Area Agency on Aging Area Plan
Federal Fiscal Years 2022–2025

Updates
January 1, 2022 through June 30, 2022

Volunteers and staff gathered for Senior Solutions’ volunteer appreciation luncheon.

Senior Solutions
38 Pleasant Street, Springfield, VT 05156
802-885-2655
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ATTACHMENT B

Verification of Intent

The Senior Solutions Area Agency on Aging's Area Plan update is hereby submitted for the period January 1, 2022 – June 30, 2022. It includes all assurances and plans to be followed by the submitting agency under provisions of the Older Americans Act and the Area Plan Instructions. The Area Agency on Aging identified shall assume full responsibility to develop and administer the plan in accordance with all requirements of the Act and related State policy. The Area Agency on Aging assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

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

Signatures below verify the intention to comply with all Older Americans Act and State of Vermont assurances.

08/01/2022
Date
Area Agency on Agency Director

07/28/2022
Date
President, Board of Directors

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

07/29/2022
Date
Chairperson, Area Agency on Aging Advisory Council

Date Approved
Commissioner, Department of Disabilities, Aging and Independent Living
Executive Summary

Over the past two years, Senior Solutions has gone through a significant transition of leadership. Our long-time Finance/HR Director retired in August 2019. After a prolonged search, his replacement was hired in the spring of 2020, but her tenure was short. An additional search brought us a new finance director who was hired in February 2021. In December 2019, the Senior Solutions nutrition director resigned. Her replacement was hired in January 2020. In November 2020, the Senior Solutions Executive Director announced her resignation effective in May 2021. Her replacement was hired in April 2021, vacating the Social Services/Operations Director position. That position was filled in July 2021. In March 2022, the Case Manager Supervisor retired. We are still recruiting for that position. A significant transition of trustees on the Senior Solutions board of directors has contributed to this environment of change.

During this period, Senior Solutions embarked upon developing not just a new three-year area plan, but also a new five-year strategic plan. While there seemed to be some logic to developing these simultaneously, the process quickly became derailed, with the strategic plan being sidetracked while we focused on the new area plan. The process was further complicated by the fact that the initial draft of this area plan was started by the outgoing Director, leaving the final draft submission to the current Director. The continuously changing environment of the COVID-19 pandemic created additional complications to this process.

Against this backdrop, Senior Solutions has taken critical actions to advance the goals set forth in this new plan. A significant aspect of the onboarding for the new Director has been his immersion in the Older Americans Act (OAA), particularly the charge to function as a unifying agent with community partners in strengthening local service networks. The Director has worked to identify and leverage existing relationships to gain introductions to and active participation in local organizations that play key roles within their communities. An example of such an organization is the formation of the Woodstock Area Collaboration, The HUB, whose vision is “Our communities are healthy, resilient, and caring. They provide responsive support to residents experiencing serious disruption or challenges in daily life,” and whose mission is to: “marshal and coordinate resources of multiple organizations and services to provide the best response to neighbors in need, to reduce barriers to seeking and receiving help, and to promote programs that strengthen community and individual health and resilience.”

Another such example is the Director’s role as a core member of the Windham Region Seniors’ Health Collaborative. The vision of the Collaborative is to “assure a sustainable, replicable, and scalable system of care, services and incentives that will support older Vermonters (over 60) across the Windham Region and help create an infrastructure and patterns of practice that allow citizens to attain and maintain the level of health they desire and are capable of achieving.”

The missions of these organizations closely align with the charge of the Older Americans Act for area agencies on aging to “plan and develop a comprehensive and coordinated system of services and supports for older adults (age 60 and over) and family caregivers in our region, to target resources to those in greatest economic and social need (low income, rural or socially isolated, ethnic or cultural minorities, limited English proficiency), and to serve as the advocate and focal point for older adults in the planning and service area.” The Director uses his participation in these organizations as a vehicle to advance these OAA mandates.

Within this plan update are numerous other examples of partnerships and organizations with which the Senior Solutions leadership team are actively involved. You will see throughout the plan how Senior Solutions works within these partnerships to strengthen both internal and external infrastructures to
promote the well-being and dignity of older Vermonters throughout our service area. You will see how our NCOA and 3SquaresVT outreach specialists have established and strengthened important relationships with senior centers, food shelves, aging-in-place groups, municipalities, and local care groups active in our service area. Our 3SquaresVT 100% campaigns have forged new relationships within several communities, strengthening the service networks for the OAA target populations. Just last week, these outreach efforts paved the way for Senior Solutions to be offered space in the recently vacated Wilmington fire station. Our presence there will enable us to expand our outreach to older citizens in the greater Deerfield Valley area.

With the implementation of the nutrition risk prioritization surveys, referrals to our contracted dieticians have almost doubled. Through their work with the meal sites to provide nutritious meals, and with those exhibiting nutritional risk, the dieticians are helping to close the gap between the meal sites and those in need.

The growth in our Tai Chi training program has facilitated the establishment of new relationships with various facility-based organizations interested in hosting classes. We are anxious to hire a Wellness Coordinator to further develop these relationships as we look to add other evidence-based wellness programs.

To expand the critical support network for those living with dementia and their caregivers, we are partnering with local and statewide organizations to promote our dementia respite programs and memory cafes, develop the T-Care assessment implementation, and encourage caregiver group therapy referrals. We are excited about our partnership with the UVM Medical Center on Aging Caregiver Support and Education Center to facilitate referrals to their CARERs and TEACH caregiver therapy groups. This relationship aligns closely with our recently developed memory cafes and our Public Health AmeriCorps dementia respite program.

Our case management team maintains strong relationships with hospital community health teams, SASH teams, long-term clinical care coordinators and numerous other local service organizations supporting a comprehensive care network. Our semi-annual surveys indicate that they are consistently successful in leveraging those supports to meet the needs of their clients.

Senior Solutions recognizes the necessity of expanding our media presence to reach a greater number of citizens who would benefit from our services and new potential community partners. We recognize that such a presence must range from virtual and online visibility to more traditional methods such as pamphlets, postcards, community radio and television programs, and health guide refrigerator magnets. We recently overhauled our website to make it easier to navigate while providing a broader spectrum of resources and information. In this age of global mobility, we must make information available to a family member living in Dublin, Ireland, as well as a Meals on Wheels recipient without broadband connectivity living in the hills of Jamaica, Vermont.

An important aspect of our media presence and collaboration with our community partners is being able to tell our story through the data we collect. To that end, we are excitedly anticipating the implementation of our new PeerPlace data network. To be able to effectively illustrate the important work we do, such as you will see in the graphs located throughout this plan update, we have needed a data system that enables our staff to efficiently enter information and our database manager to succinctly capture that information in representative reports. The PeerPlace data system promises to meet those objectives.

This spring we were fortunate to be in the position of publicizing a request for proposals (RFP) for ARPA community grants. Senior Solutions received twenty-nine grant requests from twenty-one community partner organizations and awarded funds for twenty-seven of these requests. More importantly, we used
this opportunity to strengthen our collaboration with these organizations. We will follow up with these organizations to hear about the progress of their projects and continue to offer other supports.

It is significant to note that two of the goals in our new strategic plan align closely with the goal areas of this area plan: (1) “Senior Solutions will be a household name throughout our service area among individuals and the community at large,” and (2) “Senior Solutions will be recognized as a core community resource and social change agent.” We believe that serving older Vermonters is about more than assisting with meeting their basic needs. It is also about actively engaging with the community at large to raise awareness of the myriad barriers to aging well in Vermont, to partner with other community organizations to expand the infrastructure of supports and services, and to champion the state policies and priorities that will lay the groundwork for successful aging into the future.
COMMUNITY FOCAL POINTS

1. **Senior Solutions**, 38 Pleasant Street, Springfield, VT 05156
   Other Offices: 1011 North Main Street, Unit 24, White River Jct., VT 05001
   205 Main St., Brattleboro, VT 05301
   Mark Boutwell, Executive Director, 802-885-2655, mboutwell@SeniorSolutionsVT.org
   Communities served: Windsor and Windham Counties except for: Bethel, Rochester, Royalton, Sharon, Stockbridge.
   Includes: Readsboro, Searsburg, Thetford and Winhall
   OAA Services Provided: HelpLine, Case Management, Options Counseling, Outreach, Community Education, Volunteer Recruitment and Support
   Non-OAA: Choices for Care, Medicare Assistance (SHIP), public benefits assistance

2. **Bellows Falls Area Senior Center**, 18 Tuttle Street, Bellows Falls, VT 05101
   Teagen Kosut, Director, bfasc@sover.net, 802-463-3907
   Communities Served: Rockingham (incl. Bellows Falls), Walpole, North Walpole, plus surrounding communities.
   OAA Services Provided: Meals on Wheels and Congregate Meals, Nutrition education and support, evidence-based wellness programs, volunteer opportunities.
   Non-OAA Programs: social, educational and recreational.
   Coordination: Regular contact and visits from Nutrition and Wellness Director and Senior Solutions outreach staff; referrals from Senior Solutions HelpLine; regular sharing of newsletters.

3. **Gibson-Aiken Center**, 207 Main Street, Brattleboro, VT 05301
   Sarah Clark, Asst. Director/ Director of Senior Center, Brattleboro Parks & Recreation, sclark@brattleboro.org, 802-257-7570
   Cynthia Fisher, Director, Brattleboro Senior Meals, Director@brattleboroseniormeals.org, (802) 257-1236
   Communities Served: Brattleboro, Dummerston, Guilford, Marlboro and Vernon. Also surrounding communities.
   OAA Services Provided: Meals on Wheels and Congregate Meals, Nutrition education and support, evidence-based wellness programs, volunteer opportunities.
   Non-OAA Programs: Social, educational and recreational.
   Coordination: Regular contact and visits from Nutrition and Wellness Director and Senior Solutions outreach staff; referrals from Senior Solutions’ HelpLine; regular sharing of newsletters.

4. **Black River Area Senior Center**, 10 High Street, Ludlow, VT 05149
   Jean Strong, Director, 802-779-7132, jsmorrillvt@yahoo.com
   Communities Served: Ludlow, Cavendish, Plymouth, and Proctorsville, surrounding communities.
   OAA Services Provided: Meals on Wheels and Congregate Meals, Nutrition education and support, evidence-based wellness programs, volunteer opportunities
   Non-OAA Programs: social, educational and recreational.
   Coordination: Regular contact and visits from Nutrition and Wellness Director and Senior Solutions Outreach staff; referrals from Senior Solutions HelpLine; regular sharing of newsletters.
5. Springfield Senior Center, 139 Main Street, Springfield, VT 05156
   Lori Johnson, Executive Director, lorijohnsonssc@gmail.com, 802-885-3933
   Communities served: Chester, Springfield, Andover, North Springfield, Baltimore and South Weathersfield, surrounding communities.
   OAA Services Provided: N/A
   Non-OAA Programs: Social, educational and recreational
   Coordination: Regular contact and visits from Nutrition and Wellness Director and Senior Solutions’ outreach staff; referrals from Senior Solutions HelpLine; regular sharing of information.

6. Bugbee Senior Center, 262 N. Main Street, White River Junction, VT 05001
   Mark Bradley, Executive Director, mark@bugbeecenter.org, (802) 295-9068
   Communities served: Hartford, Norwich, Thetford, and Hartland and vicinity
   OAA Services Provided: Meals on Wheels and Congregate Meals, Nutrition education and support, evidence-based wellness programs, volunteer opportunities
   Non-OAA Programs: Social, educational and recreational; transportation; social services.
   Coordination: Regular contact and visits from Nutrition and Wellness Director and Senior Solutions outreach staff; referrals from Senior Solutions HelpLine; regular sharing of newsletters.

7. Thompson Senior Center, 99 Senior Lane, Woodstock, VT 05091
   Deanna Jones, Director, djones@thompsonseniorcenter.org, 802-457-3277
   Communities served: Barnard, Bridgewater, Pomfret and Woodstock and vicinity
   OAA Services Provided: Meals on Wheels and Congregate Meals, Nutrition education and support, evidence-based wellness programs, volunteer opportunities.
   Non-OAA Programs: Social, educational and recreational; comprehensive programming, transportation, social services provided.
   Coordination: Regular contact and visits from Nutrition and Wellness Director and Senior Solutions’ outreach staff; referrals from Senior Solutions HelpLine; regular sharing of newsletters.

Coordination of services and community support for older adults:

We work in close partnership with numerous community organizations that support older adults. Regional senior centers with whom we collaborate serve many communities beyond the towns where they are located. Local, independent community “cares” groups that our agency was instrumental in creating many years ago are unique to our region. These groups provide a structure for volunteers to provide direct assistance, transportation, help accessing services, and community nursing services to people in their respective towns. Cares groups exist in Chester/ Andover, Dummerston, Grafton, Guilford, Marlboro, Putney, Westminster, Windham and efforts to reorganize a Deerfield Valley group has been taking place in Wilmington. Similar groups exist in Norwich, Thetford, Reading/ West Windsor, Weathersfield and Hartland. Our Executive Director, Outreach Coordinator, Operations Director, and Nutrition Director meet regularly with these organizations to provide support and coordination of services. Our Executive Director is a core member of the Windham Region Seniors’ Health Collaborative.

We are working to strengthen collaborations with our community partners in Windsor County by participating in the newly formed local interagency team and the Hartford Community Well-being Network. We recently established a monthly memory café at the Bugbee Senior Center in White River Junction. In addition, we participate in the Greater Upper Valley Interagency Services Team. Our
National Council on Aging (NCOA) outreach specialist established office hours in all six senior centers across our service area to support participants with application assistance.

Neighborhood Connections in Londonderry serves a population that includes older adults and works in close partnership with our agency. Parks Place in Bellows Falls serves as a human service hub. Volunteers in Action serves the Windsor region. We work with the Dartmouth Center on Health and Aging in Lebanon that serves residents of Windsor and Orange counties. We actively participate in quarterly meetings of the cares groups where we always are given the opportunity to share information and resources. We serve on a wide assortment of committees and interagency work groups and meet regularly with representatives of these entities. We also participate on six SASH interdisciplinary teams. We regularly provide presentations about our programs to our partners.

Many of these groups are also represented on our Advisory Council. We have an active Advisory Council that meets monthly. Our goal is to have as many of the towns we serve as possible represented on our Advisory Council. They receive information and updates at our meetings that they can take back to their communities. We send materials about our programs to the towns we serve, area libraries, and congregate meal sites that are not located in senior centers. Our staff provide presentations throughout our service area.

In January, we launched a monthly newsletter with news and updates. Local focal points and other community partners are on the distribution list. We send them newsletters and program brochures to give to their clients and point them to our website for additional information.
Area Plan Goals, Objectives, and Strategies

Title III: Community Planning & Systems Development

Goal: To strengthen the community infrastructure that supports the well-being and dignity of older Vermonters by leveraging relationships with our community partners and expanding our outreach.

Objective: Senior Solutions will provide information, support and technical assistance to local groups supporting older adults in their community.

Strategy: Senior Solutions will leverage our NCOA and 3SquaresVT grants to connect with a broader cohort of our constituents. We will participate in meetings of local community groups interested in supporting older adults, to strengthen relationships and share information. Also, Senior Solutions’ leadership will engage in direct individual outreach to local meal sites and senior centers.

Narrative update: For the past six months, NCOA Outreach Specialist Tracy Blanchard has maintained a schedule of open hours at each of the six senior centers within our service area. The senior centers publicize her schedule so that participants seeking benefits information know when she will be at their location. Tracy is exploring additional sites at which she can establish open hours. To date, Tracy has assisted 511 individuals with benefits applications.

In addition, our 3SquaresVT Outreach Specialist has partnered with several local CARES groups and food shelves to promote 3SquaresVT and LIHEAP benefits applications. Staff organized several “100% campaigns” with these community partners to contact every resident of the respective towns with information about food benefits and resources (see examples of outreach materials on pages 11-14).

These 100% campaigns are a targeted effort to educate residents in a specific community during a specific month on the benefits available through 3SquaresVT and LIHEAP. Senior Solutions launched the first 100% campaign in September in Putney, VT, due to funding through a grant awarded from the Vermont Food Bank. The campaign’s success led agency staff to undertake additional efforts throughout Southeastern Vermont.

In the last six months, outreach mailings for NCOA and 3SquaresVT have topped 10,701 due to our 100% campaigns in the following areas: Putney, Chester-Andover, Black River, West River, and southeastern Orange County.

In addition, staff are preparing for an Age Successfully, Health & Benefits fair planned in partnership with the Black River Good Neighbor Services food shelf in Ludlow for August 5.

Strategy: Senior Solutions will provide technical support to local groups interested in starting or growing volunteer or wellness programs.

Narrative update: In March 2022, using funds provided under the American Rescue Plan Act of 2021 (“ARPA”), Senior Solutions accepted grant applications for projects and activities that support low-income older Vermonters, low-income minority older Vermonters, older Vermonters with limited English proficiency, and efforts to build capacity and advance the development and implementation of a comprehensive and coordinated system of service for older Vermonters. Senior Solutions funded proposals from 21 community organizations to the amount of $151,000, including proposals for kitchen renovations and equipment, meal costs, activities and outings, free community-based wellness programs, and more. These grants were awarded in June 2022.
As mentioned in under Title IIID on page 20, volunteer trainers started new Tai Chi classes in Londonderry, Williamsville, and Wardsboro. Efforts are underway to secure a location in Brattleboro for an additional class. Currently, the Tai Chi program at Senior Solutions consists of nine volunteer instructors and 140 participants enrolled across twelve classes weekly.

**Strategy:** Senior Solutions will continue to provide leadership to the Mt. Ascutney Hospital Community Health Improvement Project senior health workgroup.

**Narrative update:** As of February, Operations Director Lori Lintner has stepped into the role of co-chair of the Mt. Ascutney Hospital and Health Center, Community Health Improvement Project senior health workgroup, now referred to as the 50+ Health Network. She shares the role with Amanda Jordon Smith, the Director of Volunteers in Action. This group meets monthly to develop and advocate for health-related initiatives for older Vermonter. Their current projects include designing a substance use brochure for distribution, community nurse seed funding application outreach, Community Health & Wellness Fair planning, emotional well-being guest speaker and training, and senior resource magnet distribution site outreach.

