Medicaid funding decreased over the last 10 years, limiting Virginia's ability to meet the needs of the vast majority of older Virginians who are not Medicaid-eligible.

Affordable housing and home care are the greatest needs across the state

The most significant unmet need for older Virginians is home care, which includes assistance with chores, food preparation, and activities of daily living to remain in their communities. Many seniors also need affordable housing. Many rely on fixed retirement and social security incomes that have not increased at the rate of housing costs. Local staff indicate that nearly half of those seeking home care services, and most individuals seeking housing services wait more than 30 days to receive available services due to insufficient resources, or are unable to receive them at all.

Enhancing current programs can help address unmet needs

Virginia could consider expanding its Medicaid program to provide limited HCBS benefits to individuals with higher incomes and more moderate functional needs. Some existing programs could be supplemented with state funds to serve more individuals, and Virginia could increase support to unpaid caregivers, who already provide the majority of home care services. Increasing the supply of affordable housing will require coordination among state and local stakeholders, but is necessary to address this priority need for older Virginians.

Strategies to Support Aging Virginians in Their Communities

There is a growing need to provide aging supports to older Virginians. Like many states, Virginia continues to focus on ways to support seniors in their homes and communities, instead of in more costly and restrictive settings such as nursing facilities. The Joint Commission on Health Care directed staff to study strategies that Virginia could pursue to support aging Virginians in their communities (see Appendix 3 for study resolution). The study resolution specifically directs staff to

- identify the necessary continuum of services to support older adults,
- understand the extent to which services vary across Virginia and ways services could be better coordinated, and
- identify effective programs or strategies that could be implemented to better support older Virginians to “age in place.”

Supporting older adults to age in place is an extremely broad topic that covers many types of individuals with different needs, and requires a broad array of services. For this study, staff were directed to focus specifically on older adults with functional needs, those who need assistance with activities of daily living (ADL), rather than on adults with intellectual or developmental disabilities, dementia, and other conditions that require additional supports. Individuals with these specific needs can benefit from the policy options put forward in this report, but the research focuses on the typical needs of older adults.

Approximately 200,000 older Virginians need aging supports, with Virginia spending \$752 million on aging programs in FY20

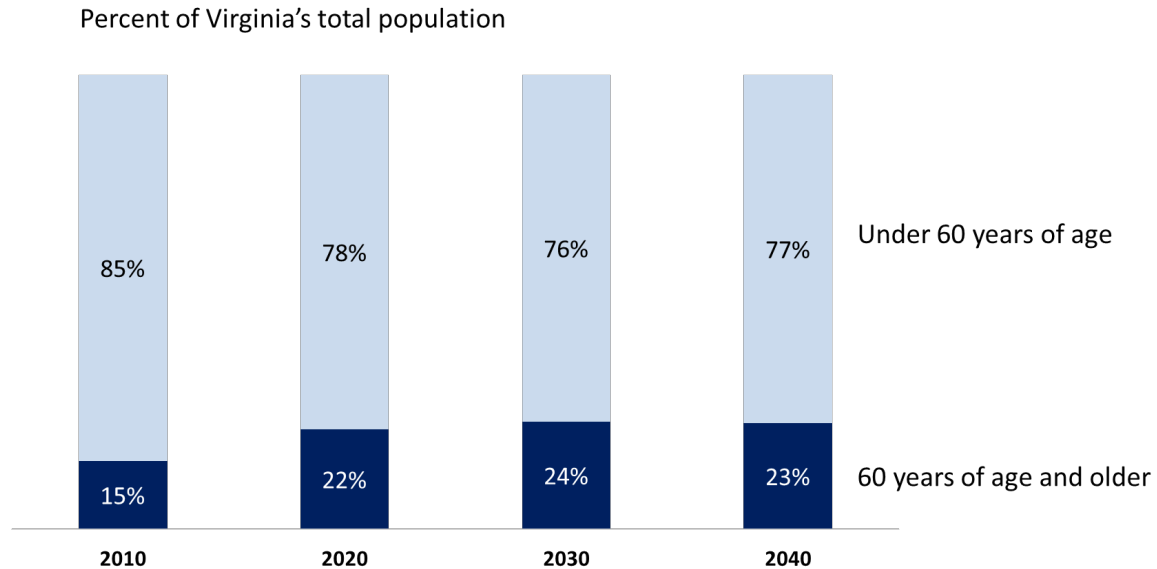
Public programs that support aging Virginians in their communities have been strained over time for two primary reasons. First, the population of Virginians ages 65 and older is growing faster than any other age group, increasing the need for public programs. Second, older Virginians, on average, have limited individual financial resources and as a result may rely on public programs at some point throughout their lifespan.

The number of Virginians age 60 and over has grown by 34% since 2010 and is projected to increase and become more diverse

There were 1.9 million Virginians over the age of 60 years old in 2020 (22% of the total population) (FIGURE 1). This is an increase of 34% since 2010, when there were 1.2 million (15% of total population). The number of Virginians over 60 years old is projected to further increase to 2.2 million by 2030 (24% of total population).

Approximately 200,000 older Virginians require some level of long-term services and support. Based on this estimate, the population needing aging supports would total approximately 230,000 by 2030.

FIGURE 1: Number of older Virginians is growing as a proportion of the total population



SOURCE: U.S. Census Bureau 5-year ACS estimates and the Weldon Cooper Center population projections.

Virginia's elderly population is also becoming increasingly diverse, requiring culturally and linguistically appropriate services to advance health equity and improve the quality of aging services. Between 2010 and 2019, older Virginians born outside the U.S. increased by 70.6%. Between 2010 and 2019, whites were the only racial group that showed a population decrease (3%). There is also an increase in English-language learners. About half of older Virginians ages 60 years and over who are English-language learners speak English less than "very well."

Many Virginians do not have access to retirement savings or are expected to outlive their financial resources during retirement

Many older Virginians will not have adequate financial resources to support them as they age. A Virginia Retirement System (VRS) study found that 45 percent of working Virginians (1.2 million workers) do not have access to retirement savings plans through their employer. Furthermore, Black, Asian, and Hispanic groups have less access to and participation in retirement plans than their white counterparts, and women have less access to and participation in retirement plans compared to all employees. Newly retired Virginians have a median retirement savings of \$477,000, with about half in the form of liquid assets.

Virginians who do not have access to retirement savings as they age are more likely to rely on state and federal public programs such as Social Security to supplement retirement savings. The average monthly Social Security benefit for adults age 65 and older is approximately \$1,543 per month (\$18,500 per year). In 2017, married adults age 65 years and over attribute 50% or more of their income to Social Security income. Unmarried older adults attribute 70% more of their income to Social Security income. According to the Bureau of Labor Statistics Consumer Expenditure Survey, older adults age 65 years and over spent an average of \$47,579 in 2020. Older adults generally spent less than adults under age 65 on food, housing, utilities, and transportation (TABLE 1). However, older adults spent significantly more, \$6,668 per year, on average, on health care expenses compared to adults under 65 years, \$4,631 per year.

TABLE 1: Selected average annual expenditures of older adults age 65 years and over, 2020

Spending category	Typical spending for individual 65 and older
Food	\$5,698
Housing	\$17,435
Utilities	\$3,783
Transportation	\$6,221
Health care	\$6,668
Other	\$7,864
Total	\$47,759

SOURCE: Bureau of Labor Statistics, Annual Consumer Expenditure Survey, 2020.

According to the federal Administration for Community Living, older adults turning 65 in 2020 have a 70% likelihood of needing some form of long-term services and supports (LTSS) in their lifetime. This is partly due to trends in life expectancy, which have increased by nearly two full years in Virginia since 2005 (79.1 years in 2021 compared to 77.2 years in 2005).

LTSS costs add to financial burden, and older adults who do not have the financial means to afford private LTSS usually rely on public resources and unpaid informal caregivers. Medicaid is the largest payer of LTSS, and those who are eligible may receive specific home and community-based services through a Medicaid waiver program. However, unpaid caregivers are the largest provider of LTSS. In 2019,

Long-Term Services and Supports (LTSS) in this report are defined as limitations with at least 2 or more activities of daily living (ADL):

- Dressing
- Bathing
- Getting Up/Down

OR limitations with at least 4 or more instrumental activities of daily living (IADL):

- Preparing Meals
- Completing Household Chores
- Taking Medication

OR already receiving some form of paid LTSS

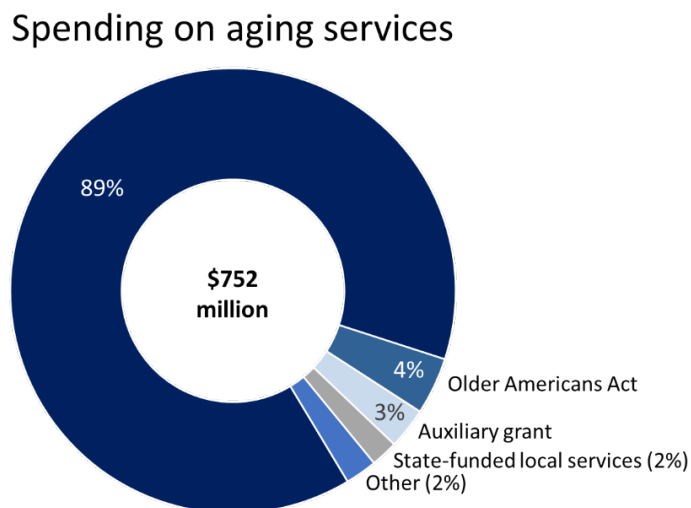
unpaid caregivers in Virginia provided over 950 million hours in uncompensated care valued at approximately \$11 billion dollars.

Virginia spent \$752 million on community-based LTSS in 2020, primarily through the Medicaid program

Virginia spent \$752 million on community-based LTSS, with \$666 million coming from Medicaid. Medicaid provides a spectrum of home and community-based services (HCBS) to individuals with low income, assets, and significant functional needs. Non-Medicaid funds consisting of Older Americans Act (\$31 million), Auxiliary Grant (AG) (\$22 million), Adult Services program (\$5 million), and Other programs (\$28 million) accounted for 11% of total community-based LTSS (FIGURE 2).

Every year Virginia receives federal funding through the Older Americans Act (OAA), allocated by the federal Administration for Community Living and administered to the Virginia Department for Aging and Rehabilitative Services (DARS). The funding is for a broad range of aging services including nutrition, medication management, supportive services, and elder abuse prevention. Local area agencies on aging (AAA) support a wide range of social services and programs for all older Virginians aged 60 years and over primarily through the federal OAA. The AG and Adult Services program are state and locally funded; however, these programs are not limited to older adults. Due to funding constraints, both programs are limited on the number of individuals it can serve each year. The AG subsidy rate also impacts the number of total available beds across the state.