**Outreach Materials for LIHEAP and 3SquaresVT**
100% Campaign Outreach Materials - Putney Rack Card
Hello, Putney Neighbors!

With this letter, we are introducing you to an exciting campaign, with the goal of making sure that every Putney resident is food and fuel secure! Three organizations – the Putney Foodshelf, Putney Community Cares, and Senior Solutions – have come together to strengthen each household in our community during the months ahead.

Whether your household could benefit from a helping hand, or whether you can help a neighbor in need – this campaign is meant to engage our entire community. Please read this letter carefully to see how you might be able to participate or request the assistance you might need. We are enclosing a “Rack Card” with some critical information that we hope you will keep in a safe place for future reference.

The Putney Foodshelf provides supplemental healthy food to all area people in need, through three programs.

Weekly Open Hours is our curb-side shopping service, which is available every Saturday between 9:00 a.m. and 10:30 a.m. at the Putney Community Center on Christian Square. Shoppers select items from an order form that changes weekly, but offers a wide choice of produce, meat, dairy, eggs, and nutritious shelf-stable items. Shoppers remain in their cars while the orders are completed. No fee is charged. Deliveries can be arranged for those who cannot attend Open Hours.

Monthly Produce Drop – In partnership with the Vermont Food Bank, we offer free produce and other food items on the 4th Thursday of every month, from 9:00 a.m. to 9:45 a.m. on Carol Brown Way in front of Putney Meadows. All are welcome, and shoppers can pick up food for other households.

Food 4Kids provides supplemental staple foods to the students who attend Putney Central School. It is free and open to all PCS students, and we encourage everyone to take part. Breakfast, lunch, dinner, and snack options are available!

Want to help provide for your neighbors? Help us “Fill the Foodshelf!” During the month of September, a list of needed items will be available at both the Putney General Store and the Putney Food Co-op to help with your contribution to Putney’s food security. Stop by and be a part of the Putney 100% campaign!

For more information about the Putney Foodshelf please call (802) 387-8551, or email Hannah Pick at putneyfoodshelf@gmail.com

Putney Community Cares - Our mission is to foster the health, wellbeing, and independence of all members of our community, from newborns to our most senior, by strengthening family and community bonds. We serve individuals, families, and seniors in our community and are
dedicated to building and maintaining a vital, healthy Putney community. We offer assistance with connecting to vital services for families and elders.

Putney Community Cares partners with Senior Solutions to deliver Meals on Wheels on Monday, Wednesday, and Friday, and can provide enough for one meal a day per week. Anyone aged at least 60 or disabled, as well as spouses and caretakers, may be eligible to receive meals.

PCC can also help you with application support for financial support, housing, health insurance, 3SquaresVT, fuel assistance, Meals On Wheels and other essential services and programs. We even have two funds to assist Putney residents in financial difficulty. If your application is approved, the funds will be paid directly to the business owed the money.

Community Advocate Kate Kelly can help with application support for essential services. Call her at 802-387-2120 or email her at advocate@putneycommunitycares.org.

Senior Solutions - Since 1973, our mission has been “To promote the well-being and dignity of older adults.”

We are here to help seniors aged 60 and over and the disabled find ways to stretch your budget, obtain the benefits to which you are entitled, and live healthier lives. With those goals in mind, we wanted to highlight several programs to help you do just that.

3SquaresVT is a nutrition program that helps you put healthy food on your table. A family of two with a monthly gross income of $2,659 or less, or a single senior with an income of $1,969, may be eligible to receive funds for food, as either cash in the bank or on a card that works just like a debit card. A new program, “3SquaresVT in a SNAP,” makes it even easier! If everyone in your household is at least 60 years old or receiving disability benefits, and no one is earning income from employment, you can apply with a simpler application and you can keep your benefits for three years with no additional paperwork.

Senior Solutions can also help you find other programs you may be eligible for, such as Fuel Assistance (which is paid directly to your heating fuel supplier), Medicare Savings Programs, Prescription Drug Assistance, Wellness programs, and others, and we will help you with your applications. Simply call our Senior Help Line at 802-885-2669 to start the process!

***

Putney Residents – We can do this! There is no reason any resident of our town should not be food and fuel secure, and we are here to make sure of this! Of course, we also would be happy to have you join us, as we are always happy to have new volunteers! Be a part of the Putney 100% Campaign today!

PUTNEY FOODSHELF - SENIOR SOLUTIONS - PUTNEY COMMUNITY CARES
**Performance Measure:** Community partner organizations will report an increased involvement by Senior Solutions’ leadership in local initiatives to strengthen awareness of services and supports, and in coalitions that promote systems change for the benefit of older Vermonters. Senior Solutions will develop and disseminate surveys to community partner organizations at six-month intervals seeking input on levels of involvement by Senior Solutions’ leadership.

**Narrative update:** In May 2022, Senior Solutions contracted with Elizabeth (Liz) Winterbauer at Vermont Analysis and Programming Services LLC to conduct a survey of the Senior Solutions community partner stakeholders. After meeting with the Senior Solutions leadership team, Liz developed a survey and identified key stakeholders to reach out to. Between June 21 and June 27, Liz conducted five focus group interviews with stakeholders from various partner organizations (see addendum B). The information from these interviews constitutes a qualitative baseline against which Senior Solutions will measure improvements in community awareness and involvement (see addendum A for the full report).

**Objective:** Senior Solutions will develop materials using multiple forms of media to educate community partners and the public about available resources for older adults and where to find answers to frequently asked questions.

**Strategy:** Senior Solutions will disseminate and continually update a resource guide on available programs and services specific to the greater Windsor and Windham County areas.

**Narrative update:** At Senior Solutions we access numerous resource guides such as the Upper Valley Geriatric Resource Guide, the Windsor Connection Resource Center guide, the Vermont 211 resource guide, the Park Place directory, and a special edition of the COVE resource guide developed specifically for The Senior Solutions service area. Senior Solutions’ website features a “Resource” tab with links to informational webpages on General Aging & Disability Resources, Caregiving Resources, Health & Wellbeing, Housing & Moving, Legal and Financial Resources, Support Groups, and Veterans. The website also drives traffic to our HelpLine, reminding visitors that they can call our offices to ask questions and obtain guidance.

**Strategy:** Senior Solutions will expand its publicity efforts using multiple forms of media and presentations to local community groups. Such publicity will include methods such as Senior Health Quick Guide refrigerator magnets, Senior Solutions post card deliveries with Home Delivered Meals, and expanded community access television programming.

**Narrative update:** Senior Solutions’ Executive Director Mark Boutwell works closely with Outreach Coordinator Joann Erenhouse to connect with local community partners. Mark attends Chamber of Commerce mixers in Ludlow and Springfield, made a presentation to the Springfield Rotary Club, and met with the Vernon Elder Network and the Thetford Elder Network. He has joined staff meetings at the Upper Valley Haven and the Vermont Department of Health. He serves on the boards of directors for the Ottauquechee Health Foundation and the Aging in Hartland nonprofit organizations. Mark also serves on the steering committee for the recently formed HUB information and referral network serving the greater Woodstock area. For the past several months, Mark has been attending the Hartford Community Well-being interagency team meetings developed by the Agency of Human Services Field Director to address high-risk situations of individuals in the area.

Joann hosts a weekly radio show on WOOL 95 out of Bellows Falls, submits columns to several local newspapers on a regular basis and has been highly active this year promoting Senior Solutions at various summer events such as the Quechee Balloon Festival.
We continue to disseminate the Mt. Ascutney Hospital and Health Center area Senior Health Quick Guide magnets and recently developed a companion magnet for the Windham County region. We have also developed two versions of a Senior Solutions postcard that can be either mailed or included with a Meals on Wheels delivery.

Meals on Wheels Postcard #1 Front

Meals on Wheels Postcard #1 Back

Meals on Wheels Postcard #2 Front

Meals on Wheels Postcard #2 Back

Windham County Magnet

Windsor County Magnet
Additional examples of public activities:

- Older Vermonters Nutrition Coalition pamphlets containing information on Senior Solutions have been distributed to all MOW participants and made available to congregate meal participants.

- Monthly newsletters have been distributed to all MOW participants and made available to congregate meal participants. Topics focus on healthy eating, various tasty and nutritious foods, the importance of nutrition counseling and tips for falls reduction.

- The Finding Calm Through Color coloring book was published and is being distributed at all outreach events. It contains information about Senior Solutions as well as tips and tricks for falls prevention.

- Pamphlets for our 100% Campaigns have been distributed to every resident in Putney, Chester, Andover and the Black River Valley area. These campaigns inform residents of where to get assistance with food and fuel. Our community partners are highlighted in each campaign along with information about Senior Solutions.

- Senior Solutions received a $20,000 grant from Meals on Wheels America and PetSmart Charities to expand the agency’s existing Foxy Fund for veterinary care, securing pet food for Meals on Wheels recipients. To ensure maximum impact, staff collaborate with the Vermont Food Bank and a local feed store, Erskines, in Chester, Vermont. This quarter, staff started outreach for this program in Springfield, Chester, Bellows Falls, Windsor, Rockingham, Ascutney, Wardsboro, Hartland, Reading, Weathersfield, Grafton, Athens, Westminster, and Putney.

- Senior Solutions leveraged the 50th Anniversary of Meals on Wheels to raise awareness of meal sites in southeastern Vermont and to promote local donations to these meal sites. Staff traveled to each meal site for photo ops, and 70 separate press releases were distributed to local media outlets for each site. Meal sites did report an uptick in donations.

- Nutrition & Wellness staff participate in many outreach meetings to promote the agency’s work and collaboration with others to serve our clients better, including: Windham County Hunger Council, Windham County Hunger Council, Chester Andover Family Center BOD, Nutrition Directors, Transportation E&D meeting (Southern), Transportation E&D meeting (Northern), Vermont Area Senior Centers & Meal Providers (VASCAMP), 3SQ VT Workgroup, 3SQ VT Stakeholders meeting, Older Vermonters Nutrition Coalition, Public Health Center partner meeting, Western Mass Evidence-Based Program Coalition, Springfield & WRJ Continuums of Care, Older Vermonters Caucus, Tai Chi statewide meeting, Falls Free Vermont Coalition, Neighborhood Connections, Mountain Town Community Partners, HomeMeds tech meetings, and the Springfield Hospital Community Health Team.

**Strategy:** Senior Solutions will launch a completely renewed website designed for easier access to information and resources.

**Narrative update:** In early October 2021, Senior Solutions launched an entirely new website: [https://seniorsolutionsvt.org](https://seniorsolutionsvt.org). We post information about our services and resources and our recently launched monthly newsletter in addition to information from our community partners. We
are developing a calendar of events which will include dates of benefits assistance sessions at local senior centers and other community sites by our outreach staff.

Performance Measure: Surveys of community partners will demonstrate an increase in awareness of community resources supported by Senior Solutions and strengthened collaboration. Senior Solutions will develop and disseminate surveys to community partner organizations at six-month intervals seeking input on awareness of resources and services provided by Senior Solutions. Senior Solutions will conduct public surveys by phone and through other means such as in conjunction with Meals on Wheels deliveries to gather a baseline of awareness of resources and services provided by Senior Solutions, and again at six-month intervals. Senior Solutions will collect data on our current website and at six-month intervals after the launch of the new website.

Narrative update: See addendum A.
Title IIID: Health Promotion and Disease Prevention

Goal: Promote participation in evidence-based wellness programs by offering a variety of programs that appeal to different interests and preferences.

Objective: Develop and implement at least one new evidence-based wellness program in the region served by Senior Solutions.

Strategy: Identify one or more potential new wellness programs from needs assessment data and the updated ACL list of programs for IIID.

Narrative update: See update below.

Strategy: recruit volunteers and community partners to function as new program leaders.

Narrative update: See update below.

Strategy: Provide program sponsored training and support to new leaders.

Narrative update: See update below.

Performance Measure: Rosters of wellness programs will demonstrate increased participation in such programs.

Narrative update: Senior Solutions is recruiting a Wellness Coordinator after a strategic review of the agency’s staffing identified this new position as vital for running and expanding the agency’s wellness programs. The Wellness Coordinator will pursue implementation of a walking program such as Walk with Ease or Silver Sneakers. Agency staff aim to implement a program that offers a self-directed pace and does not require participants to travel. Senior Solutions’ staff will work with participants to identify safe areas to walk.

During the first quarter, three volunteers and one staff person were trained in the evidence-based program Matter of Balance. Although the first session was scheduled in November 2021, only one person enrolled in the class. In a subsequent meeting, the trainers decided to discontinue the project.

The PEARLS program was also discontinued. After speaking with the consulting behavioral psychologist who provided supervision for the program, it was determined that most referrals exceeded the level of support that the program and the volunteers were able to provide. There has been only one successful completion of the PEARLS program in the last two years.

We continue to work to increase referrals to our Tai Chi classes and HomeMeds/Pill Map through publicity of these services. We started new Tai Chi classes in Londonderry, Williamsville, and Wardsboro. We are working to secure space so we can start an additional class in Brattleboro. Currently, we have nine instructors and 140 people enrolled across twelve classes weekly.

As soon as the Wellness Coordinator position is filled, we will start recruiting volunteers to continue delivering the HomeMeds/Pill Map program.
Title VII: Prevention of Elder Abuse, Neglect and Exploitation

Goal: Improve prevention efforts to protect vulnerable older adults against abuse, neglect and exploitation while maximizing their autonomy.

Objective: Maintain a coordinated community response to addressing abuse in later life.

Strategy: Continue to facilitate meetings of the Windsor County Coordinated Community Response (CCR) Team that was developed through the Windsor County Project to Address Abuse in Later Life and support community efforts in the service region to strengthen protection and support for victims or those at risk.

Narrative update: Efforts were made to continue to convene the Windsor County Coordinated Community Response team after the conclusion of the Department of Justice Office of Violence Against Women grant in May 2021. Repeated invitations to meet garnered no responses. Similarly, contacts with individual team members did not generate any interest.

On June 2, Executive Director, Mark Boutwell participated in a panel discussion of financial exploitation sponsored by FAST of Vermont. This event was organized as a training event for local law enforcement agencies.

Objective: Strengthen the systems that protect older adults from mistreatment and provide remedies to victims.

Strategy: Participate in the Adult Protective Services (APS) Advisory Committee and maintain a positive working relationship with APS locally and statewide.

Narrative update: Executive Director, Mark Boutwell continues to serve as a representative on the Adult Protective Services (APS) Advisory Committee.
Senior Solutions

Area Plan
Federal Fiscal years
2022-2025

RBA Goals
SENIOR SOLUTIONS AREA PLAN

Section D

GOAL/OUTCOME: Assist older Vermonters with living in their setting of choice through coordination of services and supports.

PROGRAM: Choices for Care, Moderate Needs Group Medicaid and Older Americans Act case management.

WHO does the program serve?
This program serves residents over age 60 or are disabled of Windsor and Windham Counties, including the towns of Thetford, Somerset, Searsbury and Readsboro, with the greatest economic and social need, and who are at risk for institutional placement.

WHAT does the program do?
Case management is a service provided to an older Vermonter or a younger Vermonter with disabilities in collaboration with the individual or a family member to assess the need(s), and to arrange, coordinate, and monitor an optimum package of services to meet their needs. Senior Solutions’ case managers support the independence of older and younger Vermonters with disabilities by assisting them with accessing services, and State and Federal benefit programs that will enhance their quality of life. Case managers empower their clients to take action in their lives based on Person-Centered decision-making. Additionally Senior Solutions case managers provide older Vermonters and younger Vermonters with disabilities, their family members and/or their caregivers as well as some of our community partners with information they need about programs and services, enabling everyone to make informed decisions about care and service options.

Headline Performance Measures:
1. % of individuals who report the case manager respects their choices and decision making.
Story Behind the Curve: These performance measures were developed by a statewide group of case management supervisors (VAST) and Area Agency on Aging directors in collaboration with Vermont DAIL directors.

What Works: The Senior Solutions Case Management team, Senior Helpline, and Outreach staff prioritize helping older Vermonters and younger Vermonters with disabilities meet their needs through comprehensive benefits screening, application assistance, Person-Centered Options Counseling, outreach, and strong advocacy. We strive to understand what is important to them and what is important for them while finding the balance of a happy, safe, and healthy life that is lived with dignity, self-determination and in the setting of their choice by addressing their unmet needs.

Partners: Brattleboro Memorial Hospital, Grace Cottage Hospital, Springfield Hospital and Mt Ascutney Hospital community health teams, Health Care and Rehabilitation Services designated mental health agency, Visiting Nurse Association of Vermont/New Hampshire, Bayada Home Care, OneCare Vermont, SASH, regional Long-Term Care Clinical Coordinators, SEVCA, AHS Windham and Windsor Field Directors, VT Department of Economic Services, local Aging in Place and Cares groups, local police departments, local housing authorities, local adult day and senior centers, local and regional transportation agencies.

Action plan: The Senior Solutions Case Management team, Senior Helpline, and Outreach staff will utilize tools such as Person-Centered interviewing and Motivational interviewing with their clients to better understand what is important to them and what is important for them in order to fully respect their choices and decision making with regard to living their lives with dignity in the setting of their choice by addressing their unmet needs. Training will be provided to staff by the new Senior Solutions Operations Director who is a certified trainer in Person-Centered interviewing. Senior Solutions will survey a representative sample of Choices for Care, Moderate Needs Group and Older Americans Act clients every six months to assess whether they feel their case manager respects their choices and decision making.

August 2022 Update: In June 2022, Senior Solutions contacted 100 clients and family caregivers for a Case Manager Satisfaction Survey. Based on feedback received through that survey, Senior Solutions’ clients report that the agency’s case managers are excellent at explaining services and options for care. Clients also indicated that their case managers are good listeners who empower their clients to make the best choice that is right for them, instead of simply instructing the client to do what the case manager believes is the best option.
Headline Performance Measures:

2. % of individuals who report the case manager helped to improve their quality of life.

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<thead>
<tr>
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<td>85%</td>
<td>90%</td>
<td>95%</td>
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</tbody>
</table>

Story Behind the Curve: These performance measures were developed by a statewide group of case management supervisors (VAST) and Area Agency on Aging directors in collaboration with Vermont DAIL directors.