FIGURE 2: Medicaid is the primary payer of home and community-based services for older Virginians



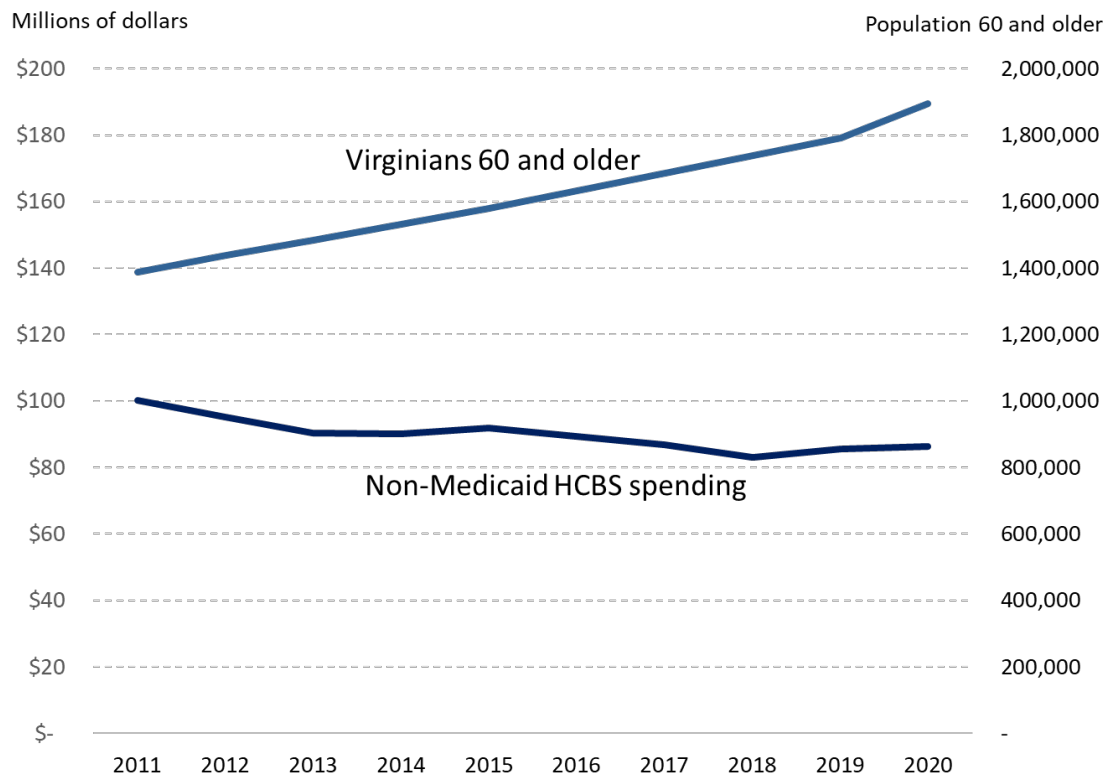
SOURCE: JCHC staff analysis of spending data from DMAS, DARS, and VDSS.

NOTE: Spending does not include federal COVID-19 relief funding, which was \$24.1 million FY20.

Adjusted for inflation, funding for non-Medicaid community services in Virginia has decreased, while the number of older adults is increasing

Non-Medicaid spending decreased by \$14 million (14% decrease), adjusted for inflation, over the last 10 years (FIGURE 3). A significant portion of non-Medicaid spending comes from federal OAA funding, which has been flat despite population growth. Virginia appropriates general funds to supplement OAA funds to AAA groups each year, but over the last 10 years, DARS funding allocations have not increased at a sufficient rate to offset the stagnant OAA federal funding allocation. As a result, there are fewer resources available to serve a growing number of older Virginians.

FIGURE 3: Virginia’s older population is outpacing non-Medicaid spending on aging services



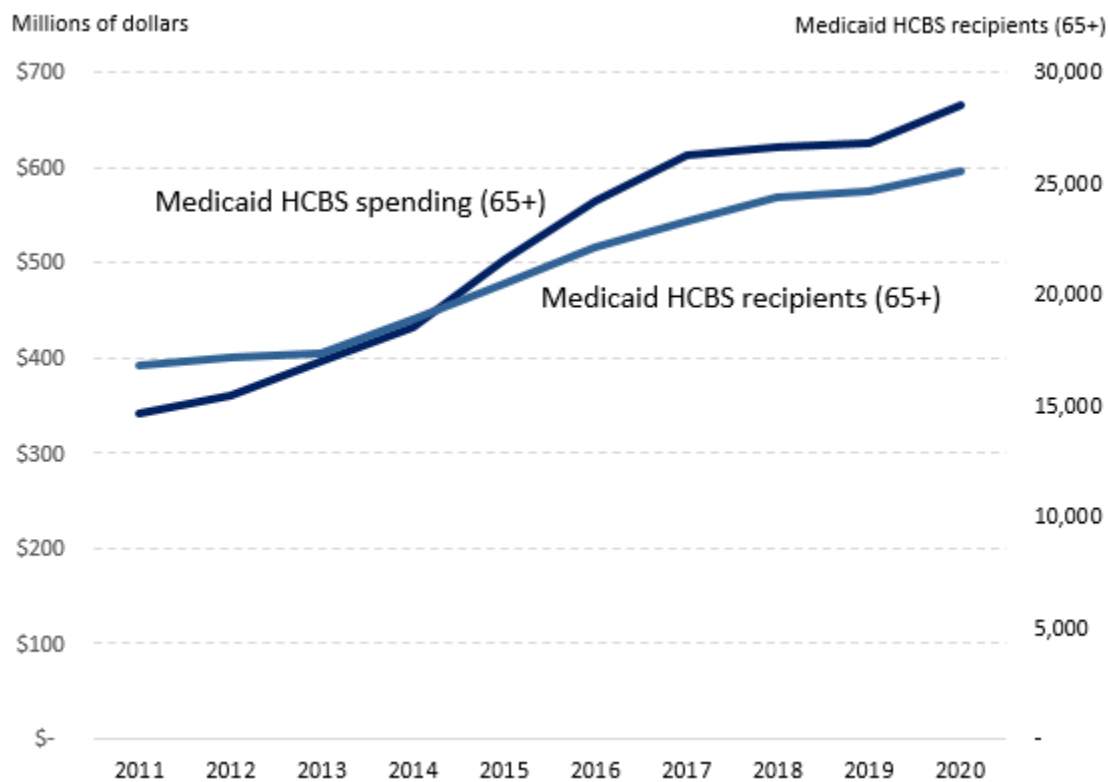
SOURCE: JCHC staff analysis of spending data from DARS and DSS, and population data from the U.S. Census Bureau. NOTE: Spending does not include federal COVID-19 relief funding, which was \$24.1 million FY20.

In interviews, local AAA directors reported that additional emergency federal relief funds during the COVID-19 pandemic helped to meet past unmet need and current service needs within their communities. Additional emergency funds were authorized by the Families First Coronavirus Response Act, Coronavirus Aid, Relief, and Economic Security (CARES) Act and Coronavirus Response and Relief Supplemental Appropriations Act of 2021.

Medicaid spending increased by 95% but only serves a small proportion of older adults with LTSS needs

Medicaid HCBS is a significant portion of overall statewide LTSS spending, but only serves a small group of people. In 2020, Medicaid served an estimated 12% of older Virginians who need LTSS and spent \$666 million dollars on home and community-based services (FIGURE 4). The increase in Medicaid HCBS spending is primarily driven by an increase in eligible recipients. The increased Medicaid HCBS spending in the last 10 years is the major contributor to the overall spending growth in statewide aging supports, but still serves only individuals with the most significant functional needs who have exhausted their personal income and other financial resources.

FIGURE 4: Medicaid HCBS spending is increasing as more older adults are eligible for services



SOURCE: JCHC analysis of DMAS spending and enrollment data.

Older Virginians with limited means but not eligible for Medicaid have difficulty accessing HCBS

Older Virginians who are above the financial eligibility threshold (or below functional need for Medicaid HCBS) fall into a “middle-income” group. This group is often underserved when they need but cannot afford non-Medicaid funded HCBS services.

Older Virginians who cannot afford private LTSS and do not receive LTSS through Medicaid, have few options. There are 25 local area agencies on aging (AAA) throughout Virginia that provide LTSS for adults age 60 and over. AAAs are not allowed to means-test for their programs, so all older adults are technically eligible for their services until agency funds are exhausted. Older Virginians may also be able to access a small subset of homemaker and companion services through the Adult Services program operated through local departments of social services (LDSS). Once these resources are exhausted, older Virginians may only access needed services through private charities, nonprofit organizations, and other community-based organizations.

Local Area Agencies on Aging (AAAs) and Local Departments of Social Services (LDSS) have case managers to screen and provide aging services to older adults. In this report, “local staff” will refer to both LDSS and AAA staff.

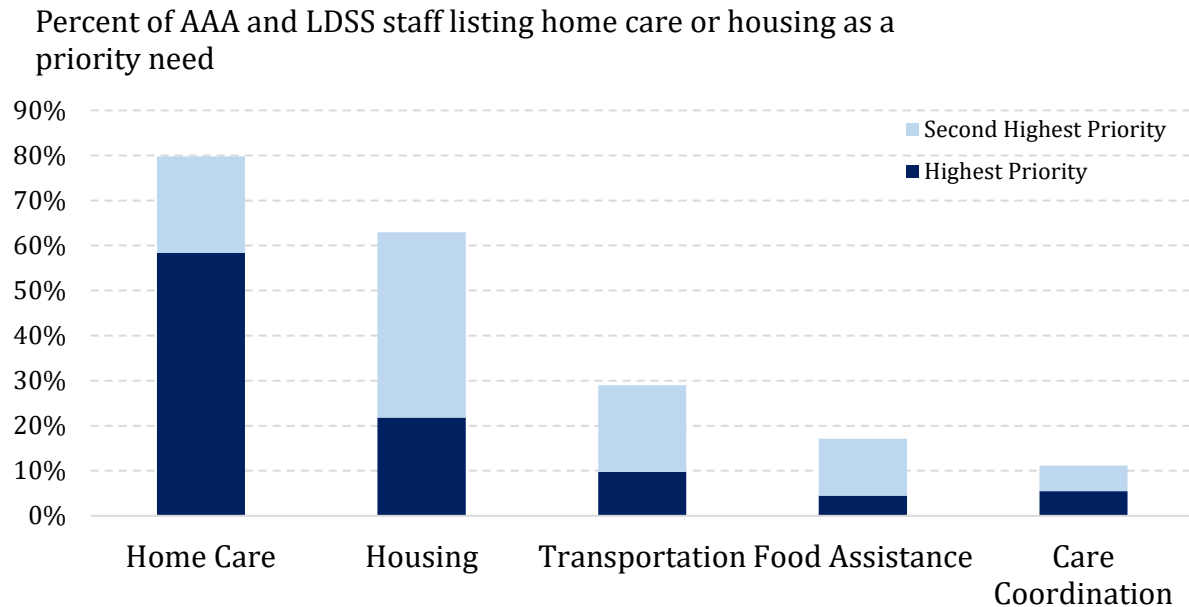
Home care and housing supports are the biggest unmet needs for older Virginians

Identifying the areas of greatest need for older Virginians is the first step to developing a robust continuum of services. Currently no data is collected or analyzed to identify how many people need services and which services they need. DARS is beginning to plan for the collection of demographic data across AAAs in Virginia, and this information could eventually develop into a needs assessment to inform ongoing planning for aging services.

In a JCHC survey, staff of local AAAs and LDSS identified home care and housing as the highest priority needs for older Virginians to remain in their community (FIGURE 5). These needs were consistently identified across all 25 Planning Service Areas in Virginia, indicating a broad statewide need.

Home care is an umbrella term for a variety of services that allow people with significant physical and/or cognitive limitations to live in their home or community setting. Examples of Home care include but are not limited to: **Personal Care, Homemaker, and Companion services**. A full list with descriptions of these services can be found in Appendix 1.

FIGURE 5: Home care and housing are the highest priority services identified by local staff

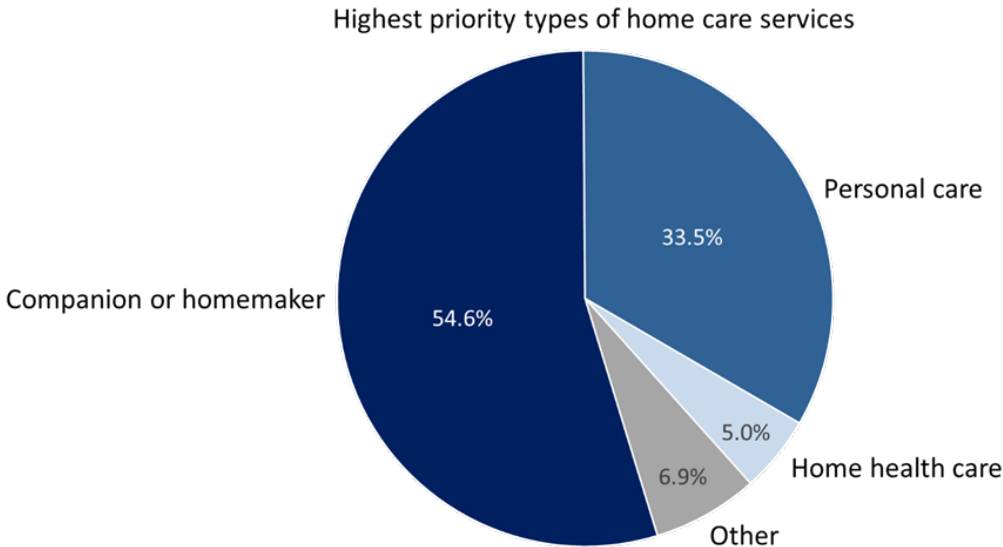


SOURCE: JCHC survey of AAA and LDSS staff.

Personal care, companion, and homemaker services are the greatest need across Virginia

Older Virginians most commonly request home care services, with 76% of local staff indicating this was either the greatest or second greatest need in their communities. Within the broader category of home care, 54% cited companion and homemaker services as the top need (FIGURE 6). These are services that include help with groceries, meal preparation, and other household needs. Personal care services were cited by 34% of local staff as the greatest home care needs in their communities.

FIGURE 6: Companion and homemaker services are the most commonly needed types of home care

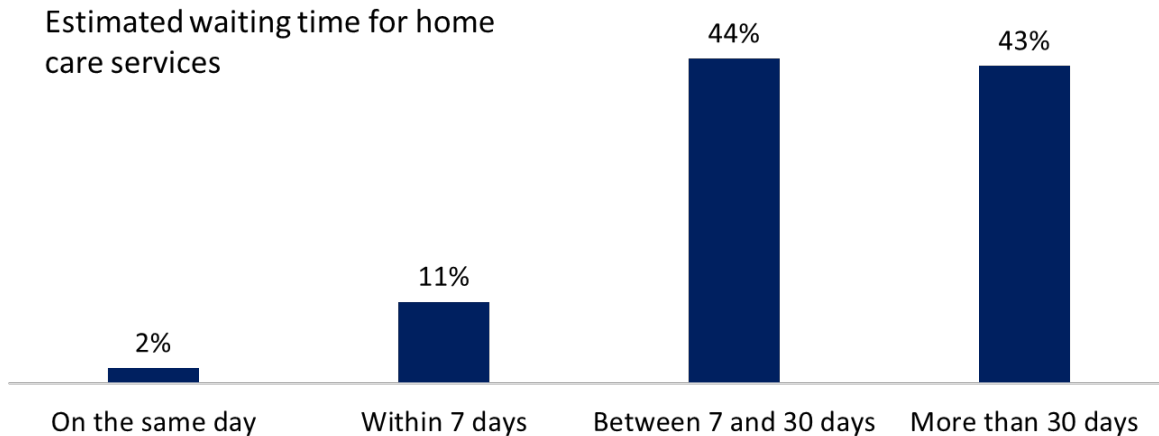


SOURCE: JCHC survey of AAA and LDSS staff.

NOTE: Other includes respondents who listed multiple types of services as a priority, and those who indicated they were not sure what the highest priority is. Chore services were not explicitly asked about in the survey of local staff because it is similar to homemaker services. Also, companion services are included in the Adult Services program, but it is not included in the AAA-funded services.

Many older adults in need of home care services are unable to access them in a timely manner if at all. Among staff of local AAA and LDSS, 43% estimate that the typical individual in need of home care services waits at least 30 days to receive services after their initial request (FIGURE 7). This is most often caused by a lack of funding for services, in which case the individual is placed on a waiting list. LDSS staff indicated that when individuals need services funded through the Adult Services program, funding is so limited that individuals are not even placed on a waiting list, because there is no realistic chance that they will ever receive services. Additionally, some older Virginians are not eligible for home care services through either Medicaid or other public programs.

FIGURE 7: Nearly half of older Virginians wait more than 30 days to receive home care services when they need them



SOURCE: JCHC survey of AAA and LDSS staff.

There are four primary ways that older Virginians can access home care services: Older Americans Act (OAA) programs through AAAs, through LDSS, Virginia’s Medicaid program, or from a family caregiver or privately paid home care. The two publicly funded programs have different eligibility criteria and funding.

Individuals who need assistance with one or more of the activities of daily living (ADL) and are age 60 or over, are potentially eligible for OAA-funded home care services. This federal funding is targeted based on several criteria including those who are frail, have disabilities, or present a risk of institutional placement (see Aging Services Program Inventory in Appendix 1 for specific eligibility criteria). Priority is given to persons with the greatest economic or social need, and those in rural areas. Older Virginians look to this program if they do not yet meet the functional or financial eligibility criteria for Medicaid-funded HCBS. This is a broad category of individuals, the wait time for services is long, and the local AAAs are unable to serve everyone who needs home care services.

Individuals with more significant need for assistance with ADL, and who meet Medicaid financial eligibility criteria, can access the full range of Medicaid services, including personal care and home modifications. However, local staff indicated that older Virginians who are eligible to receive personal care services through Medicaid may have difficulty finding a provider, leading to some of the delays in services. Private agencies may not be available in some parts of the state due to overall agency staffing shortages.

Individuals unable to access AAA services, Adult Services, and ineligible for Medicaid-funded services must pay for private home care or receive help from a family caregiver. This is costly both to individuals paying for services and to family caregivers who may have to take time away from work or help pay for services. Private home care can be cost prohibitive, in part because agencies offering personal care services often impose a

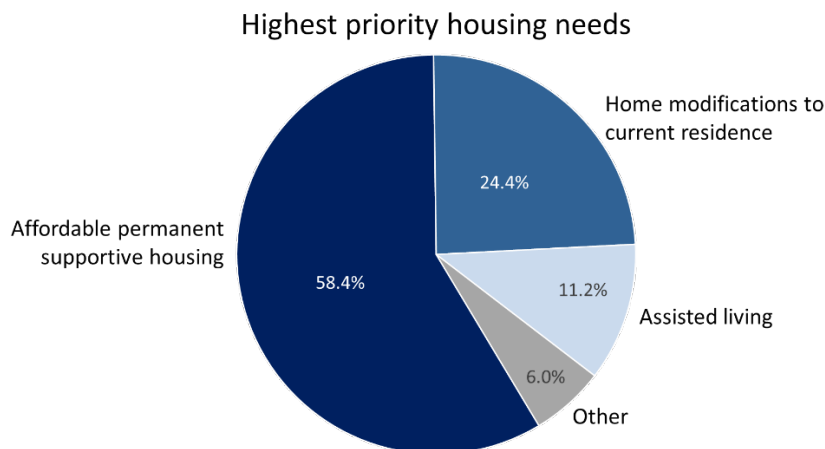
minimum hourly requirement to receive their services. Typically, the lower the minimum hourly requirement to receive services, the higher the hourly rate for services to make up the difference. For this reason, private home care services are often inaccessible to low- and middle-income older Virginians.

Older Virginians have unmet housing and home modification needs

Housing needs, including stable, affordable housing, and home modifications to make housing accessible to the individual's needs, are the second greatest need for older Virginians. More than 60% of local AAA and LDSS staff ranked housing as one of the top two areas of greatest need in their community, and more than 20% ranked it as the highest priority.

Within the broader category of housing needs, older Virginians generally fall into two categories: those who have stable housing but require home modifications, and those who need stable, affordable housing. Of the local AAA and LDSS staff surveyed, 58% indicated that affordable housing is the greatest housing-related need in their community, and 25% cited modifications to an individual's current home as the greatest need (FIGURE 8).

FIGURE 8: Affordable housing and home modifications are the greatest housing needs for older Virginians



SOURCE: JCHC survey of AAA and LDSS staff.

NOTE: Other includes respondents who listed multiple types of services as a priority.

Older Virginians in need of either permanent supportive housing or home modifications most often wait more than 30 days for necessary services. This is often due to a lack of affordable housing options. For home modifications, it can be due to either a lack of funding that results in the individual being placed on a waiting list, or a delay in finding a qualified contractor to perform the repair or modification.

Affordable permanent supportive housing for older Virginians is limited

Affordable housing is the greatest housing need for older Virginians, as the number of older adults living in poverty increased in recent decades. In Virginia, 44% of total low-income renter households who are cost-burdened due to rental costs are seniors or persons with disabilities. This is a disproportionately high number, as seniors make up just 22% of Virginia's total population. Older adults are more likely to be living on a fixed income from retirement or Social Security benefits that have not risen at the same rate as the cost of housing. A large share of monthly income is spent on out-of-pocket health care expenses and other costs over time, which may limit individual's ability to finance other aging services. Black and Latino older adults are more likely be cost-burdened due to housing costs compared to their white counterparts.

Permanent supportive housing (PSH) is affordable, accessible housing that is located within an individual's current community. There are federal programs to help provide PSH, including the Section 202 Supportive Housing for the Elderly program and the Housing Choice Voucher program. However, these programs have limited funding and therefore a limited number of affordable housing units. These programs may also be inaccessible to middle-income individuals who fall above the financial eligibility criteria but are financially

Permanent Supportive Housing (PSH) is a housing model that prioritizes housing stability and supportive services for individuals who are homeless, at-risk of homelessness or who have multiple barriers to independent living.

overburdened by their housing costs. Public housing authorities across Virginia have faced challenges with development of new housing. Many areas of the state are designated by the U.S. Department of Housing and Urban Development as Difficult Development Areas, meaning these areas have a high land, construction, and utility costs relative to median income.