What Works: The Senior Solutions Case Management team, Senior Helpline, and Outreach staff prioritize helping older Vermonters and younger Vermonters with disabilities meet their needs through comprehensive benefits screening, application assistance, Person-Centered Options Counseling, outreach, and strong advocacy. We strive to understand what is important to them and what is important for them while finding the balance of a happy, safe, and healthy life that is lived with dignity, self-determination and in the setting of their choice by addressing their unmet needs.

Partners: Brattleboro Memorial Hospital, Grace Cottage Hospital, Springfield Hospital and Mt Ascutney Hospital community health teams, Health Care and Rehabilitation Services designated mental health agency, Visiting Nurse Association of Vermont/New Hampshire, Bayada Home Care, OneCare Vermont, SASH, regional Long-Term Care Clinical Coordinators, SEVCA, AHS Windham and Windsor Field Directors, VT Department of Economic Services, local Aging in Place and Cares groups, local police departments, local housing authorities, local adult day and senior centers, local and regional transportation agencies.

Action plan: The Senior Solutions Case Management team will continually reassess their client needs to ensure that they are receiving the services and supports necessary to meet them. The Senior Solutions Case Management team will collaborate in coordinating with our community partners as listed above to ensure the reliable delivery of high-quality services and supports. The Senior Solutions Case Management team will advocate with local and State officials on behalf of their clients when they identify systematic gaps in service. Senior Solutions will survey a minimum of 10% of Choices for Care, Moderate Needs Group and Older Americans Act clients every 6 months to assess whether or not they feel their case manager has helped to improve their quality of life.

August 2022 Update: Senior Solutions has plans to increase the Case Manager department with the hiring of two more case managers. To date 1 full time case manager has been hired with a second anticipated to begin working mid-August 2022. With the addition of 2 new positions the goal is to
redistribute caseloads to a size that will allow for more meaningful and frequent contact with clients. We learned during the Case Management Survey conducted during the month of June in which 100 clients were contacted and surveyed telephonically that Senior Solutions case managers are highly respected and well thought of by the clients they support. We heard numerous times that a case manager has been able to help the older Vermonter age in the place of their choosing. We also heard during the survey that case managers were wonderful at securing assistive devices, such as traveling wheelchairs, transfer boards, padding to prevent pressure sores, large button telephones, tablets, laptops etc.
Headline Performance Measures:
3. # of clients assisted by case managers with applying for or transitioning to CFC, MNG, or VDC.

Story Behind the Curve: These performance measures were developed by a statewide group of case management supervisors (VAST) and Area Agency on Aging directors in collaboration with Vermont DAIL directors.

What Works: The Senior Solutions Case Management team, Senior Helpline, and Outreach staff prioritize helping older Vermonters and younger Vermonters with disabilities meet their needs through comprehensive benefits screening, application assistance, Person-Centered Options Counseling, outreach, and strong advocacy. We strive to understand what is important to them and what is important for them while finding the balance of a happy, safe, and healthy life that is lived with dignity, self-determination and in the setting of their choice by addressing their unmet needs.

Partners: Brattleboro Memorial Hospital, Grace Cottage Hospital, Springfield Hospital and Mt Ascutney Hospital community health teams, Health Care and Rehabilitation Services designated mental health agency, Visiting Nurse Association of Vermont/New Hampshire, Bayada Home Care, OneCare Vermont, SASH, regional Long-Term Care Clinical Coordinators, SEVCA, AHS Windham and Windsor Field Directors, VT Department of Economic Services, local Aging in Place and Cares groups, local police departments, local housing authorities, local adult day and senior centers, local and regional transportation agencies.

Action plan: The Senior Solutions Case Management team and NCOA staff will track application assistance completions and transitions. Senior Solutions will also track the number of completed applications that convert to active CFC case management engagement. The Senior Solutions data management team will develop reporting capacity for such data.

August 2022 Update: The VNA/VNH has agreed to transfer $100,000.00 of the State Fiscal Year 2023 Moderate Needs Flexible Funds to Senior Solutions. With the additional Flexible Fund money, the goal of Senior Solutions will be to eliminate the Moderate Needs waitlist, to bring on 20 new Moderate Needs Clients and to supplement existing budgets to be able to maintain homemaker services while the cost of care is rising.
GOAL/OUTCOME: 80% or higher of older Vermonters receiving case management services report satisfied or highly satisfied with services.

PROGRAM: Choices for Care, Moderate Needs Group Medicaid and Older Americans Act case management.

WHO does the program serve?
This program serves residents over age 60 or are disabled of Windsor and Windham Counties including the towns of Thetford, Somerset, Searsburg and Readsboro, with the greatest economic and social need, with the greatest social need, and who are at risk for institutional placement.

WHAT does the program do? Case management is a service provided to an older Vermonter or a younger Vermonter with disabilities at the direction of the individual or a family member to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet their needs. Senior Solutions’ case managers support the independence of older Vermonters and younger Vermonters with disabilities by assisting them with accessing services, and State and Federal benefit programs that will enhance their quality of life. Case managers empower their clients to take action in their lives based on Person-Centered decision-making. Case managers provide older Vermonters and younger Vermonters with disabilities, their family members, and their caregivers with information they need about programs and services, to make informed decisions about care and service options.

Headline Performance Measures:
4. % of individuals reporting being satisfied or highly satisfied with case management services.

Story Behind the Curve: These performance measures were developed by a statewide group of case management supervisors (VAST) and Area Agency on Aging directors in collaboration with Vermont DAIL directors.

What Works: The Senior Solutions Case Management team, Senior Helpline, and Outreach staff prioritize helping older Vermonters and younger Vermonters with disabilities meet their needs through comprehensive benefits screening, application assistance, Person-Centered Options Counseling, outreach, and strong advocacy. We strive to understand what is important to them and what is important for them while finding the balance of a happy, safe, and healthy life that is lived with dignity, self-determination and in the setting of their choice by addressing their unmet needs.
Partners: Brattleboro Memorial Hospital, Grace Cottage Hospital, Springfield Hospital and Mt Ascutney Hospital community health teams, Health Care and Rehabilitation Services designated mental health agency, Visiting Nurse Association of Vermont/New Hampshire, Bayada Home Care, OneCare Vermont, SASH, regional Long-Term Care Clinical Coordinators, SEVCA, AHS Windham and Windsor Field Directors, VT Department of Economic Services, local Aging in Place and Cares groups, local police departments, local housing authorities, local adult day and senior centers, local and regional transportation agencies.

Action plan: The Senior Solutions Case Management team, Senior Helpline, and Options Counselor will utilize DAIL best practice guidelines in the provision of case management services based on a Person-Centered goal plan. Senior Solutions will survey a minimum of 10% of Choices for Care, Moderate Needs Group and Older Americans Act clients every 6 months to assess case management service satisfaction.

August 2022 Update: Each case manager at Senior Solutions has a clear understanding of the agency’s Mission, Vision, and Values that guides them each day in their daily work. Due to this clear understanding older Vermonter’s are the benefactors of high-quality case management services. The Case Management Survey reflects a 90% satisfaction rate which is reflective of quick response times and case managers doing what they say they will do.
SENIOR SOLUTIONS AREA PLAN

Section D

GOAL/OUTCOME: Strengthen core Older Americans Act nutrition services that support older Vermonters at greatest economic and social need.

PROGRAM: Nutrition services program.

WHO does the program serve?
This program serves older adults, age 60 and over, in Senior Solutions’ service area, eligible caregivers and their dependent children.

WHAT does the program do? Nutrition counseling - as defined by the Academy of Nutrition & Dietetics, provides individualized guidance to individuals or caregivers who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use. Counseling is provided one-on-one by a registered dietician nutritionist (RDN) and addresses the options and methods for improving nutrition status with a measurable goal.

Headline Performance Measures:
5. % of OAA Nutrition Services Program participants with a nutrition risk score of 6+ will be referred for nutrition counseling and set a measurable goal.

Story Behind the Curve:
75% of Americans have dietary patterns low in fruits, vegetables and dairy. 63% of Americans exceed the limit for added sugar, 77% of Americans exceed the limit for saturated fat. 90% of Americans exceed the Chronic Disease Reduction Limits for Sodium. 6 in 10 Americans are living with 1 or more diet related chronic disease.
Many Americans want to eat better but just do not have the knowledge to do so. Offering individualized nutrition counseling to Meals on Wheels clients with a nutrition score of 6+ can help Older Vermonters to set achievable health and nutrition goals. Factors such as loss of appetite, decreased sense of taste and smell, difficulty chewing or swallowing, mobility loss are some of the causes of malnutrition in older adults. For many older adults, it is not a matter of eating too much, but rather a matter of not getting enough at a time in life when getting adequate nutrition is more important than ever.

What works? The latest survey results indicate that year to date for FY21, 46% of Meals on Wheels participants in the Senior Solutions service area are at a high nutrition risk, as determined by the standard statewide Nutrition Intake for Meals on Wheels. Each person and family are different. A registered dietician nutritionist does not work with just the older adult. It is often the family and caregivers of older adults who benefit the most from the guidance of a registered dietician nutritionist. They need support in taking care of themselves in order to support their loved one. Individualized counseling allows for catering to diverse populations, personal preferences, medical conditions, and most of all having a diet that adheres to a person’s right to ENJOY what they eat!

Partners: Meals on Wheels providers, Springfield Hospital, Mt. Ascutney Hospital, Brattleboro Memorial and Grace Cottage Hospital, nursing home discharge planners, Visiting Nurses Association Bayada, Community Health Teams, Pat Harrison, RD, Chris Ellis, RD, Adult Days, Blueprint, SASH, Hunger Free Vermont, DVHA, DAIL, VT Foodbank, farmers, gardeners and gleaners, transportation providers, faith-based communities, RSVP.

Action Plan: Nutrition counseling will be offered and made available to OAA NSP participants who have a nutrition risk score of 6+. Senior Solutions will actively engage the clients in education of the benefits of nutrition services and follow up to promote their participation.

January 2022 Update: Our baseline for this measure is one percent. We have spent most of this first quarter setting up a referral process, a simple task made challenging because SAMS cannot generate a list of MOW participants who have scored 6+ on the nutrition screening. Instead, the HelpLine sends a copy of each MOW intake to the Director of Nutrition and Wellness, who then looks the client up in SAMS to determine their score. If the person scores six or higher, a letter is sent notifying the participant of which registered dietician nutritionist will be contacting them. The Director of Nutrition and Wellness then logs the referral into a spreadsheet for data tracking, writes up the referral, and sends it to the registered dietician nutritionist. The registered dietician nutritionist will keep the Director of Nutrition and Wellness up to date on each client's progress. As we refine this process, new HelpLine staff will be trained on how to screen these intakes and make a referral directly to the registered dietician nutritionist.

To date, of the fifty-three nutrition intakes screened, seven had a risk score higher than ten. We are prioritizing those participants, so letters for this first group will go out the week of February 7, 2022. An additional eleven participants scored six or higher. There has been one referral to a registered dietician nutritionist. No results have been logged yet.

August 2022 Update: One hundred percent of the 282 people who were new to MOW or had a reassessment in the last six months and scored a six or higher on the nutrition screening were asked if
they would like to be in contact with a registered dietician nutritionist. Ninety-one people accepted that offer. Fifty-eight people have had at least one contact with a registered dietician nutritionist. Sixteen people have participated in nutrition counseling and set a measurable goal. The average nutrition score of those with scores six or higher is 10.32. 32.27% of people completing a new intake or reassessment agreed to participate in nutrition counseling.

Among those who did not set a goal, their reasons ranged from feeling and doing much better now that they are on Meals on Wheels, working with family to supplement food needs and preparation, and feeling that their diet is fine and healthy and don’t need to make changes.

During the last reporting period, we completed nutrition intakes on fifty-three individuals and created a plan to invite them to participate in nutrition counseling. Our original plan was to go back to the start of the fiscal year (this is where the 53 referrals came from) and refer all clients who had scored a six or higher. After trying to do this, we realized we needed to make nutrition counseling referrals at the time of intake. We were making a referral four to six months after the initial intake was too confusing for our clients. We found it challenging to connect the nutrition intake and this follow-up months later. We realized this after attempting to contact about a dozen participants. Ultimately, we decided not to go back to the start of the fiscal year; instead, starting with new intakes and reassessment. This process has worked much better!

We continue to tweak our referral process. Unfortunately, we have not been able to train HelpLine staff adequately. However, we found a more straightforward way to glean the necessary information from the SAMS database. This way, the Director of Nutrition and Wellness can still review intakes, from the HelpLine, with a nutrition score of six or higher and send them on to the dieticians. We also temporarily have Suzanne Burge, our three squares outreach specialist, doing most of the nutrition intakes. She is trained to ask the Meals on Wheels participants if they want to be contacted by a dietician due to their nutrition risk score. If the client says “no”, she notes that in the nutrition counseling referral database. If they say yes, she downloads the Meals on Wheels intake and the OC/NAPIS 2017 intake and sends the referral to the dietician.

Our two registered dietician nutritionists have been overwhelmed with the number of referrals. They asked that we stop sending them for a month until they caught up. At the end of that month, we had approximately 60 additional referrals to send to them. This high number of referrals is concerning. We will begin looking for an additional registered dietician nutritionist to contract with to ensure we can maintain this high referral rate. We anticipate counseling referrals will decrease after the initial MOW cohort has completed reassessments.

We will train HelpLine staff after the start of the fiscal year. Senior Solutions is purchasing a new database system, PeerPlace. We feel it makes the most sense to train HelpLine staff using the new system, which is targeted to go online on October 1st. This system will allow us to refer directly to the dieticians through the database. This new system will eliminate the need to download both intakes, send them to the dietician and enter the referral into the nutrition counseling database. With the click of a button, HelpLine staff can easily make the referral to the registered dietician nutritionists. They will have access to the database and all the information they need. We will be able to track all necessary data through the new database. Next quarter we will better track individuals who decline to participate in nutrition counseling and why.
**Headline Performance Measures:**

6. #/\% of local service providers in the Senior Solutions service area that have one or more therapeutic meal options on their daily menu

![Graph showing performance measures over time]

*Note: This information is being pulled from the meal sites that have remained open throughout COVID. We have numerous sites that have not been open for two years. As sites begin to open, they will be noted and added into this data.*

**Story Behind the Curve:**

Chronic diseases are both prevalent and costly, with the healthcare industry paying out billions each year to manage and treat these conditions. Illnesses like diabetes, heart disease, and hypertension are preventable, but many older adults face barriers that hinder their ability to stay healthy.

Good nutrition can provide the same kind of benefit as medication. Studies have demonstrated the medical and economic benefits of therapeutic meals. Researchers in one study found a 16% reduction in health care costs among patients who received therapeutic meals. The savings were attributed to a reduction in admissions to hospitals and nursing homes. (Association Between Receipt of a Medically Tailored Meal Program and Health Care Use, Berkowitz et.al., JAMA Internal Medicine, June 2019)

**What Works:** Clients with chronic medical conditions, who often have poor appetites, benefit from specific meals to meet their condition. It is important that the food is appetizing and readily available. The concern is not only food or hunger; it is the complexity of dietary requirements. If older Vermonters have diabetes that has led to kidney failure, they need meals that are focused on glucose, potassium, phosphorus. The home-delivered meals program is uniquely situated to meet this need.

**Partners:** Meals on Wheels providers, Springfield Hospital, Mt. Ascutney Hospital, Brattleboro Memorial and Grace Cottage Hospital, nursing home discharge planners, Visiting Nurses Association, Bayada, Community Health Teams, Pat Harrison, RD, Chris Ellis, RD, Adult Days, Blueprint for Health, SASH, Hunger Free Vermont, DVHA, DAIL, VT Foodbank, farmers, gardeners and gleaners, transportation providers, faith-based communities, RSVP.
Action plan: Senior Solutions will provide information, resources and training to home-delivered meals providers to support them to develop or maintain therapeutic meal options. Senior Solutions will obtain data from meals providers on whether they are offering therapeutic meal options.

January 2022 Update: Initial conversations with meals sites about this measure have caused concern about the increased cost of providing therapeutic meals. However, acknowledging their concern and explaining that this is a long-term plan and that additional funding will need to be part of the planning process seemed to put them at ease. To date, we have 18 sites providing meals. Eleven (11) of these provide at least one type of medically tailored meal: Bellows Falls, Brattleboro, Ludlow, Putney, Saxtons River, Springfield, Chester, Westminster, White River, Windsor, and Woodstock. The other seven (7) have not reported providing at least one type of medically tailored meal: Deerfield Valley, Dummerston Council on Aging, Grafton, Halifax, Londonderry, Wardsboro, and West River Valley.

August 2022 Update: The extreme rise in costs and the continued high numbers of Meals on Wheels covering general expenses is a challenge for our sites. Throughout the next several months, we will work with our meal sites to decrease their meal counts by 25%. We will utilize our prioritization scores to begin to determine who could come off meals with the least amount of impact. We may also consider creating a waiting list. MOW counts are still high due to the relaxed eligibility criteria during COVID. We have not enforced meal cost caps for the past two years, which will need to change this year. We all know that additional funding will be necessary to meet these goals!

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<th>Do they provide on or more therapeutic meals? Yes, No, Unsure</th>
<th>What do they provide?</th>
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<td>All / Trio</td>
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<td>Yes</td>
<td>All / Trio</td>
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<tr>
<td>Deerfield Valley (Congregate)</td>
<td>Sometimes</td>
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<td>Deerfield Valley (MOW)</td>
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<tr>
<td>Springfield (MOW &amp; Congo)</td>
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</tbody>
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**Headline Performance Measures:**

7. #/% of OAA Nutrition Services Program participants who receive a therapeutic meal who self-report the meal provided by the local service provider helped them eat healthier foods, improve their health and/or feel better. *Self-report will be measured by survey. Reporting details will include survey response rate.*

*No baseline data yet. See Action Plan section below.*

**Story Behind the Curve/ What Works/ Partners:** See above.

**Action Plan:** Recipients of therapeutic meals will be identified by meals providers. Senior Solutions will survey the recipients to obtain the information for this performance measure.