Some older Virginians with moderate needs may rely on assisted living communities for PSH, but at \$4,850 per month, on average, assisted living is often financially inaccessible to low- and middle-income groups. The state and locally-funded Auxiliary Grant program is an income supplement for eligible groups residing in

assisted living, adult foster care, or other certified supportive housing settings. A 2017 study by JCHC found that the monthly Auxiliary Grant program rate (maximum of \$1,562 per month) was insufficient to support enough affordable, assisted living beds to meet the need across Virginia. Because funding has been insufficient, the number of assisted living beds available has decreased, and the majority of assisted living beds are now private-pay and do not participate in the Auxiliary Grant program.

Older Virginians need assistance with home modifications, but funding is limited

Home repairs and modifications are the second most commonly cited housing need, but there is limited funding for these services. The homes of older adults often need repairs and modifications to meet minimum housing standards or adaptations to meet the needs of individuals as they age. This most commonly includes grab bars in the bathroom, railings,

or wheelchair ramps. Home repair and modification programs, such as the Livable Home Tax Credit offered by the Department of Housing and Community Development (DHCD), and Virginia Housing, are offered as a reimbursement after the modification has been approved and completed. Middle-income individuals may not have the financial means to pay for the cost of necessary home modifications up front, and wait to receive reimbursement. Additionally, local AAA directors cited challenges with finding contractors to perform home repairs and modifications that meet program requirements.

More older Virginians receive food and transportation assistance, but many are underserved

Many robust programs in Virginia provide food and transportation to older Virginians, but many individuals still have unmet need for assistance. Unmet need for home-delivered meals and congregate meals accounted for 63% of total unmet service need across all local AAA services. This is true even though local AAAs provided 2.5 million meals, primarily funded through the federal OAA, to older adults in 2018. The majority of the unmet need is among older Virginians who are able to access some services, but not at the level necessary to achieve food security.

Older Virginians also face challenges with transportation. Individuals most commonly need help getting to and from doctors' appointments and running errands. For Medicaid-eligible older Virginians, non-emergency medical transportation (NEMT) is provided for Medicaid-funded health care services. Some Medicaid managed care organizations even contract with AAAs to provide these transportation services. However, Medicaid transportation cannot be used for non-health-care related errands, such as grocery shopping or banking. Middle-income adults who are not on Medicaid may still contact their local AAA or other community-based organizations for support, but these organizations have limited resources.

Opportunities exist to bolster support for older Virginians across a variety of current programs and services

Programs to address the unmet needs of older Virginians are largely already in place, but require expanded access and additional funding to fill the current gaps in services. Medicaid HCBS can provide support for home modifications, but Virginia Medicaid currently does not provide other housing supports for older adults. Medicaid eligibility criteria limit home care benefits to only those with the highest functional and financial needs. Expanding eligibility criteria and services could help fill some unmet needs. Outside of Medicaid, additional state resources can build capacity through other programs to address unmet needs, and there are opportunities to support the work of unpaid caregivers who provide most aging services to older Virginians. Taken together, these strategies can address the greatest unmet needs identified earlier in this report (TABLE 2).

TABLE 2: Policy options expand existing programs to address unmet community needs

Identified need	Target population		
	Middle-income individuals	Functional need too low for Medicaid HCBS	Medicaid recipients
Affordable housing	<ul style="list-style-type: none"> Develop PSH proposals (OPTION 7) 	<ul style="list-style-type: none"> Develop PSH proposals (OPTION 7) 	<ul style="list-style-type: none"> Implement high needs supports (OPTION 1)
Home modifications	<ul style="list-style-type: none"> Expand AAA/LDSS programs (OPTION 3) 	<ul style="list-style-type: none"> Expand AAA/LDSS programs (OPTION 3) Expand Medicaid population (OPTION 2) 	<ul style="list-style-type: none"> Implement high needs supports (OPTION 1)
Home care	<ul style="list-style-type: none"> Expand AAA programs (OPTION 3) Support caregivers (OPTIONS 4-6) 	<ul style="list-style-type: none"> Expand Medicaid population (OPTION 2) Support caregivers (OPTIONS 4-6) 	

Virginia's Medicaid program could be expanded to include additional services and populations for older adults with LTSS needs

Virginia's Commonwealth Coordinated Care Plus (CCC+) Medicaid waiver covers personal care services, but the CCC+ waiver does not currently cover other priorities such as housing

State decisions in designing 1915(i) state plan options

1. Target population
2. Services provided
3. Utilization controls

High Needs Supports Section 1115 Demonstration Waiver

will provide housing and employment supports to Medicaid enrollees age 18 or older who meet least one needs-based criteria:

- Behavioral health need
- ADL need
- Complex physical health need

AND meet at least one housing OR employment risk factor

or food support. Medicaid HCBS is also not available to middle-income and moderate-need older Virginians who cannot access Medicaid. DMAS has been working to develop a High Needs Supports (HNS) 1115 Demonstration waiver that will include supportive housing and employment services for at-risk adults age 18 or older (see sidebar). However, this program requires additional planning and funding before implementation. This program may help close the gap for older Virginians on Medicaid who experience a critical housing need, but the program is not targeted specifically to older adults and is subject to enrollment caps established by the General Assembly.

Other states provide limited, community-based services to individuals with moderate functional needs

Under Section 1915(i) of the Social Security Act, states have the option to develop HCBS benefits for specific populations such as individuals with ADL needs who do not yet meet the criteria for nursing facility or HCBS waiver services. Unlike state waiver programs, the 1915(i) state plan option does not require cost-neutrality to the federal government and does not require

individuals to meet nursing facility level of care criteria to qualify for home and community-based services.

States are allowed to target the HCBS benefit to one or more specific populations with income up to 150% of the federal poverty level without any asset limit for those who meet the functional eligibility criteria. States can determine what payments are covered, how payments are set, and whether they will allow any or all of the services to be self-directed. Under 1915(i), states can further expand or limit eligibility criteria by any of the following actions:

- create an independent Medicaid coverage pathway for those who would not otherwise be eligible for Medicaid or an HCBS waiver;
- expand eligibility to people up to 300% of SSI who would be eligible for Medicaid under another existing HCBS waiver program; or
- allow individuals access to HCBS through 1915(i) on the condition they are Medicaid eligible through another coverage pathway.

However, states are required to offer these 1915(i) services equally and cannot limit services to certain localities. Connecticut, Washington D.C., and Nevada each operate a 1915(i) state plan option targeted specifically to older adults or persons with disabilities.

Most of the 1915(i) state plan amendments in other states provide some level of homemaker services. Additionally, some states have chosen to be flexible on where the services can be provided (such in the home, at work, or at an assisted living facility) and who can provide the service (agency-directed or consumer-directed). States have a number of levers to customize the 1915(i) plan to target it to specific populations and control costs. First, the eligibility criteria set parameters for who can be eligible, including their financial and functional needs. Second, the scope and cost of the program depends on the specific services that are offered. Third, utilization controls on number of hours of care or total amount spent on personal care services can limit the amount of services eligible individuals receive.

The Connecticut Home Care Program for Elders (CHCPE) is a 1915(i) state plan aimed at increasing older adults' access to home and community-based services. Under CHCPE, individuals may receive care management services, adult day care, companion services, home-delivered meals, and homemaker services. To be eligible for CHCPE, individuals must be at least age 65 or older, meet financial eligibility criteria, and be at risk for nursing facility placement, but with lower functional need criteria than the state's regular HCBS waiver. Unlike the current Medicaid waiver program in Virginia, the CHCPE program does not impose an income limit, and clients have a much higher asset limit (\$39,114). Clients enrolled in CHCPE are required to pay 9% of the total cost of their services.

Nevada's 1915(i) State Plan Option is open to individuals 18 years or older who are already Medicaid-eligible and meet specific need-base eligibility criteria, rather than the nursing

facility level of care required for an HCBS waiver. Criteria include the need for assistance with at least two ADLs and one of the following risk factors: risk of social isolation due to

lack of family or social support; risk of chronic medical condition being exacerbated if the individual is not supervised by a registered nurse; or history of aggressive behavior if not supervised or if medication is not administered by a registered nurse. Eligible individuals receive many types of aging supports, including adult day services, care coordination, nursing services, nutritional assessments, social activities, and meals. Unlike the Connecticut state plan option, the Nevada state plan option requires the individual to already be eligible for Nevada Medicaid, instead of creating a separate eligibility pathway.

Washington, D.C.'s HCBS benefit is targeted to the elderly and disabled who have one or more chronic conditions or progressive illnesses. Eligible individuals may receive adult day health care that provides medical and nursing consultation services; individual and group therapeutic services; social supports; recreational and educational activities; and nutrition and meal services. To determine eligibility, individuals are scored on an assessment tool that evaluates functional need, skilled care need, and cognitive and behavioral well-being. Individuals enrolled in this plan must already be eligible for

Medicaid through an existing Medicaid eligibility group.

→ **OPTION 1:** JCHC could include language in the Appropriation Act directing DMAS to develop a plan for implementing a 1915(i) state plan home-and-community based services option that targets older Virginians up to 300% of SSI and with functional eligibility criteria that are less restrictive than the current criteria for the elderly home and community-based services waiver. The plan should include the eligibility criteria, services provided, utilization limits, and estimated cost of the program. The plan should be submitted to the Joint Commission on Health Care, and the Chairs of the House Appropriations and Senate Finance Committees no later than October 1, 2022.

Other states leverage Medicaid to cover some housing-related services

Medicaid can pay for housing-related services in three distinct categories: individual housing transition services, individual housing and tenancy sustaining services, and state-level housing services. (Federal rules prohibit the use of Medicaid funding to pay rent.) For example, Medicaid can help assist with finding housing, securing housing, and home modifications for eligible individuals. Medicaid housing-related services are limited to Medicaid-eligible individuals, so broader housing programs are necessary to meet the

Individual housing transition

services are direct support services including: tenant screening and housing assessments; assisting with tenant search and application process; ensuring the living environment is safe

Individual housing and tenancy

services help maintain tenancy once housing is secured including: education and training on tenant and landlord relationship; assistance in resolving disputes with landlords and/or neighbors

State-level housing services are activities aimed at identifying and securing housing resources for future planning and development.

needs of middle-income older adults. Other states use Medicaid-funded housing services for different populations, but these concepts could be targeted to older Virginians on Medicaid.

The North Carolina Healthy Opportunities Pilot is an 1115 waiver that allows managed care organizations to buy housing, transportation, and food, among other services. The waiver is not specific to the aging population, and is restricted to residents in specific counties. Individuals must have at least one qualifying physical or behavioral health condition and one qualifying social factor such as homelessness. The state can provide housing navigation, support, inspection, and modification for eligible adults enrolled in the waiver. The pilot will provide \$650 million in Medicaid funding over the next five years, and is projected to begin in spring of 2022.

Louisiana uses a Medicaid HCBS waiver to provide supportive housing services to reduce homelessness and avoid unnecessary institutionalization among people with disabilities. Louisiana Medicaid partners with the state housing authority to identify potential housing providers and serve as the rental subsidy administrator. Eligible individuals must meet income limits and have a substantial, long-term disability. Priority is given to individuals who are transitioning from institutions and persons experiencing homelessness.