**January 2022 Update:** Nutrition directors have met with a professional evaluator to develop a new meals satisfaction survey. She will create additional questions to meet the needs of this measure. We expect to have a completed survey by April 2022. We rely on meal sites to identify participants receiving therapeutic meals, because SAMS cannot provide data to identify these meal recipients. Additionally, SAMS cannot produce a mailing list, so each client record must be accessed to create a mailing list.

**August 2022 Update:** Nutrition directors met with the professional evaluator and finalized the Meals on Wheels participant satisfaction survey. The survey was sent to the AAA executive directors for review. The executive directors made some changes and sent it back to nutrition directors for approval. Currently, we are in the process of discussing the changes. We are hopeful that we will be able to administer the survey next quarter.

We are looking forward to the implementation of our new database. This database will allow us to separate out our clients who are on therapeutic meals. This will make it much easier to send them a tailored survey.
GOAL/OUTCOME: Increase availability and improve access to caregiver counseling services.

Program: Dementia Respite Grant and National Family Caregiver Support OAA grant

WHO does the program serve? These programs serve unpaid caregivers who support residents of Windsor and Windham Counties who are over age 60 and not on Choices for Care Long-term Care Medicaid or the Veterans Directed homecare program.

WHAT does the program do? These programs support unpaid caregivers in the community through providing counseling to those at risk to stress and burden. These programs also support unpaid caregivers by providing local and statewide advocacy, community outreach and education, grant funding for respite, and access to numerous local resources.

Headline Performance Measure:
8. % of caregivers at risk of stress and burden who are offered counseling

Story Behind the Curve: These performance measures were developed by a statewide group of Family Caregiver Support directors and Area Agency on Aging directors in collaboration with Vermont DAIL directors.

What Works: The Springfield Medical Care Systems group and Health Care and Rehabilitation Services community mental health agency have agreed to collaborate on providing caregiver counseling services through their behavioral health programs. Brattleboro Hospice and the Vermont chapter of the Alzheimer’s Association have made their staff and resources available to Senior Solutions for counseling and support services.

Partners: The Springfield Medical Care Systems group employs a team of licensed behavioral health providers. Health Care and Rehabilitation Services (HCRS) is a community mental health designated agency with counselors practicing out of four clinics throughout the Windsor and Windham counties. Other partners include The Vermont Association of Area Agencies on Aging, The Vermont Chapter of
the Alzheimer’s Association with online resources and Helpline, and Brattleboro Hospice. The University of Vermont CARERS Group program accepted counseling referrals for at-risk caregivers.

**Action plan:** Senior Solutions will establish relationships with licensed counselors from our community partners (listed above) as well as private practitioners to provide counseling to caregivers. Senior Solutions will recruit trained counselors and local partners to work collaboratively to support caregivers in Windsor and Windham service areas. Senior Solutions’ HelpLine staff will assist in determining at-risk caregivers and facilitate referrals to our local partners and private contracted practitioners. Counseling will be offered as individual or group sessions. A Senior Solutions staff member will be trained as an educator in the Powerful Tools for Caregivers education series and will co-lead a six-week educational training for caregivers. Senior Solutions’ volunteers will help promote counseling services. Computer devices will be provided to eligible caregivers to enable them to connect with counseling services through telehealth.

**January 2022 Update:** The Caregiver Program Coordinator attended T-Care training in November for implementation in January 2022. The information learned will provide skills to complete assessments with unpaid caregivers, resulting in care plans and will determine level of stress and burden. Caregivers at a medium or high risk will be provided with resources and access/referrals to counseling. Through our tablet program will offer devices to access counseling and online support groups for those unable to attend in person.

**August 2022 Update:** The Caregiver Support Coordinator began meeting with clients to perform the T-Care assessment, in January of 2022, with a plan for completion by September. Senior Solutions worked with community partners (see above, in Partners section) to identify counseling resources and develop a referral process. However, the limited availability of these resources was quickly identified as a major challenge.

Senior Solutions partnered with the University of Vermont (UVM) to refer at-risk caregivers to the CARERS (Coaching, Advocacy, Respite, Education, Relationship and Simulation) Group. This evidence-based therapeutic program enhances the knowledge, skills, and competencies of informal family caregivers of people with dementia and is based on a program model developed by the Reitman Centre at the Sinai Health System of Toronto, Ontario. The Memory Program at UVM’s Medical Center has offered CARERS Groups since 2016, and participant feedback consistently indicates this is an extremely valuable service for them. This program now includes a certification for community group leaders.

The UVM CARERS Group offered one eight-week session in May 2022, which provided two and a half hours of intense psychotherapy each week to spouses of care recipients. Participants were contacted prior to the session to gauge their interest and provide enrollment information to those who expressed a desire to participate. Those who were found to be at-risk were offered tablets to access counseling services through telehealth options. Another CARERS Group session is scheduled for September 2022 and is expected to focus on the adult children of care recipients.
GOAL/OUTCOME: Increase availability and improve access to caregiver counseling services.

Program: Dementia Respite Grant and National Family Caregiver Support OAA grant

WHO does the program serve? These programs serve unpaid caregivers who support residents of Windsor and Windham Counties who are over age 60 and not on Choices for Care Long-term Care Medicaid or the Veterans Directed homecare program.

WHAT does the program do? These programs support unpaid caregivers in the community through providing counseling to those at risk to stress and burden. These programs also support unpaid caregivers by providing local and statewide advocacy, community outreach and education, grant funding for respite, and access to numerous local resources.

Headline Performance Measure:
9. # of activities provided to the public that contain information on counseling resources available within the communities of the AAA service region.

![Graph showing actual and projected data]

Story Behind the Curve: These performance measures were developed by a statewide group of Family Caregiver Support directors and Area Agency on Aging directors in collaboration with Vermont DAIL directors.

What Works: Media coverage through newspaper articles, community access television programs, The Senior Solutions website and public outreach events provides information on counseling resources available within the communities of the AAA service region. Continual public relations outreach activities throughout the Senior Solutions service area with community partners.

Partners: The Springfield Medical Care Systems group and Health Care and Rehabilitation Services community mental health. The Vermont Association of Area Agencies on Aging, The Vermont Chapter of the Alzheimer’s Association online resources and Helpline, Brattleboro Hospice and Bayada Hospice. The Gathering Place and the Scotland House adult day centers. Thompson Senior Center, Bugbee Senior Center, Ludlow Senior Center, Springfield Senior Center, and the Brattleboro Senior Center.
**Action plan:** The Senior Solutions Family Caregiver Support Director, Operations Director, Volunteer Coordinator, Outreach Coordinator and Options Counseling staff will provide media coverage through newspaper articles, community access television programs, Senior Solutions’ e-blast articles, website updates and public outreach events to provide information on counseling resources available within the communities of the AAA service region. The aforementioned staff will provide continual public relations outreach activities throughout the Senior Solutions service area with community partners.

**August 2022 Update:** From January to June of 2022, Senior Solutions actively provided education and resources to caregivers. Our activities include presence on a televised broadcast of “Across the Fence” with Executive Director Mark Boutwell discussing support and resources for caregivers, including Memory Cafes, support groups and counseling resources. We added counseling resources and information to our website, Facebook, Twitter, newsletters and a weekly radio show.
Senior Solutions

Home Delivered Meals Screening Tool to Prioritize Client’s Risk for Hunger Data

Active Home Delivered Meals Caseload as of 06/30/2022 = 1,114
Active Home Delivered Meals Caseload screened as of 06/30/2022 = 761 (68%)
A=266  B=55  C=98  D=75  E=307

Description of Home Delivered Meals Food Insecurity Screening

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Criteria</th>
<th>Client Description</th>
</tr>
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| A              | • Unable to cook  
• Does not have help with cooking  
• Food insecure | Unlikely client is able to eat healthy meals on a consistent basis, since client cannot prepare food and does not have regular help preparing meals. |
| B              | • Can cook or has help  
• Food insecure  
• Cannot obtain groceries | Client cannot obtain groceries. A meal could be prepared if the client could receive additional financial assistance and help getting food into the home. |
| C              | • Can cook or has help  
• Food insecure  
• Can obtain groceries | Client is capable of obtaining groceries and preparing food, however, cannot afford it. |
| D              | • Can cook or has help  
• Food secure  
• Cannot obtain groceries | Client can afford food and can prepare it, but is unable to get groceries into the home. |
| E              | • Can cook or has help  
• Food secure  
• Can obtain groceries | Client can afford food and has meal assistance, however, may have some physical limitations or assistance getting these supports into place. |
Senior Solutions

Home Delivered Meals Screening Tool to Prioritize Client’s Risk for Hunger Data

Number of Home Delivered Meals participants who have discontinued meals = 41
Time frame 01/01/22 – 06/30/22

Reasons for Discontinuing Meals:

A. Admitted to rehab or Nursing Home ........... 0%
B. Admitted to the hospital ................................ 0%
C. Deceased .................................................. 29%
D. Didn’t like the food ........................................ 5%
E. Got better..................................................... 0%
F. Moved ........................................................ 5%
G. No longer needs the meals ......................... 49%
H. Other ........................................................ 12%

Service Priorities: Throughout the COVID-19 pandemic, Senior Solutions has followed the recommendations of the Governor and Vermont Department of Health. We also continually adapted our protocols to the CDC guidelines. This has been particularly important over the past nine months during which infection rates have dipped and then rebounded. Initially, our highest priorities were based on the essentials of survival – nutrition and medications. More recently, mitigating the impact of isolation and reintroducing home-based services to the extent possible have been our priorities. To help assure access to nutrition we have supported meal sites in serving home-delivered meals to the growing numbers of recipients and have provided supplemental payments to meal providers to cover their costs. We have also recently made American Rescue Plan Act grant funds available to senior centers and meal sites.

Services Successfully Provided: We have reopened our offices to walk-in services and all our programs have resumed normal in-person operations, subject to standard precautions regarding direct contact. Our goal has been to serve those who depend on us while maintaining the safety of staff, volunteers and clients.

Home-Delivered Meals: Our service area has experienced some attrition of meal providers due to COVID-19 related workforce and materials shortages. Senior Solutions has been successful in recruiting new sites to take on meal preparation and delivery for the sites that closed. Meal sites have continued to accommodate additional recipients as well as their caregivers. As noted above, we provided supplemental payments to meal providers to bring reimbursement closer to cost and covered special expenses for meal sites.

Nutrition Education and Counseling: Our contracted registered dietician nutritionists continue to oversee meal site nutrition and nutrition counseling referrals have increased significantly due to more consistent use of the nutritional prioritization surveys with meal recipients.

Case management: After a long period of varying levels of restrictions on home visits, we have resumed regular in-person case management services following CDC standard precaution guidelines. As mentioned earlier, our operations director and human resources consultant have kept abreast of the fluid CDC guidelines and have adjusted the Senior Solutions client contact guidelines and office protocols to reflect best practices. A serious shortage of direct care providers continues to adversely impact many people and families in need of in-home support or respite, leading to heightened stress, depression, and deterioration in their mental and physical health.

Legal Assistance: We have continued to support the Senior Citizen Law Project through Vermont Legal Aid. Programs have remained operational though COVID has impacted the scope of services. Our agency promotes the Virtual Legal Aid Advice Clinic programs that are offered to those age 60 and older. Vermont Legal Aid has also been a source of information about COVID-19 related changes in benefit program rules.

Information, Assessment & Referral (I, A & R): Our HelpLine has operated continually through the pandemic. During the early months of the pandemic, the program manager took on a leadership role in administering a program to connect older adults with computers, devices and internet connections to access telehealth and reduce isolation. After the grant funding for this project ended, Senior Solutions has continued to dedicate funding to support this project. HelpLine staff continue to stay abreast of changes to program rules due to COVID to keep our clients informed.

Caregiver support: Services have continued to be provided. Many are stressed due to a shortage of direct care and respite providers and closure of adult day programs. Our new technology program has been a
source of support for caregivers. Senior Solutions recently developed a working relationship with the UVM Center for Aging to make referrals to their CARERS and TEACH caregiver programs.

**Outreach and Information Services:** An important area of focus for our Outreach Coordinator has been partnering with the four other area agencies on aging through the Vermont Association of Agencies on Aging (V4A) to promote vaccinations. In a coordinated effort, the five AAAs worked closely with a marketing agency to develop and distribute marketing materials throughout the state promoting the benefits of getting vaccinated. A statewide TV advertisement featured two Senior Solutions volunteers talking about getting vaccinated.

We have continued robust outreach through multiple forms of media to reach more people and caregivers in need and inform them about our programs and services. We continue to tape interviews with public figures and staff for the various public access TV stations throughout our service area. We also continue to submit columns to local newspapers on a regular basis. Recently, our Outreach Coordinator began hosting a weekly radio show on WOOL 95.1 radio out of Bellows Falls. Our Facebook management has been enhanced and, in the fall of 2021, we launched our upgraded web site. All these media formats regularly include updates on how we are responding to the COVID-19 pandemic.

**Medicare Assistance (SHIP):** Our SHIP Coordinator transitioned to serving people primarily over the phone, presenting classes via zoom and disseminating information via video and local access TV. Because of the barriers of some people not using zoom, we did many one-on-one Medicare education sessions with people via phone. Our SHIP coordinator and other staff assisting with Medicare developed a high level of knowledge in program changes due to COVID and became a resource for other agencies.

**Congregate meals and adult day programs:** Senior Solutions has worked with the congregate meal sites to be able to gradually reopen to in-person gatherings. We have provided COVID-19 test kits, face masks and shelf-stable meals for curbside pick-up. We awarded an ARPA grant to one of the adult day centers in our service area to support their programming.

**Transportation and assisted transportation:** Senior Solutions continues to provide funding to many small local groups and senior centers for transportation. These organizations have been resuming their services lately, however the increasing fuel costs have resulted in some attrition of volunteers willing to drive. This has left sites struggling to meet the consumer needs.

**Evidence-based wellness programs:** In the fall of 2021 we recruited new Tai chi instructors and provided training to a robust group of volunteers. Throughout the spring of 2022 we have been able to resume in-person classes in many locations across our service area. Our HomeMeds program resumed in-person assessments in 2022 until May when our outreach nurse position was reorganized. The PEARLS program has been discontinued due to lack of trained staff and participation.

**Partnerships:** We have strengthened many of our existing partnerships and formed some new ones. We have been closely collaborating with local Cares, Aging-in-Place, town and Mutual Aid groups to help ensure needs are being met in local communities. The disaster relief teams that we have been participating in have wound down over the course of 2022.

**Volunteer programs:** We continue to assist clients with grocery shopping, medication pick-ups and other household errands for those impacted by COVID. We have maintained our telephone reassurance program, established during the height of the COVID-19 pandemic. Our Friendly Visitor and Vet to Vet programs have continued to provide critical support.
ATTACHMENT A

Area Agency on Aging Assurances

Updated October 2017

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

Development of a Comprehensive, Coordinated, Client-Centered System

1. ((306(a)(1)) The plan shall provide, through a comprehensive and coordinated system, supportive services, nutrition services and, where appropriate, the establishment, maintenance or construction of multipurpose senior centers, including determining the extent of need for supportive services, nutrition services and multipurpose senior centers.

2. ((306(a)(1)) Among other things, the plan will take into consideration the number of older individuals with low incomes residing in the planning and service area, the number of older individuals with low incomes, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), residing in the planning and service area, the number of individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians (Native Americans) residing in the area. The plan will also take into consideration the efforts of voluntary organizations in the community.

3. ((306(a)(1)) The plan shall include a method and plans for evaluating the effectiveness of the use of resources in meeting these needs.

4. ((306(a)(3)) The plan shall designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers as such focal point and specify, in grants, contracts, and agreements implementing the plan, the identity of each designated focal point.

5. ((306(a)(5)) The Area Agency will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities.

6. ((306(a)(6)(B)) The Area Agency will serve as the advocate and focal point for the elderly within
the community by monitoring, evaluating and commenting upon all policies, programs, hearings, levies and community actions which will affect the elderly.

7. ((306(a)(6)(C)(i)) Where possible, the area agency on aging will enter into agreements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults and families.

8. ((306)(a)(6)(C)(ii)) The Area Agency will, if possible, regarding the provision of services under Title III, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or came into existence during fiscal 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirement under section 675(c)(3) of the Community Services Block Grant Act (42 U.S.C. 9904 (c)(3).

9. ((306)(a)(6)(C)(iii)) The Area Agency will make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service) in community service settings.

10. ((306(a)(6)(E)) The Area Agency will establish effective and efficient procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs under this title and the following programs:

   a. the Job Training Partnership Act,
   b. Title II of the Domestic Volunteer Service Act of 1973,
   c. Titles XVI, XVIII, XIX, and XX of the Social Security Act,
   d. Sections 231 and 232 of the National Housing Act,
   e. the United States Housing Act of 1937,
   f. Section 202 of the Housing Act of 1959,
   g. Title I of the Housing and Community Development Act of 1974,
   h. Title I of the Higher Education Act of 1965 and the Adult Education Act,
   i. Sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964,
   j. the Public Health Service Act, including block grants under Title XIX of such Act,
   k. the Low-Income Home Energy Assistance Act of 1981,
   l. part A of the Energy Conservation in Existing Buildings Act of 1976 relating to weatherization assistance for low income persons,
   m. the Community Services Block Grant Act,
   n. demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, U.S. Code,
o. parts II and III of Title 38, U.S. Code,  
p. the Rehabilitation Act of 1973,  
q. the Developmental Disabilities and Bill of Rights Act,  
r. the Edward Byrne Memorial State and Local Law Enforcement Assistance Programs, established under part E of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750-3766b).

11. ((306(a)(6)(F)) In coordination with the State agency and the State agency responsible for mental health services, the Area Agency will increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations.

12. ((306(a)(7)) The Area Agency will conduct efforts to facilitate the area –wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers by -

a. Collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

b. Conducting analyses and making recommendations with respect to strategies for modifying the local system of long term care to better-

i. Respond to the needs and preferences of older individuals and family caregivers;

ii. Facilitate the provision, by service providers, of long-term care in home and community-based settings; and

iii. Target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings.

13. ((306)(a)(7)(C)) The Area Agency will implement, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals.

14. ((306(a)(7)(D)) The Area Agency shall provide for the availability and distribution (through public educations campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to the need to plan in advance for long-term care and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers and resources.