Virginia is already undertaking efforts to provide supportive housing to high needs populations through a Medicaid waiver. While the current plans are not targeted specifically to older individuals, older Virginians in need of aging supports are potentially eligible. DMAS has legislative authority and received CMS approval for the services provided and populations to be covered by the waiver. The next step to implement the waiver is to analyze how much the services will cost, and how many people will need them. DMAS indicated they can use their current actuarial contractor to conduct a rate study to determine the cost of the services. The study will provide the information necessary to estimate the total cost of the waiver program. DMAS estimates that the rate study will cost approximately \$500,000.

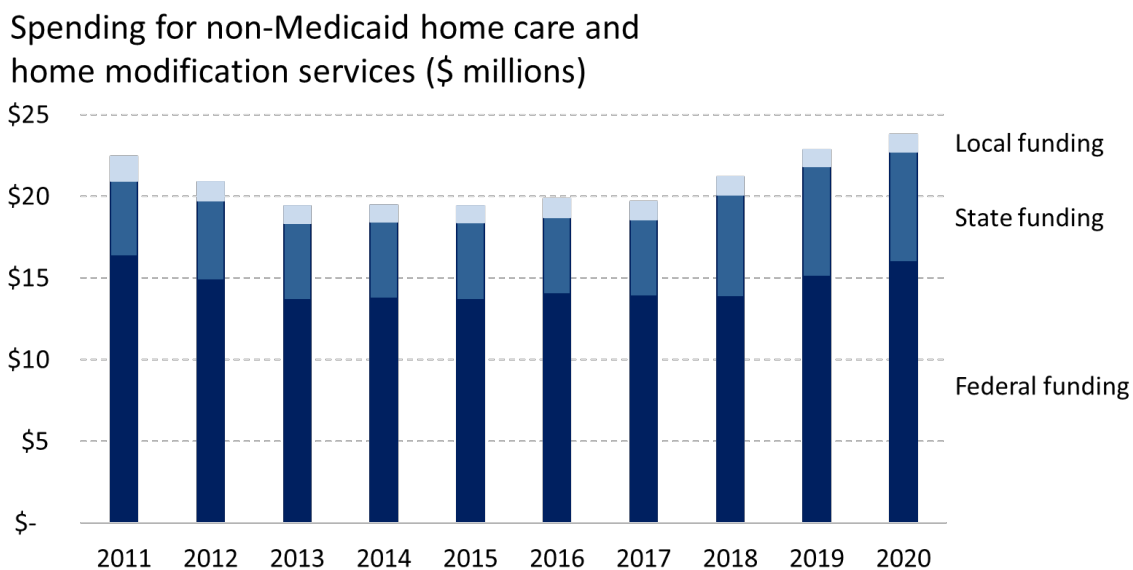
→ **OPTION 2:** JCHC could introduce a budget amendment providing funds to the Department of Medical Assistance Services to conduct a rate study for the section 1115 High Needs Supports waiver.

Locally administered programs need additional resources to meet community needs

Local AAAs and LDSS offices operate programs for middle-income individuals who need home care and home modifications. These programs include Title III-B Supportive Services funded through OAA, state funded Community Based Services, and Adult Services funded through the federal social services block grant. However, these programs are often operating at capacity due to limited funding. As a result, older Virginians may have to wait a long time for services, or be unable to access them altogether.

Funding for these programs that provide home care and home modification services has been generally flat, adjusted for inflation, for the past decade. During that time, the number of older Virginians requiring aging supports has increased. Total funding for these programs was \$23.7 million in FY20, up from \$22.4 million FY11. This represents a 0.6% annual increase (FIGURE 9). Most of the funding comes from federal sources (\$16 million in FY20) with state appropriations providing another \$6.7 million. Most AAAs and LDSS also receive local funds, or fundraise within their community, to supplement federal and state funding.

FIGURE 9: Total funding for community-based home care and home modification services has not increased significantly in the last decade



SOURCE: Department of Medical Assistance Services, Department of Social Services

Providing additional funds to address the unmet home care and home modification needs across Virginia would directly target the highest priorities for older Virginians. The mechanisms already exist to administer these programs, and additional funding would enable AAAs and LDSS offices to provide these needed services to more individuals.

Data does not currently exist to estimate how much additional funding is required to address the current unmet needs. The General Assembly appropriated \$50,000 for DARS to obtain reliable demographic data for determining needs and service planning for aging services within AAAs in FY22. Future consideration should be given to allocate resources to DARS to conduct a robust statewide needs assessment for older adults which should include services provided by LDSS. DARS can use this needs assessment to estimate how much additional funding would be required to address the unmet needs for home care and home modifications across the state. However, it is not necessary to conduct a needs

assessment before appropriating funding. The General Assembly could appropriate additional funding for these services in the interim and track the number of additional individuals served, as well as the number on waiting lists for home care and home modification services. Each AAA reports annually to DARS the amount of money spent on each specific service. DARS can review the total, current spending on home care and home modifications to develop an estimate of the initial amount of funding that would be appropriated.

➔ **OPTION 3:** JCHC could introduce a budget amendment to increase state funding for home care and home modification services, and include language in the Appropriation Act directing Department of Aging and Rehabilitative Services to estimate the amount of additional state funding necessary to address the current unmet need.

Supporting unpaid caregivers can expand capacity to meet the needs of older adults in the community

Unpaid caregivers sometimes take on the role that health care providers and direct care workers would otherwise perform. As a result, the work of unpaid family caregivers provides significant cost savings to the health care system. The overall shortage in the LTSS direct care workforce increases the need for unpaid family caregivers.

Caregiving requires sacrifices on the part of the caregiver. About half of caregivers nationwide report that caregiving responsibilities have affected their employment, causing them to arrive late, leave early, or take time off to accommodate care. This can lead to a loss in income for unpaid caregivers. Additionally, caregiving can have a negative impact on the caregivers' physical and mental well-being. Unpaid caregivers are disproportionately women and people of color, meaning that the burden disproportionately falls on these populations.

Caregiving is a significant burden on unpaid caregivers but provides essential in-home and community supports

Local staff cite a need for more respite care opportunities, short-term institutional stays to provide relief to caregivers, and financial support for unpaid caregivers. Financial support can be in the form of direct cash assistance of the care provided or in the form of a tax credit.

Middle-income older Virginians who cannot access Medicaid have limited financial support for their services, often requiring family caregivers. Virginia has a consumer-directed care program that allows family members to be paid for providing direct in-home care to Medicaid-eligible older Virginians. OAA provides funding for caregiver respite services, and Virginia currently has a state-funded respite voucher program. OAA funding was \$4 million

in FY20. The respite voucher program is limited to a first-come first-served basis until funding is exhausted.

HB 361 (Rasoul) Family Caregiver Tax Credit was introduced in the 2020 General Assembly session to create a non-refundable income tax credit for expenses incurred by an individual while caring for a family member. In order to qualify the family caregiver must:

1. Be residents of Virginia (family member and caregiver)
2. Have income below \$75,000 for an individual and \$150,000 for a married person
3. Not receive any other reimbursement for eligible expenditures

➔ **OPTION 4:** JCHC could provide state funding for the Virginia Lifespan Respite Voucher Program that would supplement federal grant funds.

Federal and state legislation has been introduced to provide tax credits to family caregivers in recent years, but both have been unsuccessful. Most recently, Federal legislation (S. 1670, Sen. Ernst) was introduced in the 117th Congress in May 2021. Legislation in the 2020 General Assembly (HB 361, Rasoul) proposed to create a state income tax credit for eligible caregiving expenses (see sidebar). The goal of both proposals is to help offset the financial burden that caregiving places on family members.

➔ **OPTION 5:** JCHC could introduce legislation to provide a tax credit to eligible working family caregivers to offset the cost of eligible caregiving expenses.

There are a number of community-based, volunteer organizations across the state that coordinate caregiver-like services (transportation, home maintenance, and social activities). They are primarily funded by private donations and charities. These organizations are typically composed of volunteers who live in the communities they support and help other individuals in the community who need assistance. Providing support, in the form of grants, for the work of community-based volunteer organizations that provide essential caregiving services would bolster community support without recreating new programs. The state could target funding to organizations that meet a specific set of criteria, such as serving low- or middle-income older adults. Any state funding can also require an evaluation of the impact of each grant to assess the value of continuing to invest in these organizations.

➔ **OPTION 6:** JCHC could introduce legislation to create a grant program to develop and expand community-based volunteer organizations that provide caregiver-like services in their communities.

Increasing affordable housing opportunities for older Virginians requires coordination across multiple agencies

Providing affordable, permanent supportive housing requires finding housing at a cost that older Virginians can afford, or directly subsidizing their housing costs. Federal funding for these programs is currently not sufficient to meet the needs of older Virginians.

There are some programs and models in other states to increase affordable housing for seniors, but they tend to be limited to specific cities or regions, and are often complex

partnerships between multiple public and private entities. The Massachusetts HEARTH Program is a partnership between a nonprofit and the Boston Housing Authority to provide affordable, permanent supportive housing to older adults in Boston. One example of a fully public program is Iowa's Rent Subsidy Program, which provides rental assistance to adults on a Medicaid HCBS waiver who are waiting to receive Section 8 federal housing. The program is entirely state-funded, with the goal of bridging the gap between the identified need for subsidized housing and the availability of Section 8 federal housing. Rental assistance is given directly to the individual.

Developing similar programs in Virginia would require coordination from multiple agencies and stakeholders, including DARS, the Department of Housing and Community Development, and Virginia Housing. DHCD has already convened a workgroup called the Housing and Supportive Services Interagency Leadership Team (ILT). ILT is comprised of heads of state agencies and is actively working to improve the integration of community-based housing and services for individuals with intellectual and developmental disabilities, people with serious mental illness, and people who are chronically homeless. Given the importance of this need for older Virginians, the ILT should update its current language and include older Virginians as a target subpopulation to develop proposals for increasing the supply of permanent supportive housing for older Virginians.

➔ **OPTION 7:** JCHC could introduce a budget amendment to include language in the Appropriation Act directing the Department for Housing and Community Development to update the current Housing and Supportive Services Interagency Leadership Team initiative to include older Virginians as a target subpopulation and add the appropriate stakeholders to develop proposals for increasing the supply of permanent supportive housing for older Virginians.

Appendix 1: Aging Services Program Inventory

There are nearly 50 programs and services that are operated at the state and local levels for older Virginians. Various state and local agencies receive funds to support aging programs and services. These programs may directly support older adults, their families, or support AAAs and other community-based organizations providing aging services. Each program has separate eligibility criteria and may be subject to resource caps. Some programs listed may be available to older adults, even though older adults are not explicitly listed as a target population. Federally-funded cash assistance programs such as the Supplemental Nutrition Assistance Program (SNAP), Social Security, and Supplemental Security Income (SSI), were excluded from this list but are also available to older adults who qualify.

Aging services are primarily provided by local Area Agencies on Aging across Virginia. AAA staff determine eligibility based on client responses on the Universal Assessment Instrument (UAI), and all encounters are recorded in the No Wrong Door data system. Services offered by AAAs are targeted to persons 60 years of age or older who are frail, have disabilities, or who are at risk of institutional placement. Priority is also given to persons in the greatest economic or social need and/or living in rural or isolated areas, with particular attention to low-income minority individuals.

Statewide Aging Programs and Services

Adult Protective Services

Program Description: Adult Protective Services (APS) receives and investigates reports of abuse, neglect, and exploitation of adults 60 years of age or older and incapacitated adults age 18 or older. If protective services are needed and accepted by the individual, local APS workers may arrange for a wide variety of health, housing, social and legal services to stop the mistreatment or prevent further mistreatment. Services offered may include home-based care, transportation, adult day services, adult foster care, nutrition services and legal intervention in order to protect the adult. Services may also be arranged for individuals in emergency situations who lack the capacity to consent to services.

Eligibility Requirements: None

Lead Agency: DARS

Adult Services Program

Program Description: The Adult Services Program assists adults with an impairment who need services or support to enhance self-sufficiency and improve their quality of life. Services offered include: Home-based services (companion, chore, or homemaker); Long-

Term Care Services and Support (LTSS) Screenings; Assisted Living Facility (ALF) assessments and reassessments; Review of annual guardian reports; Adult foster care (provided by local option).

These services are provided by local departments of social services and are designed to help adults remain as independent as possible, preferably in their own home. The goal is to strengthen appropriate family and social supports and reduce the need for institutional placement.

Eligibility Requirements: Adults who may need home-based services; Individuals who request a screening for Medicaid funded long-term services and supports; Adults who may qualify for Auxiliary Grant and need assessment for assisted living facility placement; Adults who need and request services to avoid institutionalization

Lead Agency: DARS

Auxiliary Grant Program

Program Description: The Auxiliary Grant (AG) is an income supplement for individuals who receive Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals who reside in a licensed assisted living facility (ALF), an approved adult foster care (AFC) home, or a certified supportive housing setting. Not all ALFs accept AG payments.

An AG payment is issued to an individual monthly by the local department of social services where recipient residency is established, to be used with a designated amount of their monthly income to pay the maximum monthly AG rate. This rate is determined by the Virginia General Assembly and is adjusted periodically. The AG Program is 80 percent state funded and 20 percent locally funded.

Eligibility Requirements:

- Be 65 or over or be blind or be disabled.
- Be a Virginia Resident or meet the exception
- Reside in a licensed assisted living facility, approved adult foster care home, or approved supportive housing setting.
- Be a citizen of the United States or an alien who meets specified criteria.
- Have non-exempted (countable) income less than the total of the AG rate approved for the assisted living facility plus the personal needs allowance.
- Have non-exempted resources less than \$2,000 for one person or \$3,000 for a couple.
- Have been assessed and determined to need the appropriate level of care.

Lead Agency: DARS

Care Coordination for Elderly Virginians

Program Description: AAAs in Virginia use CCEVP state general funds for five services types: Service Coordination Level 1, Service Coordination Level 2, Senior Outreach to Services (SOS), Options Counseling (OC), and Care Transitions. See each service type under Services provided by Area Agencies on Aging (page 29) for description.

Eligibility Requirements: Care Coordination shall be targeted to those older persons, age 60 years and over, who are frail, or have disabilities, or who are at risk of institutional placement. Unlike Medicaid or Older Americans Act Title III elderly care coordination, the state-funded Care Coordination for Elderly Virginians Program is not an entitlement program. Care coordination shall be available to the extent that state appropriations allow. The agency may decide to deny care coordination services if the agency determines the client can be better served/more efficiently served in an institutional setting.

Lead Agency: DARS

Chronic Disease Self-Management Education

Program Description: The Chronic Disease Self-Management Program (CDSMP), developed by Stanford University, is a six week, 2.5 hour workshop that offers tools and information to help people manage their chronic illnesses and participate more fully in life. There is strong evidence across many studies that CDSMP participants experience several beneficial health outcomes, including greater energy, increased participation in physical activity, improved health status, reduced pain symptoms, and improved psychological well-being. Participants also report enhanced communication and partnerships with physicians and greater confidence that they can take actions to affect their own health.

Eligibility Requirements: None

Lead Agency: DARS

Long-Term Care Ombudsman Program

Program Description: The Long-Term Care Ombudsman Program consists of the Office of the State Long-Term Care Ombudsman and 20 local offices located in area agencies on aging throughout the state providing direct service in their communities. In addition to the training and oversight of the local Ombudsman offices, duties of the Office of the State Long-Term Care Ombudsman include:

- Addressing systemic care problems through participation in committees, task forces, and advisory boards working on issues such as staffing, workforce development, survey and enforcements processes, long term care financing, and quality standards;
- Addressing systemic care problems through participation in committees, task forces, and advisory boards working on issues ;

- Analyzing and monitoring the development and implementation of laws, regulations, and policies that relate to the health, safety, welfare, and rights of long term care recipients;
- Addressing systemic care problems through participation in committees, task forces, and advisory boards working on issues; and
- Collecting, reporting, and analyzing statewide program data, trends and issues in long term care.

Eligibility Requirements: None

Lead Agency: DARS

Native American Tribes/Programs

Program Description: Title VI, Grants for Services for Native Americans, funds nutrition programs and other supportive services for older Native Americans, Native Alaskans, and Native Hawaiians. As of spring 2019, Virginia has seven federally recognized tribes (Pamunkey, Chickahominy, Eastern Chickahominy, Upper Mattaponi, Rappahannock, Nansemond, and Monacan).

Eligibility Requirements: Ages 50+ and part of eligible group. To be eligible for funding, tribes must represent at least 50 older adults in Virginia who are age 60 or older and seek OAA funding. As of July 1, 2019, no tribes have met this threshold and sought OAA funding.

Lead Agency: DARS

No Wrong Door

Program Description: Virginia NWD is a statewide network of community partners and shared resources linked through a virtual system, designed to streamline access to LTSS – connecting individuals, providers, and communities across the Commonwealth. NWD Virginia is a public-private partnership, which adheres to guidelines established under the ACL, offering a unique electronic tool to share information between certified community partners, enabling them to safely and securely access personal information, with consent, expediting an individual's access to LTSS. No Wrong Door is locally led and managed by 25 AAAs across the Commonwealth. Each unique local community has an advisory group and network of partners who contribute their expertise, collaborate and share client-level data, with consent, through a secure system to streamline access and support.

Eligibility Requirements: None

Lead Agency: Adhering to guidelines established for a NWD System under the ACL, NWD Virginia is sustained by federal grants, state general funds, local county/community investments and foundation supports. NWD Virginia is governed by a Strategic Leadership Team comprised of DARS, Virginia Navigator, the Office of the Secretary of Health and

Human Resources (HHR), DMAS, DBHDS, VDH, and VHDA, and the Virginia Hospital and Healthcare Association (VHHA)

Nutrition Services Incentive Program

Program Description: The Nutrition Services Incentive Program of the OAA provides grants to states, territories, and eligible Tribal organizations to support the Congregate and Home-Delivered Nutrition Programs by providing an incentive to serve more meals. Grantees can choose to receive their grant as cash, commodities (food), or a combination of cash and commodities. Please note that the only NSIP requirements a provider must follow are in the OAA, Section 311. Previous guidance provided by other federal agencies is no longer required.

Eligibility Requirements: None

Lead Agency: DARS

Rental Unit Accessibility Modification Program

Program Description: Virginia Housing offers accessibility grants to eligible people with disabilities who are renting their homes. The money can be used to install ramps, grab bars and other modifications to make your home easier to navigate. It's not a loan, so no repayment is needed.

Eligibility Requirements: A grant of up to \$8,000 per rental unit is available to tenants with disabilities who earn 80% or less of the area median income (AMI).

Lead Agency: Virginia Housing

Senior Community Service Employment Program

Program Description: SCSEP is the only federally sponsored job creation program targeted to low-income older Americans. The program subsidizes part-time community service jobs targeted to low income persons age 55 years and older who have poor employment prospects. The program fosters economic self-sufficiency by moving able participants into unsubsidized employment in the public and private sectors and benefits both participants and the communities they serve. Program participants work in a wide variety of community service jobs, including nurse's aides, teacher's aides, librarian's aides, and clerical workers.

Eligibility Requirements: Individuals must be 55 years and older

Lead Agency: DARS

Senior Cool Care Program

Program Description: Senior Cool Care is a public-private partnership sponsored by Dominion Energy and administered by the Virginia Department for Aging and Rehabilitative Services that helps low-income older citizens in Virginia keep cool during

summer months. The program runs June 1 through the last working day in September. The program provides single room air conditioners or fans to elderly Virginians who live within Dominion Energy's service area and who meet eligibility requirements.

Eligibility Requirements: Adults must be 60 or older and need additional cooling at home. Adjusted Gross Income must be at or below 150% of the federal poverty level. (1 person: \$1,610/month; 2 person: \$2,178/month)

Lead Agency: DARS

Senior Farmer's Market Nutrition Program

Program Description: Virginia's Farm Market Fresh for Older Adults program helps eligible seniors get fresh, tasty, and nutritious locally-grown fruit, vegetables, and cut herbs. The program also supports local farmers and farmers' markets in Virginia. Approved applicants receive \$45.00 worth of checks per eligible senior for that growing season. Each check is worth \$5.00 and may be used to purchase fresh, locally-grown fruit, vegetables, and cut herbs from participating certified retail farmers market vendors. Certified retail farmers market vendors will accept checks for fresh, locally grown fruit and vegetables in-season, depending on the produce items available. Participation is limited and applications are accepted on a first come-first served basis.

Eligibility Requirements: In order to participate in the Senior Farmer's Market Nutrition Program, applicants must be: 60 years of age or older, a resident of a locality that participates in the program, meet the program's income requirements, and certify household income.

*Note: Older adults cannot live in the same household or be an immediate family member of the farmer who grows the produce.

Lead Agency: DARS

Virginia Insurance Counseling and Assistance Program (VICAP)

Program Description: VICAP is part of a national network of programs that offers free, unbiased, confidential counseling and assistance for people with Medicare and other supplemental insurance including: Medicare; Medicare Part D; Medicare Advantage Plans; Medigap; Commonwealth Coordinated Care Plus (CCC Plus); and Long-term care insurance.

Counselors can also help with health care appeals, denials and identifying those eligible for low-income subsidies. VICAP counselors are not licensed to sell insurance. Counselors are trained and certified to help you understand and compare benefits, assist with filing for benefits based on income and resources, and inform you of your rights.

Eligibility Requirements: All Medicare beneficiaries including those with disabilities and younger than 65

Lead Agency: DARS

Virginia Lifespan Respite Voucher Program (VLRVP)

Program Description: VLRVP provides reimbursement vouchers to Virginia caregivers who reside full-time, in the same household as the person receiving care, for the cost of temporary, short-term respite care provided to individuals, of any age, with a documented disability or special need. VLRVP is focusing on caregivers of older adults and caregivers of children or adults with disabilities.