15. ((306(a)(8)) The Area Agency assures that case management services provided under this title through the Area Agency will:

a. not duplicate case management services provided through other Federal and State programs;

b. be coordinated with case management services provided through other Federal and State
programs; and

c. be provided by a public agency; or a nonprofit private agency that:

   i. gives each older individual seeking services under this title a list of agencies that
      provide similar services within the jurisdiction of the Area Agency;
   ii. gives each individual described in clause (i) a statement specifying that the
      individual has a right to make an independent choice of service providers and
      documents receipts by such individual of such statement;
   iii. has case managers acting as agents for the individuals receiving the services and
        not as promoters for the agency providing such services; or
   iv. is located in a rural area and obtains a waiver of the requirements described in
        clauses (i) through (iii).

Public Input

1. ((306(a)(6)(A)) The Area Agency will take into account in connection with matters of general
   policy arising in the development and administration of the area plan, the views of recipients of
   services under such plan.

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

Preference to Those in Greatest Economic or Social Need

1. ((306(a)(2)(B)) The area agency on aging will provide assurances that it will -

   a. Expend at least 65% of part B funds for Access to Services, 1% of Part B funds for In-home
      Services and 5% of Part B funds for Legal Assistance.

2. ((306(a)(4)(A)(i)) The area agency on aging will provide assurances that it will –

   a. Set specific objectives, consistent with State policy for providing services to older individuals with
      greatest economic need, older individuals with greatest social need, and older individuals at risk
      for institutional placement.
   b. Include specific objectives for providing services to low-income minority individuals, older
      individuals with limited English proficiency, and older individuals residing in rural areas; and
   c. Include proposed methods to achieve the objectives described in items a and b above.
   d. The area agency on aging will assure that it will include in each agreement with a provider of any
      service under this title a requirement that the provider will –
         i. Specify how the provider intends to satisfy the service needs of low-income minority
            individuals, older individuals with limited English proficiency, and older individuals
residing in rural areas served by the provider;
ii. To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with the need for such services; and
iii. Meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area.

3. ((306(a)(4)(A)(iii)) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, the Area Agency shall:
   a. identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
   b. describe the methods used to satisfy the service needs of such minority older individuals; and
   c. provide information on the extent to which the Area Agency met the objectives described in clause (306(a)(4)(A)(i)).

4. ((306(a)(4)(B)) The area agency will assure that it will use outreach efforts that will-
   a. identify individuals eligible for assistance under the Act, with special emphasis on older individuals residing in rural areas; older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English proficiency; older individuals with Alzheimer’s disease or related disorders (and the caretakers of such individuals); and older individuals at risk for institutional placement; and
   b. inform the older individuals listed in a. above and the caretakers of such individuals, of the availability of assistance.

5. ((306(a)(4)(C)) The Area Agency shall ensure that each activity undertaken by the agency, including planning, advocacy and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

6. ((306(a)(11)) The Area Agency shall provide information and assurances concerning older Native Americans, including: information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency will pursue activities, including outreach, to increase access to those older Native Americans to programs and benefits provided under this title;
   a. an assurance that the Area Agency will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
   b. an assurance that the Area Agency will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.
Agreements with Service Providers

1. ((306(A)(1)) The plan shall include a method and plans for entering into agreements with providers of services for the provision of services to meet needs.

2. ((307(a)(11)) The Area Agency on Aging will--

   a. enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance.

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

   c. attempt to involve the private bar in legal assistance activities authorized under Title III, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

3. ((307(a)(11)(B)) The Area Agency on Aging will assure that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing LSC projects in the planning and service area in order to concentrate the use of funds provided under Title III on individuals with greatest such need; and the Area Agency on Aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

4. ((307(a)(11)(D)) The Area Agency on Aging will assure, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from other sources other than the OAA and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals.

5. ((307(a)(11)(E)) The Area Agency on Aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination.

Provision of Services

1. ((306(a)(2)) The plan shall provide assurances that an adequate proportion, as required under section 307(a)(2) of the Older Americans Act, of the amount allotted for Part B to the planning and service area will be expended for the delivery of each of the following categories of services –

   a. services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the
consumer may be eligible) and case management services);
b. in-home services, including supportive services for families of older individuals who are
victims of Alzheimer’s disease and related disorders with neurological and organic brain
dysfunction; and
c. legal assistance; and assurances that the area agency on aging will report annually to the
State in detail the amount of funds expended for each such category during the fiscal year
most recently concluded.

2. ((306(a)(13)(A)) The Area Agency will maintain the integrity and public purpose of services
provided, and service providers, under this title in all contractual and commercial relationships.

3. ((306(a)(13)(B)) The Area Agency will disclose to the Assistant Secretary and the State agency --
   a. the identity of each non-governmental entity with which it has a contract or commercial
      relationship relating to providing any service to older individuals; and
   b. the nature of the contract or relationship.

4. ((306(a)(13)(C)) The Area Agency will demonstrate that a loss or diminution in the quantity or
   quality of the services provided, or to be provided, under this title by such agency has not resulted
   and will not result from such non-governmental contracts or commercial relationships.

5. ((306(a)(13)(D)) The Area Agency will demonstrate that the quantity or quality of the services to
   be provided under this title by such agency will be enhanced as a result of such non-governmental
   contracts or commercial relationships.

6. ((306(a)(13)(E)) The Area Agency will, on the request of the Assistant Secretary or the State, for
   the purpose of monitoring compliance with this Act (including conducting an audit), disclose all
   sources and expenditures of funds such agency receives or expends to provide services to older
   individuals.

7. ((306(a)(14)) The Area Agency assures that preference in receiving Title III services will not be
   given to particular older individuals as a result of a contract or commercial relationship that is not
   carried out to implement Title III.

8. ((306(a)(15)) The Area Agency on Aging assures that funds received under Title III will be used
   to provide benefits and services to older individuals, giving priority to older individuals identified
   in section 306(a)(4)(A)(i); and, in compliance with the assurances specified in section 306 (a)(13 ).

9. ((306(a)(16)) The Area Agency on Aging agrees to provide, to the extent feasible, for the
   furnishing of services under this Act, consistent with self-directed care.

10. ((306(a)(17)) The Area Agency on Aging shall include information detailing how the area agency
    on aging will coordinate activities, and develop long-range emergency preparedness plans, with
    local and State emergency response agencies, relief organizations, local and State governments,
    and any other institutions that have responsibility for disaster relief service delivery.
Department of Disabilities, Aging and Independent Living (DAIL) Requirements:

1. The Area Agency on Aging (AAA) shall:
   a. assure that all services and service options are fully explained to applicants/participants/representatives;
   b. assure that all applicants/participants/representatives are provided with a copy of the AAA’s consumer grievance procedures and are provided with assistance as necessary to understand and follow the established procedures.
   c. assist applicants/participants to obtain necessary services;
   d. involve applicants/participants in the planning of their services;
   e. coordinate services provided by the AAA with other related services provided to the participant by other agencies or individuals;
   f. assure that the AAA’s services meet the individual needs of each participant, including changes in services as needs change.

2. The AAA shall assure that all services provided under this area plan will be coordinated with other home and community based services and providers in the AAA’s service area to avoid duplication, maximize existing resources and ensure optimum coordination of services for individual clients. “Home and community based services and providers” include, but are not limited to, hospital discharge planning, nursing homes, residential care homes, home health agencies, adult day services, services of the Vermont Center for Independent Living, services funded through Part B of the Rehabilitation Act, the Office of Public Guardians, and activities conducted through community resource teams or adult abuse teams.

3. The AAA shall assure that all Case Management services provided under this area plan will comply with the Department of Disabilities, Aging and Independent Living Case Management Standards & Certification Procedures For Older Americans Act Programs & Choices for Care, Revised January 2017.

4. The AAA shall assure that at a minimum, the Nutrition Screening Instrument: DETERMINE Your Nutritional Health Checklist, shall be used to screen all clients receiving home delivered meals; case management clients, congregate meal participants and for other individuals who may benefit from such counseling. The AAA shall build capacity to use the Nutrition Program Prioritization Tool with all home delivered meal clients in conjunction with the NSI screening.

5. The AAA shall assure that it will develop and maintain, in collaboration with DAIL, quality assurance and improvement processes which will allow the AAA and DAIL to monitor the quality of services provided by the Agency.
6. The AAA will assist in developing a stronger home and community-based system of care for older Vermonters and persons with disabilities by providing them with a choice of supportive services that address their long-term care needs and will allow them to remain independent and avoid or delay the need for nursing home admission.

7. The AAA shall administer state general funds Long Term Care Flexible Funds Special Services Funds and give priority to older Vermonters and persons with disabilities in greatest economic and social need. Flexible Funds may be used for a variety of good and services to assist Vermonters to be able to maintain their independence and live in the setting of their choice. These funds may only be used when there are no other funds available to pay for services. The AAA will utilize the funding to serve residents of the entire Area Agency on Aging planning and service area.

8. The AAA shall assure for all services provided under this plan that the DAIL Background Check policy will be followed.

9. The AAA shall assure that third party referrals will be accepted and followed-up upon.

10. The AAA shall assure responsibility for accepting and responding to third party referrals concerning individuals with self-neglecting behaviors who are 60 years of age or older.

11. The AAA shall assure that FFY 2018 funds to strengthen the volunteer base will be utilized for at least one evidenced-based falls prevention program.

General Administration

1. Compliance with Requirements. The Area Agency on Aging agrees to administer the program in accordance with the Act, the State Plan and all applicable regulations, policies and procedures established by the Department of Disabilities, Aging & Independent Living and federal agencies. This includes compliance with the State of Vermont Customary State Grant Provisions. (Please note section below.)

2. Data Entry Requirements. Notwithstanding the due dates listed in #3 below, the Area Agency on Aging agrees to complete data entry into the SAMS data base within 60 days of the end of each month. AAAs that do not complete the required data entry within the required time frame will be subject to 1/24 funding until the AAA is within the 60 day time frame. An AAA may request a variance to the 60-day data entry requirement if there are circumstances beyond the AAA’s control that necessitate an extension. Variance requests must be submitted in advance of the due date and should be sent to the attention of Angela Smith-Dieng.

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

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<tr>
<th>Due Date</th>
<th>Reporting Period</th>
<th>Reports/Data Due</th>
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<tr>
<td>February 15</td>
<td>October-December</td>
<td>Title III and Title VII QTR 1 Financial Reports</td>
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<tr>
<td>May 15</td>
<td>January – March</td>
<td>Title III and Title VII QTR 2 Financial Reports, Draft Audits</td>
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<tr>
<td>August 1</td>
<td>October – September</td>
<td>FFY20 Budgets</td>
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<td>FFY19-FFY22 Area Plan Updates</td>
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<tr>
<td>August 15</td>
<td>April – June</td>
<td>Title III and Title VII QTR 3 Financial Reports</td>
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<tr>
<td>October 20</td>
<td>July - September</td>
<td>Title III and Title VII QTR 4 Financial Reports</td>
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* The Department reserves the right to delay the release of funds to the Area Agency on Aging if required data or reports are not submitted in a timely fashion.

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

3. **Area Plan Amendments.** Area Plan amendments will be made in conformance with applicable program regulations.

4. **Opportunity to Contribute.** Each service provider must offer older persons an opportunity to voluntarily contribute toward the cost of the services they receive under Title III programs. Such contributions must be used to expand the provider’s services to older persons.

5. **Usage of Local Funds.** Local funds must be used in accordance with the budgeted use of local funds.

6. **Client Transportation.** AAAs shall purchase client transportation through public transit in all instances where public transit services are appropriate to client needs and as cost-efficient as other transportation, or wherever consistent with regional transportation development plans.

7. **Exclusion from Federal Procurement.** The AAA agrees to comply with federal requirements which prohibit non-federal entities from contracting with or making sub-awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Non-federal entities may check for suspended and debarred parties which are listed in the List of Parties Excluded from Federal Procurement or Non-procurement Programs, issued by the General Services Administration.
AAA Budget Information

A. Resource Projections: The Department will issue the resource projections as close to April of the prior Federal Fiscal year as possible using the best published data available as of March of the prior Federal Fiscal year. The Department will send AAA’s the methodology used in determining the resource projections, so that AAAs will have an opportunity to review the methodology and ask questions.

B. General Rules Pertaining to AAA Funding

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

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

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

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

- Title III-B funds are for Supportive Services only.

- Title III-C-1 funds are for Congregate Meal programs, nutrition counseling, education and other nutrition services, and Area Plan Administration.

- Title III-C-2 funds are for Home Delivered Meals, nutrition counseling, education and other nutrition services.

- Title III-D funds are for Disease Prevention and Health Promotion Programs and activities which have been demonstrated through rigorous evaluation to be evidenced based and effective for improving the health and well- being or reducing disease, disability and/or injury among older adults. (ACL revised the definition of “evidence-based” as of 10/01/16. The revised definition can be found here: http://www.aoa.acl.gov/aoa_programs/hpw/title_IIID/index.aspx)
Title III-E funds are for the National Family Caregiver Support Program. Funds may be used to provide the five categories of services authorized in the OAA: 1) information services; 2) access assistance; 3) counseling; 4) respite care; and 5) supplemental services. All Case Management, Information and Assistance, Respite and other expenses for family caregivers should be budgeted in this program. The category of supplemental services is designed to be used on a limited basis. As a result, each AAA must receive approval from the Department in advance of providing supplemental services and may dedicate no more than twenty percent of the Federal funding to this category. AAA are also required to provide caregiver services to older relative caregivers of children age 18 and younger but may dedicate no more than ten percent of federal funding to this type of service. Please refer to the additional NFCSP requirements in Section III of this document.

Title VII funds are for Elder Abuse Prevention services.

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

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

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

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

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

Equipment costing over $5000/unit must have authorization from the funding source if Federal funds are to be used.

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

AAAs may only use their anticipated FY2019 funding and unbudgeted prior year funds, unless DAIL has an audit or draft audit identifying the carryover amounts from the prior year.

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

The Department will only allow an AAA to draw in a proportionate share of their Title III, Title VII funds, State Base General Fund, Special Services, Nutrition Service-Meals, Flexible funds, Nutrition Services Incentive Program funds (NSIP), and Volunteer Outreach funds each month (i.e. 1/12th per month). Cash requests above the proportionate share will require an acceptable explanation. AAA will minimize the elapse time between the Federal funds drawn and the expenditure of funds for program purposes.
• Grants for the Provision of Long-Term Care Services (Flexible Funding) Expenses/Revenue - Allocate the revenue and expenses to the applicable program center. For instance, if you are purchasing adult day services and transportation services with coalition funds you should report the expenses and revenue in the adult day and transportation program columns. You should report the revenue from the flex fund grant agreements in the "State Other."

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

C. Expense Line Item Definitions

1. **Personnel** - Wages paid to agency employees. Includes stipends.

2. **Fringe** - Fringe benefits paid to agency employees and volunteers. Includes worker's compensation.

3. **Travel** - All mileage and other reimbursement (meals, lodging) related to agency employee, volunteer or board member travel.

4. **Supplies** - Consumables, such as paper goods, disposable office products, forms, napkins, meals tray etc. Does not include raw food in the context of congregate or home delivered meals. These costs should not be allocated, if other costs incurred for the same purpose are directly charged to an activity. When several activities benefit from a cost and it is not possible or material to directly charge the cost, the cost should be distributed to the individual activities by a means that best reflects the relative benefit of each activity. AAAs should be prepared to explain the way costs are spread.

5. **Rent/Utilities** - Costs associated with building rental and maintenance. Includes trash removal. Does not include insurance. These costs should not be allocated, if other costs incurred for the same purpose are directly charged to an activity. When several activities benefit from a cost and it is not possible or material to directly charge the cost, the cost should be distributed to the individual activities by a means that best reflects the relative benefit of each activity. AAAs should be prepared to explain how the costs are spread.

6. **Telephone/Postage** - These costs should not be allocated, if other costs incurred for the same purpose are directly charged to an activity. When several activities benefit from a cost and it is not possible or material to directly charge the cost, the cost should be distributed to the individual activities by a means that best reflects the relative benefit of each activity. AAAs should be prepared to explain the way the costs are spread.

7. **Equipment** - Costs associated with purchasing, maintaining and repairing equipment to operate the agency and its programs. Leases for equipment should be recorded here. Computer, photocopier, postage equipment and equipment maintenance contracts should be included. Expenses for equipment purchased for clients should be recorded under grants/contracts.
8. **Insurance** - This includes policies related to agency business but not to employee wages. Examples include vehicle insurance, property liability and directors'/officers' liability. Worker's compensation is not included. The cost of policies should be assigned to administration or spread to programs based upon an analysis of the policy. If this analysis is not provided with the policy, the AAA should request it.

9. **Audit** - Costs associated with agency audits or for audits by specific programs.

10. **Vehicle Operating Costs** - Costs associated with purchasing, operating, maintaining and repairing vehicles owned by the agency. The actual purchase cost should be included under equipment. Vehicle operations costs do not include mileage reimbursement for staff volunteers. If vehicles are used for multiple purposes, agencies should decide which purpose is primary at the point in time the vehicle is being used and assign the expense to the primary activity. For example, if a van is used to transport people, at the same time delivers meals and would be transporting people even if there were not meals to deliver, the expense should be assigned to transportation. Another example: If a van is used to deliver meals on Tuesday and then transport people on Wednesday, the expense should be assigned both to transportation and to home-delivered meals based upon time spent delivering meals and time spent transporting people.

11. **Raw Food** - Cost associated with purchase of food for nutrition services. Does not include beverages and food for staff meetings. Costs for raw food used in preparing meals by agency staff should be split by the ratio of agency prepared home-delivered to congregate meals. The ratio should not include meals prepared under contract.

12. **Training** - Costs associated with organizing or participating in training excluding personnel and staff travel. Includes registration, coffee and donuts, rental of meeting space, costs of hiring a trainer, etc.. Training expenses should be assigned to activities based upon the staff person receiving the training and the purpose of the training. For example, if a staff person is receiving training in case management, the expense should be in case management. Training expenses not assigned to particular staff in the budget should be included in the administration column. The expense during the year should be moved from administration to the appropriate activity when it is known.