Priority is given to assist those caregivers with the greatest social and economic need with a special attention to dementia caregivers, male caregivers, rural caregivers, LGBTQ+ caregivers, and American Indian caregivers. Respite funding is limited to \$595 per family for eligible period, or until funds are exhausted. Funds cannot be used to reimburse household expenses, or so the caregiver can go to work.

Eligibility Requirements: Applicants must complete Virginia Lifespan Respite Voucher Application, provide proof of the individuals disability/special needs, and completed Caregiver Burden Inventory.

Lead Agency: DARS

Virginia Liveable Home Tax Credit

Program Description: The Virginia Livable Home Tax Credit (LHTC) program is designed to improve accessibility and universal visitability in Virginia's residential units by providing state tax credits for the purchase of new units or the retrofitting of existing housing units. Tax credits are available for up to \$5,000 for the purchase/construction of a new accessible residence and up to 50 percent for the cost of retrofitting existing units, not to exceed \$5,000.

Eligibility Requirements: Livable Homes Tax Credit is eligible for Virginia homeowners and licensed contractors.

Lead Agency: DHCD

Services provided by Area Agencies on Aging

*Note: Services offered vary by locality.

Adult Day Care

Service Description: Provision of personal care and supportive services for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day. Services offered in adult day care typically include social and recreational activities, counseling, meals, and services such as rehabilitation, medications assistance and home health aide services for adult day health care. The service may be provided to family caregivers for respite.

Eligibility Requirements: Adult Day Care programs are targeted to persons 60 years of age or older who are frail, have disabilities, or who are at risk of institutional placement.

Assisted Transportation

Service Description: Assisted transportation is the provision of transportation and an escort to older persons who have difficulty using regular vehicular transportation due to physical and/or cognitive limitations. It is a “door-to-door” service, and the escort can wait with the older person at the doctor’s office or other destinations.

Eligibility Requirements: Assisted Transportation is targeted to persons 60 years of age or older who are frail, have disabilities, or who are at risk of institutional placement.

Care Transitions

Service Description: The term "care transitions" refers to the movement of individuals between health care practitioners and settings as their conditions and care needs change during the course of a chronic or acute illness. The goals of care transition programs are to improve transitions from the inpatient hospital setting to other care settings, to improve quality of care, to reduce readmissions for high risk individuals, and to document measurable savings to the Medicare program. Many AAAs in Virginia are involved in care transitions projects in partnership with their local hospitals or health care systems. Several AAAs have also banded together to create the VAAACares to further advance care transitions in their communities.

Eligibility Requirements: Care transitions is targeted to persons 60 years of age or older who are frail, have disabilities, or who are at risk of institutional placement

Checking

Service Description: Contacting older persons at their residence to make sure that they are well and safe. This activity may also serve to provide psychological reassurance to an older person who is alone and in need of personal contact from another individual. Agencies providing Checking Services must perform the following: Telephone or visit an older person in order to provide comfort or help; “Lifeline” or other automated checking/reassurance services.

Eligibility Requirements: Checking services are targeted to persons 60 years of age or older who are frail, have disabilities, or who are at risk of institutional placement.

Chore

Service Description: Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy house work, yard work or sidewalk maintenance.

Eligibility Requirements: Chore services are targeted to persons 60 years of age or older who are frail, have disabilities, or who live in isolated areas, with particular attention to low-income minority individuals and individuals with limited English proficiency

Communication Referral Information Assistance

Service Description: Assistance, either in the form of accessing needed services, benefits, and/or re-sources, or arranging, in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, the needed services by providers. Care Coordination is a distinct and comprehensive service. It entails investigating a person's needs and resources, linking the person to a full range of appropriate services, using all available funding sources and monitoring the care provided over an extended period of time.

Eligibility Requirements: Communication and Referral services are targeted to persons who are 60 years of age or older, persons with disabilities aged 18 and over, and their families and caregivers. Individuals are eligible for Information and Assistance services if they are 60 years of age or older. Priority shall be given to older individuals who are in the greatest economic and social need, and older individuals at risk for institutional placement, with preference given to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. Families and caregivers of older adults may also receive information and assistance for needed services.

Congregate Nutrition Program

Service Description: The Congregate Nutrition Program provides meals and related nutrition services in congregate (group) settings, which help to keep older Americans healthy and prevent the need for costlier medical interventions. In addition to serving healthy meals, the program presents opportunities for social engagement, information on healthy aging, and meaningful volunteer roles, all of which contribute to an older individual's overall health and well-being.

Eligibility Requirements: Congregate Nutrition Services are targeted to persons 60 years of age or older.

Elder Abuse Prevention

Service Description: Elder Abuse Prevention services are programs to assist older individuals, their families and caregivers, to prevent and remedy neglect or exploitation.

Eligibility Requirements: Individuals are eligible for Elder Abuse Prevention Services if they are 60 years of age or older

Emergency Services

Service Description: Emergency services provides financial aid and other resources, including referrals to other public and private agencies, to persons 60 and older who have an emergency need for help. The program provides for immediate and short-term assistance in getting resources in an emergency that endangers the health or well-being of older persons.

Eligibility Requirements: Persons 60 years of age and older with emergency needs that cannot be met through other services.

Employment Services

Service Description: Assisting persons age 60 or older to obtain part-time or full-time employment.

Eligibility Requirements: Persons 60 years of age and older.

Evidence-based Disease Prevention and Health Promotion

Service Description: Disease prevention and health promotion programs (Title III D) promote wellness and healthy lifestyles among older adults and prevent or delay chronic conditions. Many of Virginia's AAAs offer evidence-based activities, including CDSME and falls prevention workshops.

Eligibility Requirements: Disease Prevention and Health Promotion Services are targeted to persons 60 years of age or older.

Health Education & Screening

Service Description: Health Education: The provision of information or materials, or both, specifically designed to address a particular health related issue. The activity may be preventive in nature and may promote self-care and independence. Health and nutrition education services include information concerning prevention, diagnosis, treatment, and rehabilitation of age-related diseases and chronic disabling conditions.

Health Screening: The provision of an assessment or screening to determine an individual's current health status, including counseling, follow-up and referral as needed. Health screening services are designed to detect or prevent illnesses, or both, that occur most frequently in older individuals.

Eligibility Requirements: Health Education and Screening Services are targeted to persons 60 years of age or older.

Home-Delivered Nutrition Services Program

Service Description: The Home-Delivered Nutrition Services Program provides meals and related nutrition services for older individuals who are homebound. The Home-Delivered Nutrition program serves homebound, or isolated individuals who are age 60 and over, and in some cases, their caregivers, spouses, and/or persons with disabilities. To be considered homebound, the individual is unable to leave home to attend regular social activities such as a congregate nutrition site; needs escort assistance to attend medical appointments; is without access to adequate nutrition and for whom transportation to a congregate site is unfeasible; is unable to prepare meals and has no one available to prepare meals. This program provides much more than food. It provides a nutritious meal plus a safety check, and sometimes the only opportunity for face-to-face contact an individual has for that day.

Eligibility Requirements: Nutrition program serves homebound, or isolated individuals who are age 60 and over, and in some cases, their caregivers, spouses, and/or persons with disabilities. To be considered homebound, the individual is unable to leave home to attend regular social activities such as a congregate nutrition site; needs escort assistance to attend medical appointments; is without access to adequate nutrition and for whom transportation to a congregate site is unfeasible; is unable to prepare meals and has no one available to prepare meals.

Homemaker

Service Description: Providing assistance to persons with the inability to perform one or more of the following instrumental activities of daily living (IADLs): preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.

Eligibility Requirements: Homemaker services are targeted to persons 60 years of age or older who are frail, have disabilities, or who are at risk of institutional placement.

Legal Assistance

Service Description: Legal assistance is legal advice and representation provided by an attorney to older individuals. Legal Assistance also may include outreach, education, group presentations and training designed to protect the legal rights of older adults using materials developed under the direct supervision of an attorney.

Eligibility Requirements: Legal Assistance is for persons aged 60+ “in social or economic need.”

Long-Term Care Coordinating Activity

Service Description: Provides for the active participation of the AAA staff on local LTC coordinating committee(s), i.e., in the planning and implementation of a coordinated service delivery system to insure the development and delivery of an adequate supply of

HCBS to assist older persons to avoid or delay unnecessary institutionalization, and to assure efficiency and cost-effectiveness in the delivery of those services.

Eligibility Requirements: None

Medicaid Managed Care Advocates

Service Description: In Virginia, the Office of the State LTC Ombudsman also receives state funding to ensure that individuals receiving LTSS under Medicaid Managed Care (CCC Plus) have access to person-centered assistance to better understand and exercise their rights and resolve problems with care and services regardless of setting. Medicaid Managed Care Advocates: Provide assistance in understanding beneficiary rights, responsibilities and benefits under CCC Plus; help beneficiaries resolve problems with their CCC Plus health plans or services; assist beneficiaries to access covered benefits, care and services, address quality issues; serve as a resource for beneficiaries and family caregivers; and identify problems and provide recommendations for quality improvement.

Eligibility Requirements: None

Medication Management

Service Description: Medication management services involve the provision of any of the following medication management, medication screening, and medication education. Medication management is the information and education that helps older citizens understand how to take prescription, over-the-counter (OTC), and herbal medications in a safe and proper manner including following the regimen provided by their physician or pharmacist. Medication screening is the referral of older citizens to a physician or pharmacist for information and assistance with their medications. Medication education is the provision of information to older citizens about prescription, OTC, and herbal medications including common side effects, the dangers of mixing medications, and other issues related to medication management and screening.

Eligibility Requirements: Medication management services are targeted to persons 60 years of age or older.

Money Management

Service Description: Money Management service is assisting eligible older persons in making decisions and completing tasks necessary to manage day-to-day financial matters. The objective of money management services is to enable older persons to maintain financial stability, thereby promoting their wellbeing, independence and self-determination, while protecting their interests and rights.

Eligibility Requirements: Money Management services are targeted to persons 60 years of age or older who are in the greatest economic and social need,

Nutrition Education

Service Description: Nutrition education must be provided regularly to all OAA Nutrition Program participants. The Administration on Aging defines nutrition education as 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) in order to maintain or improve health and address nutrition-related conditions.

Eligibility Requirements: Nutrition education services will be available to eligible participants which include: older individuals, spouses of any age and caregivers, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided. Nutrition and health related education is provided to a group or individuals 60 years and older as an educational and informative session, which complements health promotion goals for participants.

Options Counseling

Service Description: Assistance, either in the form of accessing needed services, benefits, and/or re-sources, or arranging, in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, the needed services by providers. Care Coordination is a distinct and comprehensive service. It entails investigating a person's needs and resources, linking the person to a full range of appropriate services, using all available funding sources and monitoring the care provided over an extended period of time.

Eligibility Requirements: Options counseling is available to all individuals age 18 and over with a disability and to adults age 60 and over who request long-term supports and/or who are planning for the future regarding long-term supports. Individuals are eligible for Options Counseling regardless of their ability to pay.