13. **Other** - Expenses which do not fit into any of the other categories. Included are dues and subscriptions, advertising and recognition (plaques, flowers etc.). Under administration are included expenses for services purchased from individuals or organizations to accomplish agency administrative work which would otherwise need to be done by staff. Examples are payroll service, janitorial service and legal fees. It also includes contingency money for legal fees etc.

14. **Grants/Contracts** - Grants and contracts include the expense for any program expenses for adaptive equipment and home modifications purchased for clients.

15. **Administration** - This line item is the proportion of administrative expense in the administrative activity assigned to each program by its percent of the agency budget.

Administration costs distributed to 'direct services' (services an AAA provides with an approved waiver) are area plan administration in accordance with Section 308 (a) (1) of the Older Americans Act. For budgeting purposes, case management is considered a non-direct 'allowable' service.
Funds granted to the Community of Vermont Elders should be budgeted as Administration.

Funds utilized to secure the services of a registered dietician for the purpose of performing menu reviews is an allowable administrative expense.

16. **Fundraising** - This line item represents a spread of fundraising costs from the fund-raising activity. The fundraising expense should be covered by funds raised. Both the expense and the revenue produced should then be spread to the activities the agency decides to support with the fundraising event/activity.

D. Funding Formula Factors: To be provided under separate cover with the issuance of the resource projections, based on the best published data available as of March of the prior Federal Fiscal year.

**ATTACHMENT E**

**ASSURANCES:**

**STANDARD STATE PROVISIONS FOR CONTRACTS AND GRANTS**

**REVISED DECEMBER 15, 2017**

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

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

3. **Governing Law, Jurisdiction and Venue; No Waiver of Jury Trial:** This Agreement will be governed by the laws of the State of Vermont. Any action or proceeding brought by either the State or the Party in connection with this Agreement shall be brought and enforced in the Superior Court of the State of Vermont, Civil Division, Washington Unit. The Party irrevocably submits to the jurisdiction of this court for any action or proceeding regarding this Agreement. The Party agrees that it must first exhaust any applicable administrative remedies with respect to any cause of action that it may have against the State with regard to its performance under this Agreement. Party agrees that the State shall not be required to submit to binding arbitration or waive its right to a jury trial.

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

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

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

7. Defense and Indemnity: The Party shall defend the State and its officers and employees against all third party claims or suits arising in whole or in part from any act or omission of the Party or of any agent of the Party in connection with the performance of this Agreement. The State shall notify the Party in the event of any such claim or suit, and the Party shall immediately retain counsel and otherwise provide a complete defense against the entire claim or suit. The State retains the right to participate at its own expense in the defense of any claim. The State shall have the right to approve all proposed settlements of such claims or suits.

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

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

Notwithstanding any contrary language anywhere, in no event shall the terms of this Agreement or any document furnished by the Party in connection with its performance under this Agreement obligate the State to (1) defend or indemnify the Party or any third party, or (2) otherwise be liable for the expenses or reimbursement, including attorneys’ fees, collection costs or other costs of the Party or any third party.

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

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

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

- Premises - Operations
- Products and Completed Operations
- Personal Injury Liability
- Contractual Liability

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

- $1,000,000 Each Occurrence
- $2,000,000 General Aggregate
- $1,000,000 Products/Completed Operations Aggregate
- $1,000,000 Personal & Advertising Injury
Automotive Liability: The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than $500,000 combined single limit. If performance of this Agreement involves construction, or the transport of persons or hazardous materials, limits of coverage shall not be less than $1,000,000 combined single limit.

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

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

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

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

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

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

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

14. Fair Employment Practices and Americans with Disabilities Act: Party agrees to comply with the requirement of 21 V.S.A. Chapter 5, Subchapter 6, relating to fair employment practices, to the full extent applicable. Party shall also ensure, to the full extent required by the Americans with Disabilities Act of 1990, as amended, that qualified individuals with disabilities receive equitable access to the services, programs, and activities provided by the Party under this Agreement.
15. Set Off: The State may set off any sums which the Party owes the State against any sums due the Party under this Agreement; provided, however, that any set off of amounts due the State of Vermont as taxes shall be in accordance with the procedures more specifically provided hereinafter.

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

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

18. Child Support: (Only applicable if the Party is a natural person, not a corporation or partnership.) Party states that, as of the date this Agreement is signed, he/she:
   A. is not under any obligation to pay child support; or
   B. is under such an obligation and is in good standing with respect to that obligation; or
   C. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

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

19. Sub-Agreements: Party shall not assign, subcontract or subgrant the performance of this Agreement or any portion thereof to any other Party without the prior written approval of the State. Party shall be responsible and liable to the State for all acts or omissions of subcontractors and any other person performing work under this Agreement pursuant to an agreement with Party or any subcontractor.

In the case this Agreement is a contract with a total cost in excess of $250,000, the Party shall provide to the State a list of all proposed subcontractors and subcontractors’ subcontractors, together with the identity of those subcontractors’ workers compensation insurance providers, and additional required or requested information, as applicable, in accordance with Section 32 of The Vermont Recovery and Reinvestment Act of 2009 (Act No. 54).

Party shall include the following provisions of this Attachment C in all subcontracts for work performed solely for the State of Vermont and subcontracts for work performed in the State of Vermont: Section 10 (“False Claims Act”); Section 11 (“Whistleblower Protections”); Section 12 (“Location of State Data”); Section 14 (“Fair Employment Practices and Americans with Disabilities Act”); Section 16 (“Taxes Due the State”); Section 18 (“Child Support”); Section 20 (“No Gifts or Gratuities”); Section 22 (“Certification Regarding Debarment”); Section 30 (“State Facilities”); and Section 32.A (“Certification Regarding Use of State Funds”).
20. **No Gifts or Gratuities:** Party shall not give title or possession of anything of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.

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

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

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

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

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

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

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

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

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

   **C. Termination Assistance:** Upon nearing the end of the final term or termination of this Agreement, without respect to cause, the Party shall take all reasonable and prudent measures to facilitate any transition required by the State. All State property, tangible and intangible, shall be returned to the State upon demand at no additional cost to the State in a format acceptable to the State.
28. **Continuity of Performance:** In the event of a dispute between the Party and the State, each party will continue to perform its obligations under this Agreement during the resolution of the dispute until this Agreement is terminated in accordance with its terms.

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

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

31. **Requirements Pertaining Only to Federal Grants and Subrecipient Agreements:** If this Agreement is a grant that is funded in whole or in part by Federal funds:

   A. **Requirement to Have a Single Audit:** The Subrecipient will complete the Subrecipient Annual Report annually within 45 days after its fiscal year end, informing the State of Vermont whether or not a Single Audit is required for the prior fiscal year. If a Single Audit is required, the Subrecipient will submit a copy of the audit report to the granting Party within 9 months. If a single audit is not required, only the Subrecipient Annual Report is required.

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

   B. **Internal Controls:** In accordance with 2 CFR Part II, §200.303, the Party must establish and maintain effective internal control over the Federal award to provide reasonable assurance that the Party is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government” issued by the Comptroller General of the United States and the “Internal Control Integrated Framework”, issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).

   C. **Mandatory Disclosures:** In accordance with 2 CFR Part II, §200.113, Party must disclose, in a timely manner, in writing to the State, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures may result in the imposition of sanctions which may include disallowance of costs incurred, withholding of payments, termination of the Agreement, suspension/debarment, etc.

32. **Requirements Pertaining Only to State-Funded Grants:**

   A. **Certification Regarding Use of State Funds:** If Party is an employer and this Agreement is a State-funded grant in excess of $1,001, Party certifies that none of these State funds will be used to interfere with or restrain the exercise of Party’s employee’s rights with respect to unionization.

   B. **Good Standing Certification (Act 154 of 2016):** If this Agreement is a State-funded grant, Party hereby represents: (i) that it has signed and provided to the State the form prescribed by the Secretary of Administration for purposes of certifying that it is in good standing (as provided in Section 13(a)(2) of Act 154) with the Agency of Natural Resources and the Agency of Agriculture, Food and Markets, or otherwise
explaining the circumstances surrounding the inability to so certify, and (ii) that it will comply with the requirements stated therein.

(End of Standard Provisions)
BUSINESS ASSOCIATE agreement

SOV CONTRACTor/Grantee/business associate: Senior Solutions

SOV CONTRACT No. SFY Area Plan Update

CONTRACT Effective DATE: 10/01/2021

This Business Associate Agreement (“Agreement”) is entered into by and between the State of Vermont Agency of Human Services, operating by and through its Department of Disabilities, Aging, and Independent Living (“Covered Entity”) and Party identified in this Agreement as Contractor or Grantee above (“Business Associate”). This Agreement supplements and is made a part of the contract or grant (“Contract or Grant) to which it is attached.

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

The parties agree as follows:

1. Definitions. All capitalized terms used but not otherwise defined in this Agreement have the meanings set forth in 45 CFR Parts 160 and 164 as amended by HITECH and associated federal rules and regulations. Terms defined in this Agreement are italicized. Unless otherwise specified, when used in this Agreement, defined terms used in the singular shall be understood if appropriate in their context to include the plural when applicable.

   “Agent” means an Individual acting within the scope of the agency of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c) and includes Workforce members and Subcontractors.

   “Breach” means the acquisition, Access, Use or Disclosure of Protected Health Information (PHI) which compromises the Security or privacy of the PHI, except as excluded in the definition of Breach in 45 CFR § 164.402.

   “Business Associate” shall have the meaning given for “Business Associate” in 45 CFR § 160.103 and means Contractor or Grantee and includes its Workforce, Agents and Subcontractors.

   “Electronic PHI” shall mean PHI created, received, maintained or transmitted electronically in accordance with 45 CFR § 160.103.

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

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

   “Required by Law” means a mandate contained in law that compels an entity to make a use or disclosure of PHI and that is enforceable in a court of law and shall have the meaning given in 45 CFR § 164.103.

   “Report” means submissions required by this Agreement as provided in section 2.3.
“Security Incident” means the attempted or successful unauthorized Access, Use, Disclosure, modification, or destruction of Information or interference with system operations in an Information System relating to PHI in accordance with 45 CFR § 164.304.

“Services” includes all work performed by the Business Associate for or on behalf of Covered Entity that requires the Use and/or Disclosure of PHI to perform a Business Associate function described in 45 CFR § 160.103.

“Subcontractor” means a Person to whom Business Associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such Business Associate.

“Successful Security Incident” shall mean a Security Incident that results in the unauthorized Access, Use, Disclosure, modification, or destruction of information or interference with system operations in an Information System.

“Unsuccessful Security Incident” shall mean a Security Incident such as routine occurrences that do not result in unauthorized Access, Use, Disclosure, modification, or destruction of information or interference with system operations in an Information System, such as: (i) unsuccessful attempts to penetrate computer networks or services maintained by Business Associate; and (ii) immaterial incidents such as pings and other broadcast attacks on Business Associate’s firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above with respect to Business Associate’s Information System.

“Targeted Unsuccessful Security Incident” means an Unsuccessful Security Incident that appears to be an attempt to obtain unauthorized Access, Use, Disclosure, modification or destruction of the Covered Entity’s Electronic PHI.

2. **Contact Information for Privacy and Security Officers and Reports.**

   2.1 Business Associate shall provide, within ten (10) days of the execution of this Agreement, written notice to the Contract or Grant manager the names and contact information of both the HIPAA Privacy Officer and HIPAA Security Officer of the Business Associate. This information must be updated by Business Associate any time these contacts change.


   2.3 Business Associate shall submit all Reports required by this Agreement to the following email address: AHS.PrivacyAndSecurity@vermont.gov

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

   3.1 Subject to the terms in this Agreement, Business Associate may Use or Disclose PHI to perform Services, as specified in the Contract or Grant. Such Uses and Disclosures are limited to the minimum necessary to provide the Services. Business Associate shall not Use or Disclose PHI in any manner that would constitute a violation of the Privacy Rule if Used or Disclosed by Covered Entity in that manner. Business Associate may not Use or Disclose PHI other than as permitted or required by this Agreement or as Required by Law and only in compliance with applicable laws and regulations.

   3.2 Business Associate may make PHI available to its Workforce, Agent and Subcontractor who need Access to perform Services as permitted by this Agreement, provided that Business
Associate makes them aware of the Use and Disclosure restrictions in this Agreement and binds them to comply with such restrictions.

3.3 Business Associate shall be directly liable under HIPAA for impermissible Uses and Disclosures of PHI.

4. Business Activities. Business Associate may Use PHI if necessary for Business Associate’s proper management and administration or to carry out its legal responsibilities. Business Associate may Disclose PHI for Business Associate’s proper management and administration or to carry out its legal responsibilities if a Disclosure is Required by Law or if Business Associate obtains reasonable written assurances via a written agreement from the Person to whom the information is to be Disclosed that such PHI shall remain confidential and be Used or further Disclosed only as Required by Law or for the purpose for which it was Disclosed to the Person, and the Agreement requires the Person to notify Business Associate, within five (5) business days, in writing of any Breach of Unsecured PHI of which it is aware. Such Uses and Disclosures of PHI must be of the minimum amount necessary to accomplish such purposes.


5.1 With respect to Electronic PHI, Business Associate shall:

a) Implement and use Administrative, Physical, and Technical Safeguards in compliance with 45 CFR sections 164.308, 164.310, and 164.312;

b) Identify in writing upon request from Covered Entity all the safeguards that it uses to protect such Electronic PHI;

c) Prior to any Use or Disclosure of Electronic PHI by an Agent or Subcontractor, ensure that any Agent or Subcontractor to whom it provides Electronic PHI agrees in writing to implement and use Administrative, Physical, and Technical Safeguards that reasonably and appropriately protect the Confidentiality, Integrity and Availability of Electronic PHI. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the Use or Disclosure of Electronic PHI, and be provided to Covered Entity upon request;

d) Report in writing to Covered Entity any Successful Security Incident or Targeted Security Incident as soon as it becomes aware of such incident and in no event later than five (5) business days after such awareness. Such report shall be timely made notwithstanding the fact that little information may be known at the time of the report and need only include such information then available;

e) Following such report, provide Covered Entity with the information necessary for Covered Entity to investigate any such incident; and

f) Continue to provide to Covered Entity information concerning the incident as it becomes available to it.

5.2 Reporting Unsuccessful Security Incidents. Business Associate shall provide Covered Entity upon written request a Report that: (a) identifies the categories of Unsuccessful Security Incidents; (b) indicates whether Business Associate believes its current defensive security measures are adequate to address all Unsuccessful Security Incidents, given the scope and nature
of such attempts; and (c) if the security measures are not adequate, the measures Business Associate will implement to address the security inadequacies.

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

6. Reporting and Documenting Breaches.

6.1 Business Associate shall Report to Covered Entity any Breach of Unsecured PHI as soon as it, or any Person to whom PHI is disclosed under this Agreement, becomes aware of any such Breach, and in no event later than five (5) business days after such awareness, except when a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security. Such Report shall be timely made notwithstanding the fact that little information may be known at the time of the Report and need only include such information then available.

6.2 Following the Report described in 6.1, Business Associate shall conduct a risk assessment and provide it to Covered Entity with a summary of the event. Business Associate shall provide Covered Entity with the names of any Individual whose Unsecured PHI has been, or is reasonably believed to have been, the subject of the Breach and any other available information that is required to be given to the affected Individual, as set forth in 45 CFR § 164.404(c). Upon request by Covered Entity, Business Associate shall provide information necessary for Covered Entity to investigate the impermissible Use or Disclosure. Business Associate shall continue to provide to Covered Entity information concerning the Breach as it becomes available.

6.3 When Business Associate determines that an impermissible acquisition, Access, Use or Disclosure of PHI for which it is responsible is not a Breach, and therefore does not necessitate notice to the impacted Individual, it shall document its assessment of risk, conducted as set forth in 45 CFR § 402(2). Business Associate shall make its risk assessment available to Covered Entity upon request. It shall include 1) the name of the person making the assessment, 2) a brief summary of the facts, and 3) a brief statement of the reasons supporting the determination of low probability that the PHI had been compromised.

7. Mitigation and Corrective Action. Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to it of an impermissible Use or Disclosure of PHI, even if the impermissible Use or Disclosure does not constitute a Breach. Business Associate shall draft and carry out a plan of corrective action to address any incident of impermissible Use or Disclosure of PHI. Business Associate shall make its mitigation and corrective action plans available to Covered Entity upon request.

8. Providing Notice of Breaches.

8.1 If Covered Entity determines that a Breach of PHI for which Business Associate was responsible, and if requested by Covered Entity, Business Associate shall provide notice to the Individual whose PHI has been the subject of the Breach. When so requested, Business Associate shall consult with Covered Entity about the timeliness, content and method of notice, and shall receive Covered Entity’s approval concerning these elements. Business Associate shall be responsible for the cost of notice and related remedies.

8.2 The notice to affected Individuals shall be provided as soon as reasonably possible and in no case later than 60 calendar days after Business Associate reported the Breach to Covered Entity.
8.3 The notice to affected Individuals shall be written in plain language and shall include, to the extent possible, 1) a brief description of what happened, 2) a description of the types of Unsecured PHI that were involved in the Breach, 3) any steps Individuals can take to protect themselves from potential harm resulting from the Breach, 4) a brief description of what the Business Associate is doing to investigate the Breach to mitigate harm to Individuals and to protect against further Breaches, and 5) contact procedures for Individuals to ask questions or obtain additional information, as set forth in 45 CFR § 164.404(c).

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

9. Agreements with Subcontractors. Business Associate shall enter into a Business Associate Agreement with any Subcontractor to whom it provides PHI to require compliance with HIPAA and to ensure Business Associate and Subcontractor comply with the terms and conditions of this Agreement. Business Associate must enter into such written agreement before any Use by or Disclosure of PHI to such Subcontractor. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the Use or Disclosure of PHI. Business Associate shall provide a copy of the written agreement it enters into with a Subcontractor to Covered Entity upon request. Business Associate may not make any Disclosure of PHI to any Subcontractor without prior written consent of Covered Entity.

10. Access to PHI. Business Associate shall provide access to PHI in a Designated Record Set to Covered Entity or as directed by Covered Entity to an Individual to meet the requirements under 45 CFR § 164.524. Business Associate shall provide such access in the time and manner reasonably designated by Covered Entity. Within five (5) business days, Business Associate shall forward to Covered Entity for handling any request for Access to PHI that Business Associate directly receives from an Individual.