Personal Care

Service Description: Providing personal assistance, stand-by-assistance, supervision or cues for persons with the inability to perform one or more Activities of Daily Living (ADLs).

Eligibility Requirements: Personal Care services are targeted to persons 60 years of age or older who are frail, have disabilities, or who are at risk of institutional placement.

Public Information & Education

Service Description: Informing older persons and the general public about the programs, services, and resources available to older adults and their caregivers. Service activity involves a contact with several older adults or potential clients (group services). The service may incorporate the development of special information campaigns to inform older

people and the general public about issues, problems, and benefits important to older adults.

Eligibility Requirements: Individuals are eligible for Public Information/Education service if they are 60 years of age or older

Registered Dietician Nutritionist Services

Service Description: The Older Americans Act (OAA) requires that meal providers utilize the expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services; and ensure that the project provides for nutrition screening and nutrition education, and nutrition assessment and counseling if appropriate.

Eligibility Requirements: Nutrition services will be available to older individuals and to their caregivers, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided.

Residential Repair and Renovation

Service Description: Home repairs and/or home maintenance to persons 60 years of age and older, includes weatherization provided with OAA funds to assist them in maintaining their homes in conformity with minimum housing standards and/or to adapt their homes to meet their needs.

Eligibility Requirements: Individuals are eligible for Residential Repair and Renovation service if they are 60 years of age and older.

Senior Outreach to Services (S.O.S)

Service Description: Senior Outreach to Services (S.O.S.) is a model of service coordination that is designed to provide a mobile, brief intervention that links seniors to supports and services available in their community. Aggressive information and assistance/outreach services are used to reach seniors. A face-to-face interview is conducted with a senior to determine available services that can support him/her living in the community. The seniors are provided aid in accessing and implementing the needed supports and services. Program evaluation is conducted on a regular basis.

Eligible Population: Individuals are eligible for S.O.S. if they are 60 years of age or older and living in the community.

Service Coordination (Level One)

Service Description: Service coordination Level One (1) is assistance, either in the form of accessing needed services, benefits, and/or resources or, arranging, in circumstances where

the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, the needed services by providers.¹ It entails investigating a person's needs, preferences and resources, linking the person to a full range of appropriate services and supports, using all available funding sources, and monitoring to ensure that services specified in the support plan are being provided.

Eligibility Requirements: Service Coordination Level One shall be targeted to those older persons, age 60 years and over, who are deficient in one (1) Activity of Daily Living (ADL), and the older individual must be in need of either mobility assistance (either human or mechanical) or suffer from a cognitive impairment, such as Alzheimer's disease or related disorder. Such persons shall also be unable to maintain independent living and self-sufficiency in their community due to the inability to define, locate, secure or retain the necessary resources and services of multiple providers on an on-going basis. The Service Coordination Level One Program is part of the state-funded Care Coordination for Elderly Virginians Program and is not an entitlement program. Service Coordination Level One shall be available to the extent that state appropriations allow.

Service Coordination (Level Two)

Service Description: Service Coordination Level Two (2) is assistance, either in the form of accessing needed services, benefits, and/or resources or, arranging, in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, the needed services by providers. It entails investigating a person's needs, preferences, and resources, linking the person to a full range of appropriate services and supports, using all available funding sources, and monitoring to ensure that services specified in the support plan are being provided.

Eligibility Requirements: Service coordination shall be targeted to those older persons, age 60 years and over, who are frail, or have disabilities, or who are at risk of institutional placement. Service Coordination Level Two is part of the state-funded Care Coordination for Elderly Virginians Program and is not an entitlement program. Service Coordination Level Two shall be available to the extent that state appropriations allow.

Socialization & Recreation

Service Description: Providing an opportunity for the individual to interact with others and participate in leisure time activities. They are 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.

Eligibility Requirements: Socialization and Recreation Services are targeted to persons 60 years of age or older whose lifestyle may be enhanced through opportunities for socialization and participation that may alleviate isolation and loneliness.

Transportation Services

Service Description: Transportation is the provision of a means of going from one location to another. It does not include any other activity.

Eligibility Requirements: Individuals are eligible for Transportation Services if they are 60 years of age or older, lack the ability to transport themselves, and lack other means of transportation.

Volunteer

Service Description: Assisting older adults to obtain a suitable volunteer placement.

Eligibility Requirements: Persons 60 years of age and older with priority given to older individuals who are in the greatest economic and social need

Appendix 2: Funding for Aging Services

Funding for aging services in Virginia comes from federal, state, and local sources. Programs are administered and overseen by multiple state agencies. Table A1 shows funding for major aging programs in Virginia over the last 10 years.

TABLE A1: Funding for major aging programs in Virginia (FY11-FY20)

Program	Agency	FY11	FY20	Change (\$)	Change (%)
Medicaid HCBS (65+ population)	DMAS	\$ 341,253,611	\$ 666,184,925	\$ 324,931,315	95%
Older Americans Act	DARS	\$ 32,072,004	\$ 31,275,260	\$ (796,744)	-2%
Title III-B Supportive Services		\$ 12,059,596	\$ 11,693,453	\$ (366,143)	-3%
Title III-C Congregate Meals		\$ 6,748,040	\$ 6,752,238	\$ 4,198	0%
Title III-C Home-Delivered Meals		\$ 8,282,360	\$ 7,667,269	\$ (615,091)	-7%
Title III-D Preventive Health		\$ 431,101	\$ 655,159	\$ 224,058	52%
Title III-D Medication		\$ 148,565	\$ -	\$ -	-100%
Title III-E Family Caregiver		\$ 3,857,084	\$ 4,025,473	\$ 168,389	4%
Title VII Elder Abuse		\$ 138,725	\$ 97,316	\$ (41,409)	-30%
Title VII Ombudsman		\$ 406,532	\$ 384,352	\$ (22,180)	-5%
DARS General Fund	DARS	\$ 13,658,622	\$ 14,795,856	\$ 1,137,234	8%
Title III Match		\$ 902,642	\$ 2,770,695	\$ 1,868,053	207%
Community Based Services		\$ 4,466,822	\$ 3,951,263	\$ (515,559)	-12%
Transportation		\$ 1,676,711	\$ 1,431,608	\$ (245,103)	-15%
Home Delivered Meals		\$ 6,187,570	\$ 5,047,510	\$ (1,140,060)	-18%
Ombudsman		\$ 331,036	\$ 363,643	\$ 32,607	10%
Census Adjustment		\$ 93,841	\$ -	\$ (93,841)	-100%
Supplemental Nutrition		\$ -	\$ 1,231,137	\$ 1,231,137	
Care Coordination for Elderly		\$ 1,702,093	\$ 2,007,625	\$ 305,532	18%
Nutrition Services Incentive	DARS	\$ 2,976,233	\$ 1,800,000	\$ (1,176,233)	-40%
DMAS Ombudsman Federal	DMAS/DARS		\$ 117,986	\$ 117,986	
Auxiliary Grant Program	DARS/DSS	\$ 32,608,478	\$ 22,446,970	\$ (10,161,508)	-31%
Federal and State		\$ 26,086,782	\$ 17,957,576	\$ (8,129,206)	-31%
Local		\$ 6,521,696	\$ 4,489,394	\$ (2,032,302)	-31%
Adult Services	DARS/DSS	\$ 8,858,983	\$ 5,376,943	\$ (3,482,040)	-39%
Federal and State		\$ 7,087,187	\$ 4,301,555	\$ (2,785,632)	-39%
Local		\$ 1,771,797	\$ 1,075,389	\$ (696,408)	-39%
Adult Protective Services	DARS/DSS	\$ 1,144,521	\$ 623,897	\$ (520,624)	-45%
Federal and State		\$ 956,646	\$ 527,194	\$ (429,452)	-45%
Local		\$ 187,875	\$ 96,703	\$ (91,172)	-49%
Senior Cool Care	DARS		\$ 85,000	\$ 85,000	
Senior Farmer's Market Nutrition	DARS		\$ 468,420	\$ 468,420	
Senior Transportation	DRPT	\$ 6,002,497	\$ 6,379,896	\$ 377,399	6%
DRPT Senior Transportation Program		\$ 5,548,068	\$ 5,134,339	\$ (413,729)	-7%
MWCOG Senior Transportation Program		\$ 454,429	\$ 1,245,557	\$ 791,128	174%
CARES ACT funding	DARS		\$ 18,363,103	\$ 18,363,103	
Families First Coronavirus	DARS		\$ 5,817,310	\$ 5,817,310	
Centers for Independent Living	DARS	\$ 1,582,957	\$ 1,972,237	\$ 389,280	25%
Virginia Livable Home Tax Credit	VA Housing	\$ 1,171,208	\$ 1,000,000	\$ (171,208)	-15%
Rental Unit Accessibility	VA Housing		\$ 496,291	\$ 496,291	

SOURCE: JCHC analysis of appropriations and spending data for DARS, DMAS, DSS, DRPT, and VA Housing.

NOTE: Senior Transportation funding for northern Virginia is provided directly to the Metropolitan Washington Council of Governments. Funding is adjusted for inflation to FY20 dollars.

Appendix 3: Study Resolution

Strategies to support aging Virginians in their communities

Authorized by the Joint Commission on Healthcare on December 15, 2020

WHEREAS, the number of Virginians over the age of 65 continues to increase and is projected to account for nearly 20 percent of Virginia's population by the year 2030 ; and

WHEREAS, the population of older individuals is projected to become increasingly diverse, requiring services and supports to meet the needs of individuals from different cultures and backgrounds; and

WHEREAS, an increasing number of older individuals are concerned that they will outlive their financial resources; and

WHEREAS, the Department of Aging and Rehabilitative Services (DARS) is the state agency responsible for overseeing the provision of aging services in Virginia but several other state agencies and local government entities play a key role in developing and providing services; and

WHEREAS, research consistently shows that the elderly achieve better outcomes and quality of life when they are able to safely live in community settings, including their own home; and

WHEREAS, the percentage of older Virginians able to live in the community varies across different regions of the state; and

WHEREAS, aging in place safely and with a high quality of life requires an appropriate continuum of supports that include housing, assistance with activities of daily living, transportation, and other supportive services, now, therefore be it

RESOLVED, by the Joint Commission on Health Care that staff be directed to study strategies to support aging Virginians in their communities.

In conducting its study, staff shall (i) identify the necessary continuum of services and supports necessary to keep people in their homes and communities, (ii) evaluate whether state and local programs and services to support Virginians in the community are effectively coordinated; (iii) assess the root causes of variation in community-based supports across different regions of the state; (iv) identify effective programs in Virginia and other states that are shown to be effective at keeping older individuals safely in the community; and (v) identify strategies that Virginia could pursue to increase the number of older individuals who are able to age in place in their communities.

The Joint Commission on Health Care shall make recommendations as necessary and review other related issues as warranted.

In accordance with § 30-169.1 of the Code of Virginia, all agencies of the Commonwealth, including the Virginia Department of Aging and Rehabilitative Services, the Virginia

Department of Health, the Virginia Department of Medical Assistance Services, local Area Agencies on Aging, and local Departments of Social Services shall provide assistance, information, and data to the JCHC for this study upon request.



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