11. Amendment of PHI. Business Associate shall make any amendments to PHI in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR § 164.526, whether at the request of Covered Entity or an Individual. Business Associate shall make such amendments in the time and manner reasonably designated by Covered Entity. Within five (5) business days, Business Associate shall forward to Covered Entity for handling any request for amendment to PHI that Business Associate directly receives from an Individual.

12. Accounting of Disclosures. Business Associate shall document Disclosures of PHI and all information related to such Disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. Business Associate shall provide such information to Covered Entity or as directed by Covered Entity to an Individual, to permit Covered Entity to respond to an accounting request. Business Associate shall provide such information in the time and manner reasonably designated by Covered Entity. Within five (5) business days, Business Associate shall forward to Covered Entity for handling any accounting request that Business Associate directly receives from an Individual.

13. Books and Records. Subject to the attorney-client and other applicable legal privileges, Business Associate shall make its internal practices, books, and records (including policies and procedures and PHI) relating to the Use and Disclosure of PHI available to the Secretary of Health and Human Services (HHS) in the time and manner designated by the Secretary. Business Associate shall make the same information
available to Covered Entity, upon Covered Entity’s request, in the time and manner reasonably designated by Covered Entity so that Covered Entity may determine whether Business Associate is in compliance with this Agreement.

14. Termination.

14.1 This Agreement commences on the Effective Date and shall remain in effect until terminated by Covered Entity or until all the PHI is destroyed or returned to Covered Entity subject to Section 18.8.

14.2 If Business Associate fails to comply with any material term of this Agreement, Covered Entity may provide an opportunity for Business Associate to cure. If Business Associate does not cure within the time specified by Covered Entity or if Covered Entity believes that cure is not reasonably possible, Covered Entity may immediately terminate the Contract or Grant without incurring liability or penalty for such termination. If neither termination nor cure are feasible, Covered Entity shall report the breach to the Secretary of HHS. Covered Entity has the right to seek to cure such failure by Business Associate. Regardless of whether Covered Entity cures, it retains any right or remedy available at law, in equity, or under the Contract or Grant and Business Associate retains its responsibility for such failure.

15. Return/Destruction of PHI.

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

15.2 Business Associate shall report to Covered Entity any conditions that Business Associate believes make the return or destruction of PHI infeasible. Business Associate shall extend the protections of this Agreement to such PHI and limit further Uses and Disclosures to those purposes that make the return or destruction infeasible for so long as Business Associate maintains such PHI.

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

17. Training. Business Associate understands its obligation to comply with the law and shall provide appropriate training and education to ensure compliance with this Agreement. If requested by Covered Entity, Business Associate shall participate in Covered Entity’s training regarding the Use, Confidentiality, and Security of PHI; however, participation in such training shall not supplant nor relieve Business Associate of its obligations under this Agreement to independently assure compliance with the law and this Agreement.

18. Miscellaneous.
18.1 In the event of any conflict or inconsistency between the terms of this Agreement and the terms of the Contract or Grant, the terms of this Agreement shall govern with respect to its subject matter. Otherwise, the terms of the Contract or Grant continue in effect.

18.2 Each party shall cooperate with the other party to amend this Agreement from time to time as is necessary for such party to comply with the Privacy Rule, the Security Rule, or any other standards promulgated under HIPAA. This Agreement may not be amended, except by a writing signed by all parties hereto.

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

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

18.5 Business Associate shall not have or claim any ownership of PHI.

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

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

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

Rev. 05/21/2019

AGENCY OF HUMAN SERVICES’ CUSTOMARY CONTRACT/GRANT PROVISIONS

1. Definitions: For purposes of this Attachment F, the term “Agreement” shall mean the form of the contract or grant, with all of its parts, into which this Attachment F is incorporated. The meaning of the term “Party” when
used in this Attachment F shall mean any named party to this Agreement other than the State of Vermont, the Agency of Human Services (AHS) and any of the departments, boards, offices and business units named in this Agreement. As such, the term “Party” shall mean, when used in this Attachment F, the Contractor or Grantee with whom the State of Vermont is executing this Agreement. If Party, when permitted to do so under this Agreement, seeks by way of any subcontract, sub-grant or other form of provider agreement to employ any other person or entity to perform any of the obligations of Party under this Agreement, Party shall be obligated to ensure that all terms of this Attachment F are followed. As such, the term “Party” as used herein shall also be construed as applicable to, and describing the obligations of, any subcontractor, sub-recipient or sub-grantee of this Agreement. Any such use or construction of the term “Party” shall not, however, give any subcontractor, sub-recipient or sub-grantee any substantive right in this Agreement without an express written agreement to that effect by the State of Vermont.

2. **Agency of Human Services**: The Agency of Human Services is responsible for overseeing all contracts and grants entered by any of its departments, boards, offices and business units, however denominated. The Agency of Human Services, through the business office of the Office of the Secretary, and through its Field Services Directors, will share with any named AHS-associated party to this Agreement oversight, monitoring and enforcement responsibilities. Party agrees to cooperate with both the named AHS-associated party to this contract and with the Agency of Human Services itself with respect to the resolution of any issues relating to the performance and interpretation of this Agreement, payment matters and legal compliance.

3. **Medicaid Program Parties** (applicable to any Party providing services and supports paid for under Vermont’s Medicaid program and Vermont’s Global Commitment to Health Waiver):

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

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

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

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

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

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

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

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

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

5. **Non-Discrimination:**

Party shall not discriminate, and will prohibit its employees, agents, subcontractors, sub-grantees and other service providers from discrimination, on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, and on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964. Party shall not refuse, withhold from or deny to any person the benefit of services, facilities, goods, privileges, advantages, or benefits of public accommodation on the basis of disability, race, creed, color, national origin, marital status, sex, sexual orientation or gender identity as provided by Title 9 V.S.A. Chapter 139.
No person shall on the grounds of religion or on the grounds of sex (including, on the grounds that a woman is pregnant), be excluded from participation in, be denied the benefits of, or be subjected to discrimination, to include sexual harassment, under any program or activity supported by State of Vermont and/or federal funds.

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

6. **Employees and Independent Contractors:**

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

7. **Data Protection and Privacy:**

**Protected Health Information:** Party shall maintain the privacy and security of all individually identifiable health information acquired by or provided to it as a part of the performance of this Agreement. Party shall follow federal and state law relating to privacy and security of individually identifiable health information as applicable, including the Health Insurance Portability and Accountability Act (HIPAA) and its federal regulations.

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

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

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

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

8. **Abuse and Neglect of Children and Vulnerable Adults:**

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

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

9. **Information Technology Systems:**

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

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

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

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

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

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

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

Party will ensure the physical and data security associated with computer equipment, including desktops, notebooks, and other portable devices, used in connection with this Agreement. Party will also assure that any media or mechanism used to store or transfer data to or from the State includes industry standard security mechanisms such as continually up-to-date malware protection and encryption. Party will make every reasonable effort to ensure media or data files transferred to the State are virus and spyware free. At the conclusion of this agreement and after successful delivery of the data to the State, Party shall securely delete data (including archival backups) from Party’s equipment that contains individually identifiable records, in accordance with standards adopted by the Agency of Human Services.
Party, in the event of a data breach, shall comply with the terms of Section 7 above.

10. **Other Provisions:**

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

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

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

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

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

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

August 8, 2022

Senior Solutions’ Community Partner Focus Groups Report

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Introduction
Senior Solutions contracted with Vermont Analysis and Programming Services, LLC (VTAPS) to collect feedback from representatives of current and potential partnering groups and organizations within their catchment community. Focus groups with key community partners were conducted by VTAPS to capture anonymous feedback using a discussion tool designed in consultation with Senior Solutions leadership. Results from these focus groups will help identify successes, challenges, and needs related to collaboration.

Methodology and Participant Profile

Instrument Development
VTAPS met with the Executive Director, Case Management Supervisor, and Nutrition Director on May 20, 2022, to determine key questions to ask focus group participants. This feedback was incorporated into a draft Participant Discussion Guide (see Appendix A), which was emailed to the leadership team following the meeting. The Help Line Manager provided additional feedback via email that was incorporated prior to Participant Discussion Guide finalization.

Participant Selection
VTAPS met with the Executive Director, Case Management Supervisor, and Nutrition Director on May 20, 2022, to discuss the composition of focus groups. Community partner organizations were grouped into 5 categories: Healthcare, Food Shelves, Senior Center/Meal Sites, Municipal, and Community Organizations, that would comprise 5 focus groups. Senior Solutions staff identified representatives and contact information from each organization and included a priority ranking for their participation in the focus groups.
VTAPS set up a doodle poll for each of the 5 focus groups, with 4 virtual one-hour meeting options for each group between the dates of June 20 and June 27th, 2022. Senior Solutions staff emailed invitations out to potential focus group participants with links to the doodle poll on June 7th, with a follow-up reminder on June 13th. In total 49 individuals were invited:

- 15 representatives were invited from Health Care organizations
- 6 representatives were invited from Food Shelves
- 11 representatives were invited from Senior Centers / Meals Sites
- 6 representatives were invited from Municipal organizations
- 11 representatives were invited from Local Community groups

No incentives were given for participation.

VTAPS selected the focus group date and time with most participants available. If multiple dates had the same number of available participants, the participant priority ranking was used to make the final date/time determination. VTAPS emailed all representatives their selected focus group date and time, regardless of their availability noted on the doodle poll. Senior Solutions was not included in these invitations.

**Focus Groups and Participant Profile**

All focus groups were conducted virtually via MS Teams and lasted 1 hour. Focus groups were recorded and transcribed using MS Teams. The focus groups occurred on the following dates with a total of 14 participants:

- June 21: Local community organizations (2 participants)
- June 23: Healthcare (2 participants)
- June 23: Senior Centers / Meal Sites (3 participants)
- June 24: Food Shelves (4 participants)
- June 27: Municipal leaders (2 participants)

Participants were emailed the consent form (Appendix B) in advance of the focus groups. Participants had the option of signing and sending back the form or providing verbal consent. All participants provided consent.

**Limitations**

Of the 49 individuals invited, only 13 (27%) participated in the 5 focus groups, therefore limiting the generalizability of participant feedback. While some saturation around certain themes occurred both within and across focus groups, caution should be used when applying findings to the full catchment area.

**Results**

1. **Needs of older adults**

Participants were asked to describe the needs of older adults in their communities, and further prompted to highlight needs that they felt were being addressed by existing supports and services, as well as those that were not being addressed. Themes and representative quotes are included below:
Assistance with bills / High cost of living

Bills – the rise in the cost of living and issues with being able to afford just like basic necessities, housing, food, gas has become an increased issue I think for everyone.

Those living on a fixed income, particularly with inflation at present and so on are always anxious as to whether they will be able to meet their financial needs in the days and weeks ahead. They rarely have time to sit down and smell the flowers … They’re always anxious and worried in case they don’t have enough money for the gas or for the electricity or for the TV or for the rent or whatever.

They are watching their pennies and making sure that they’re gonna be able to make it through to the next, you know, check that comes in. And because they have other bills to pay … the cost of living and everything as everybody knows, is jacking through the roof.

Access to food

You can’t really get, like, Uber eats or and have your food, your groceries delivered to you.

There's a lot of people still in need of food resources and Veggie Van Go and Everyone Eats has been helpful, but there’s still a need for that.

The Vermont Everyone Eats program, which I really hope continues because we can bring older adults all the unprepared food we want, but if they're not willing to cook it, they’re not gonna get it to eat.

Our Meals on Wheels has just every month ticked up, up and up and up. We're doing more meals now than we ever have in our history.

Health and healthcare access

Many of the visitors to the [name omitted] Center have severe health issues.

Specifically right now I think an issue is that our population has a tremendous increase in the level of dementia.

Mental health issues… It's really hard right now, even connecting like a clinician with the participant, because there’s not even enough health clinicians, even less mental health clinicians out there.

There's no health clinic here. What about a health clinic that’s in a van?
There are certainly a whole variety of mostly wellness and health related needs that are not being met.

What to do about people that have hearing deficits? Are there ways that they can get tested? Can they afford the hearing aids?

Podiatry is really an issue for many seniors.

**Health insurance navigation**
Medigap policies, and especially dementia care, that’s a huge challenge.

There are some resources that some seniors don’t know how to access. You know if they’re eligible for Medicaid rates, but they don’t know that they’re eligible for various things... it’s not helpful.

I think that they’d be concerned over health insurance and how ... they switch over from private insurance to Medicare, Medicaid.

We know that there’s a lot of need for assistance with benefits programs.

**Social isolation**
It’s not just forced social isolation. I think a lot of older adults are so worried about having people into their home or going out that they’re causing themselves to be socially isolated.

We always make time for those sorts of friendly conversations. And you can really feel the appreciation that a lot of them have for that sort of, you know, personal connection.

You have to keep that social distancing because they are some of our more delicate community members, but they crave being able to see somebody in, to talk to somebody other than themselves.

There’s a lot of rural isolation, and much of it is because there’s no transportation and older folks don’t always want to burn out the few people they have in their lives that they can ask for help ... A lot of people are in rural areas and they just might not leave their home. And because of that isolation, they may not get the food they need, the social interactions and all these other needs.
Transportation
Transportation is a huge issue for people here as it is in any rural town in Vermont. Transportation is an issue that is a town issue, really. And I don’t feel that it’s being addressed. It’s a hard thing to address. There’s so many other needs that it seems to fall by the wayside.

I would say that one thing that doesn’t happen is you don’t have people that can go and take someone out for a shopping trip. “Let’s go shopping together.” You know, they're homebound.

There is no rural public transit here... It's really a dead zone for transportation.

Many citizens have a car, but they feel very uncomfortable driving, particularly at night, and during the winter, that can be a little bit of a challenge because obviously the daylight hours a lot shorter.

Public transport here is poor as it is I think in many parts of Vermont outside the larger towns and cities, so transportation is probably the number one concern. Many senior citizens have friends who will drive them, but their ability to get out and about is compromised, and particularly in the inclement weather and at night.

They have a Tai chi program at [name omitted], but they charge a small fee and I know of at least one neighbor who says that’s a deterrent to her. And now with the gas price, it’s a deterrent to try to get there.

Home repairs
Home repairs and things... is a need that we see in the community that hasn't been met in our current community. (Our visiting) nurse has been very good at signaling this.

I think a lot of seniors are concerned and they struggle with maintaining their properties.

Contractors are getting harder and harder to find.

I think the problem isn’t even always financial. It could be their seniors who simply don't know how to get a hold of somebody or what resources might be there to help them with their home repairs or upkeep.

People can find somebody to mow usually or snow plow, but if they need a home repair or if they're not low income enough to get it for free... this whole area of maintaining my home is a concern to people that I think is a gap and is not really met adequately. It’s what people are feeling very concerned about and it’s definitely outside the scope of Senior Center services to help with that. But it is a concern people are feeling.
Housing
Another need is housing. There was a person who was in rental housing and her landlord decided not to lease to her anymore and she asked for help and the person who gives rides tried desperately to help her find another place to go that she could afford and failed. There just wasn’t any rental that was within her price range. And there was no clearing house to go to that could really help her. This process takes six months. So she needed something to happen within six weeks … She was afraid of having to go and become homeless.

Senior housing. It’s something that’s been dropped in terms of funding. It’s all workforce housing now, but there are people that would like to move into a place where they can be with other people and for many of our seniors, it’s simply there are places they can go, but they’re extremely expensive. I mean there are models. There was a series on NPR about a place that was a house run by a couple and it had rooms… people had rooms and shared bathrooms and stuff like that. But they had meals together and people that went there said they were so happy not to be isolated all alone anymore. When we need things like that.

We had a housing committee … for senior affordable housing that never got anywhere because they didn’t have any funding. And so there should be grants to do these things, and there should be advocacy… one thing that might help is if seniors could move out of their houses to smaller places. It would make other properties available to the extent that they’re not dilapidated.

2. Needs of community partner organizations
Participants were asked to describe challenges they face in providing services and supports to older adults. They were also asked to consider how Senior Solutions could assist them with these challenges. Themes, representative quotes, and opportunities are included below.

Access to Food Shelves
Need: Food Shelves want to be able to serve more in need, by expanding options for delivery and for transportation to food shelves.
A majority of the deliveries that we’re doing right now are for senior citizens… If people are able to come in person, they're able to come every two weeks; for deliveries we can offer once a month.

We are not yet (transporting persons to Food Shelves). That's definitely ... a longer term goal for us is to, you know, maybe we find a way that we can make that happen. We don't really have the right vehicle to do that efficiently right now. Our larger vehicles are, you know cargo vehicles that we pick up pallets from the Food bank with and we don't really have like, a passenger vehicle that would be efficient to kind of make that a realistic option for us to be able to provide rides here. You know, there's also still, you know, COVID concerns lingering and that's another sort of something that always comes up when we start, like dreaming about solutions to this, this kind of transportation issue. But yeah, for now we're doing deliveries to homes and about more than half of our deliveries are done by volunteers.
...transportation being the main kind of issue we see, the main barrier we see for our services with the senior population. I mean [town name omitted] has one bus route that stops by the family center, maybe like twice a day. And so it’s not quite enough to really make it like an accessible option and a lot of people don’t have cars, they don’t really have like the family members who can take the time off of work and interrupt their lives to get here during our regular meal hours and irregular kind of food shelf hours. And so that’s been like the largest, I think issue we’ve had with making our services accessible is transportation.

Transportation is like top, top, top of the list. We have a lot of senior citizen community members who would love to, you know, have agency over their food choices by being able to be here in person and making decisions for themselves and rather than ... we try to gather as much information and preferences as we can when we’re packing for, for people who are unable to be here in person. But it's just not the same as being able to walk through our little.

Lack of transportation is a major sticking point for us here at [food shelf name omitted].

**Partnership opportunity: Can Senior Solutions assist Food Shelves in providing transportation of older adults to food shelves?**

Something going forward that could be useful is doing more partnership around like daily meals and being able to do some of these transportation pieces of getting food to seniors who have limited transportation. Or bringing them here?

It would be amazing if we could work together to come up with some possible ideas that would allow rides to be offered to seniors in the area to get in.

Expand availability (of transportation) opportunities to obtain the services that [food shelf name omitted] is offering I think would be a big help to senior senior citizens in our area.

More means to get people where they need to be would be beneficial. I think it would be a great relief to so many that feel trapped.

**Senior Center funding**

**Need:** Senior Centers don’t have enough funds or staff to meet the needs of the community members they serve, and many services they provide are not adequately reimbursed.
We are the boots on the ground in the community and we have to fundraise for all of the money to make our programs happen.

We just don't have enough money or staff people to be everywhere we need to be.

We promote COVID vaccinations and supportive people getting vaccinations and brought a clinic here. We don't get a dollar for that. We just did it.

We're not putting people on waiting lists (for Meals on Wheels), but it is a struggle and especially with the price going up.

This is where people wander in off the street with mental health issues and other issues, and it's very, very difficult to get a case manager or any type of support quickly related to that.

Part of it was kind of decimated by the pandemic and we lost some key personnel that, I mean, some drivers that just no longer work here... It's been a little bit tough to bring people back.

Our social worker is not able to take all of the clients that she would like to.

If we were to get our ridership back up to pre pandemic levels, $500 wouldn't even cover gas.

**Partnership opportunity: Can Senior Solutions help Senior Centers obtain additional funds? Or are there more opportunities for Senior Solutions to provide direct assistance to Senior Centers?**

Could you imagine if the AAA's advocated for senior centers and meal sites? The state of Vermont allocated $45 million across the state to area agencies on aging and adult day centers, no senior centers, no meal sites were eligible, you know. And so Senior Solutions got all that money to go to their payroll. We get none of it.

Having a social worker or case manager or someone on site like we used to would be a huge help to senior centers.

I would hope they're out to be sharing so much of these resources with the people doing the work... I'm like we're drowning over here.
Public transportation options

Need: Participants expressed concerns around access to public transportation.

We're continuing our transportation service, but we're having a lot of difficulty with ridership. So the long term plan for that is to connect with the regional public transportation provider and we are working with the town to develop some new and innovative public transit models that basically we can sort of outsource that too because you know, it’s a different landscape than we used to have, like there are many more transportation options in the area. So that's an area where I'm not sure if it's people not needing it or if they've just found other ways to get around, you know, so we need a research project for that like we, I mean, we know that people need it.

We partner with the regional service provider that gets the elderly and disabled funding for rides and we provide local rides to and from the center and local medical appointments. But we try to get (regional service provider) to provide out of town rides... and what has been happening is they can't do them and so then they asked us to do them.... We don't have the capacity to really provide all of the rides. It's a huge expense in our budget.

Partnership opportunity: Can Senior Solutions facilitate conversations with regional transit providers?

I could see a role of the AAA’s facilitating these kinds of partnerships that we’re already doing with regional transit providers. So it doesn’t have to be, you know, me and [participant name omitted] both doing stuff separately when we’re really finding the same solutions you know.

Social Service Provider Navigation

Need: Municipalities without Senior Centers in their towns expressed concerns around navigating the many different social service providers.

We end up playing a little bit of 211 ourselves here.

There's a lot of energy expended trying to find out who can help them with a given situation.

Reaching out with these people and formulating a personal relationship and, you know, letting them know what Senior Solutions does because, I'll be honest with you, what all of these 28 agencies do is they got their little pamphlet and they put it up outside the town clerk's office. So you've gone from, you know, a confusing situation, have 28 different pamphlets sitting on a table, which is no better, you know, and that seems to be the marketing effort of all 28 of them. You know, I think that if they really want to make some headway, there are probably four to five stakeholders and, in getting to know these entities, and letting these entities know what they can do, what Senior Solutions can do for the population.
Partnership opportunity: Can Senior Solutions work with other social service organizations to provide a clear resource guide for municipalities?

Mount Ascutney Hospital, who was a tremendous resource. They’ve got a booklet with all of the resources for a lot of these things, but it took me like 2 1/2 years before I got my hands on that thing. I didn’t have a clue as to, you know, what a lot of these folks did.

Availability of volunteers

Need: Community organizations and municipalities shared concerns about the impact of changing social structures on their ability to recruit volunteers.

There are less and less social structures that support that kind of “It takes a village type of mentality” because everyone is working, needs to work. There are not necessarily a whole host of younger people, however you define that, available at the days and times and in the ways that older Vermonter need them – to take them to doctor’s appointments, to do shopping, things like that. How do you rebuild that social connectedness?

Service providers really need to go to that home, so yes, we have visiting nurses, we have Meals on Wheels... but it’s on the backs of volunteers who may or may not be available have the capacity to do it.

We have a terrific chef and she is the only person who receives compensation. Everyone else is volunteers, and it’s really very modest compensation given what she does.

The capacity issues are real in terms of the amount of work we can do in person in rural communities.

We constantly are feeling a lack of capacity and we ourselves are all aging. What I’ve been pushing us to do is to get more younger volunteers. I feel that we need to get a couple more younger people who have the energy and kind of new vision.

I don’t know who’s gonna be around for (community organization) five years from now. A lot of that volunteerism that you know, knocking on the door and fixing somebody’s washing machine. Is it going to exist?

We’re seeing a drift away from the volunteers, who are the regular volunteers who do something every week to people who volunteer around the special events.

I personally think that ship has sailed. Even those that say “ohh yeah, we’ll volunteer.” They’re all enthusiastic for two months. And then they dwindle, and then they’re nonexistent.
Partnership opportunity: Can Senior Solutions assist in the coordination of service providers to piggyback on existing services?
I think as much as they can collaborate or piggyback on other home based or you know, organizations and services that go into the home... you're already in the house. Can you provide Meals on Wheels information? You know heating assistance, all that stuff. So bringing information to people whenever possible.

Healthcare worker burnout
Need: Healthcare organizations are trying to balance growing healthcare needs with healthcare worker burnout and limited access to care.
In the two years since COVID started, the majority of our clients that are attending have dementia and I have a waitlist.

We're never going to have as much case management as we need.

Most of them have suffered burnout as a result of COVID. And it didn't matter whether you were a frontline worker in an ICU or whether you were a worker out in the community, that the way we had to take care of ourselves, to take care of the others was really, really intense and some of those left health care entirely.

We've already seen a ton of staff burnout. Really some have left, some have taken paid leave to just go regroup. The rest of us are just looking out the window saying when is it gonna end?

Sometimes they feel like we're the only ones on both sides of the hill out in the community. And I think that really has taken a burden on several of our coordinators.

Homemaking care, that kind of thing, licensed nurses, aides, personal care attendants, those that are unlicensed giving that kind of care because they are recognizing that there is such a shortage of that particular workforce. And besides all the others, they aren't getting paid enough to do those kinds of services. So nobody can afford to increase their salaries right now either with a decrease in census, that kind of thing.

We have many private caregivers, but they want $25 and $30.00 an hour. So when we talk to them they really wouldn't even look at it.
Partnership opportunity: Can Senior Solutions collaborate on statewide initiatives to increase pay for homecare workers?
They had these grants for ideas around aging. What if they took some of those funds and said let's pay workers a little more because let's face it, for $11.50 or whatever it is, the going rate right now, no one's gonna do homemaking. They can work at McDonald's for $17.00 an hour. So I don't see people applying to be homemakers.

Computer literacy and access
Need: Many participants expressed concerns around computer literacy, access, and other technological barriers for older adults.
Computer literacy is low and some of our folks don't even have access to the Internet, so they are relying on calling in.

Barriers like technology ... if folks aren't jumping on to the latest thing, the latest way that we convey information or the latest way that we hold a meeting in zoom or what have you... If that's a barrier, then we've just, you know we've created more distance.

We used to have a town newsletter ... the select board decided not to fund it. We really need that because so many people in town are not connected and they're not going to be because they don't know how to use a computer or they don't have one or if they had one, they can't afford the broadband hookup.

So one area on that would be digital literacy. I think there's an increasing amount of community engagement and civic participation that is only really able to happen if you are connected and literate with computers.

Partnership opportunity: Can Senior Solutions partner with libraries to offer services to older adults, and work to identify funding for hardware?
Our library is in the process of hiring a new director (who) has lots of innovative ideas and would be a really good partner for Senior Solutions to partner with ... he had actually had a class on how to use an iPad for seniors.

We have an active town library with programs. If there could be a connection with the library ...making it in a way that doesn't feel they're asking for help. They're attending a program. The lifelong learning events are always well attended. These are a demographic that really wants to know more.

Have classes which could be done at the library, for example on how to use it (tablet). That would also be a way of people interacting with each other.
One of the things I thought of that might help was if some older people would have the capacity to learn how to use a tablet. And if there could be a program of making tablets available to people for free, that's a huge investment for somebody who's on a fixed income.

**Stigma in accessing state services**

**Need: Many participants highlighted stigma and self-determination as barriers to accessing services**

I think there's some skepticism or some stigma, frankly, about engaging with systems or institutions, or the state or, you know, something that's organized in that way.

The culture of Vermont and Vermonters is self sufficiency. Help your neighbor before you help yourself. There's a pride that can get in the way, frankly, of people availing themselves of assistance available.

There's not a whole lot we can do for somebody who doesn't want to be helped or doesn't want to be visited.

We are a self determination state and so people are able to age in place whether they can do that successfully or not, they can choose how they want to live their lives. And so for seniors and people with complex needs or who can't actually appropriately take care of themselves, we do have what we would term as a lot of self neglect and there aren't great avenues to support those people... And so to the outward community, it looks like no one is helping this person.

There are the old-time Vermonters who want to be self-sufficient and don't know how to ask for help. But I think sometimes we have to, we have to volunteer to help more than waiting for them to ask because they just won't ask for help until it is perhaps too late.

**Partnership opportunity: Can Senior Solutions assist in building peer-to-peer networks?**

Are there ways that we can build peer networks? I think Senior Solutions is doing some of this, but that's really that's how we address workforce issues.

Maybe doing some additional trainings (to community members who) can explain them to their peers ... I think that's the only way I can think of in the short term and and even in the long term to make sure that we've got as many people as possible ... who know when to refer...

Train seniors to talk to each other. “I've done this” or “I've applied for three squares” or “I've accessed senior meals” or “it was really helpful to me when my husband was sick to have somebody come and drop off a meal like that.” Peer to peer communication of resources is really valuable and a way that people are going to accept help I think or accept information.
3. Perception of Senior Solutions’ Services and Supports: Successes, Challenges, and Recommendations

Participants were asked what they knew of Senior Solutions’ available services and supports, and to describe their interactions with Senior Solutions staff. Participants were asked to consider strategies that would increase use of Senior Solutions services and ways Senior Solutions could be a stronger partner for their organization. Quotes highlighting successes, challenges, and recommendations are provided below.

Successes:

Food shelves are making referrals to Senior Solutions.

_We point people to Senior Solutions all the time._

If somebody comes into the food shelf and explains to me as the director there that they have more problems than we can handle, I will suggest to them they contact a number of different agencies, one of which might be Senior Solutions because they have contacts and ability to help them perhaps more so than we can.

_Senior Solutions has been a really good partner for connecting people to the food shelf for kind of getting references for food boxes, people who might need services. We wouldn't have otherwise been able to reach out to or form those connections._

Food shelves view Senior Solutions as a strong resource.

_Them being a meal site and working with Meals on Wheels is kind of what I associate them with. I've kind of seen their vet to vet program and having volunteer connections and then doing more kind of case management and hopefully with the medical system and those kinds of things are mostly what I think of when I think of Senior Solutions._

_I'm on their website as I speak to you right now and it's an organization that, as I see, provides a lot of services, many of which (we are) unable to provide. There are additional resource for us._

Community organizations and municipalities recognize Senior Solutions’ support of meals programs.

_What Senior Solutions does well already is they're very connected to senior meal programs. You know, senior centers, things like that._

_There's a huge collaboration between Senior Solutions and Meals on Wheels to help get the meals out to the shut Ins. So I think that's all done very well._
Healthcare organizations view Senior Solutions as a resource.
They offer Meals on Wheels, they offer options counseling, they offer case management. They have SHIP coordinators to help with Medicare and Supplemental Medical Supplemental Medicare plans. Ohh boy, they offer an array of services.

I find Senior Solutions to be incredibly invaluable to our community. I think they do a phenomenal job.

If it’s somebody from the community that’s just starting to need the services or has been floundering out there, I tend to kind of sway them towards Senior Solutions because I feel Senior Solutions has a better big view picture rather than the clinical picture which visiting nurses tend to concentrate on.

Having somebody like that be the case manager where they can be at the center with the client and looking out at the rest of the wheel is really beneficial.

Some participants reported positive experiences with the Help Line
I have heard really good things about your helpline from colleagues.

I’ve heard from other people that they’ve called the helpline at Senior Solutions and gotten wonderful help.

211 is reported to be used by participants and community members, which will route people to the Help Line.
If I had an issue and I thought Senior Solutions was the agency that I needed to go to, I probably Google Senior Solutions. And if you’ve got it on your website, then I would probably give it a call... if someone called if someone was asking me my default answer, I generally tell people to call 211 and describe your situations and that 211 filter.

Challenges:
Participants have concerns about the public’s awareness of Senior Solutions as a Council on Aging.
I know people I can reach out to if I have specific questions, but I don’t know if in general the town people would know who to reach out to for certain things.

I think changing the name to Senior Solutions... it sounds great, but people don’t relate that to the Council on Aging because I’ll go in and I’ll say “Have you ever spoken to Council on Aging? Have you called them?” And they're like,
“we don't have Council on Aging here.” And I'm like “ohh yeah you do.” So I really think the name change was a huge deficit.

I still call it the Council on Aging.

I would go meet people and I'd say, “do you have a case manager from Council on Aging” and people, many people would be like, “no, we don't have council on aging here.” And then as we're talking, I'd be like, ohh, you do have a case manager from council on aging. So then it's almost like teaching them that Council on Aging and Senior Solutions are the same.

Municipalities see a lack of communication between their Senior Center and Senior Solutions.

I don't think that there's a lot of communication between our Senior Center and Senior Solutions.

[Senior Center name omitted] and Senior Solutions were always sort of bickering about how to help with mental health issues for the seniors and especially during the pandemic with the isolation issues. And I'm not sure if they come to an agreement on who serves what, who serves who, how. But that was a challenge I do know.

I think people just try to solve things themselves. If people go to Senior Solutions and have a question, I think Senior Solutions tries to just help them as opposed to connecting with other resources. So things get a little siloed if everybody tries to be the person that helps. And I'm sure our Senior Center is the same way. If our director gets a question, she tries to solve it, she doesn't say “well, call Senior Solutions.” They try to solve it themselves. I suspect that they end up with a siloed approach to helping seniors, which may not be the most efficient overall for the community.

Healthcare organizations report access to Senior Solutions’ staff has been challenging.

Prior to the pandemic, we had a lot of mutual participants. Unfortunately, now coming on the other side, we don’t have as many mutual clients.

It’s not just Senior Solutions, but counseling aging in general. It’s been a challenge for us to connect people with the Council on Aging or Senior Solutions.

In the past we’ve had a couple really good case managers but they have left for whatever reason and have not been replaced.
Abbie's right out straight. She's the case manager for our area. She also is tasked with attending our team meeting. But many months she can't even attend because she's so busy.

They've had a huge turnover of staff.

They're doing, and I said I can't say it enough, they're doing a fabulous job. I love working with them, but we need more of them. They need more of them.

I think that what we have is fabulous and I just think we need more of those case managers.

**Senior Centers want better communication from Senior Solutions.**

Wendy is great. I love her, but she's a bit overworked. We don't see anybody from Senior Solutions. We get the same general newsletter that the public gets. Wendy tries her best and will send us information and stuff. But she shouldn't be doing communications. She's the nutrition program.

They've never come to visit our program.

The following two directors since her have never eaten a meal here, and that has been in over 10 years.

We've been begging for consistent communication to the sites. We've never had a regional meeting of all the Senior Center directors with them. We might get newsletters via email that are generic, that go to everyone and we're supposed to learn about their services through those. It is a big struggle to know what they actually offer unless we are proactive in finding it out and asking them can we benefit from that? The same goes for funding. They don't offer it up that they have it available or how to get it. We have to dig around and find it and put them on the spot and ask. And it just makes for an uncomfortable relationship.

The only correspondence I really have with them is if I take the initiative.

Collaboration and communication has been an area of concern. I feel it's something that we've been begging for.

The pet program ... they took that on, but they didn't even have any idea that Lucy McKenzie already does that. They have a pet food delivery program that we've been accessing for 10 years to get free pet food out through Lucy McKenzie. So I feel like sometimes they get grants, they see an opportunity for a grant and then we'll hear a press release about this amount of money that they got, but we don't know how they end up using it.
There's usually more of a delay with Senior Solutions than a local senior center.

It can be a couple days before we hear back and sometimes that's concerning when we have a more pressing issue.

It's a week or more (before we get a reply from Senior Solutions).

**Senior Centers don’t feel Senior Solutions values their role as a partner.**
*They're not asking us what we're already doing.*

I don’t think they give the credit to the senior Centers for what we're actually doing in the community, whether they're aware or not. I've had some of their staff members come here over the years that clearly do not know what we do and are telling me about Meals on Wheels and how it's funded and why they're offered for free to seniors, so I think they need to work on their own employee relations internally.

We are stakeholders, but we are also professional, intelligent people who have been doing this and have careers before this that we are certainly qualified to help them meet their mission and the older Americans act, but they do not utilize us.

It’s not appropriate to use us as partners and then just assume that we’re going to go with whatever their plan is.

**Senior Centers want more transparency around Senior Solutions’ financials.**
*They do not have a financial report at their annual meeting. They don't give out a copy of how they've used their funds during the year, the only thing they do in their annual report is put a pie chart saying how much percentage they allocate to each type of service, which I don't think is an inaccurate way of reflecting what you're doing.*

**Senior Centers have concerns around whether Senior Solutions is clear on their function in the community.**
*Different people who are volunteers or who work with Senior Solutions give me very different answers over what Senior Solutions is and what they do and what their purpose is.*

It seems like there's some difficulty over there drawing the line between what they do as a direct service and what they're going to tell you to call the Senior Center for.

I think there's just a lack of clarity within the organization about what their function is in this industry.
They're really supposed to be coordinating the system of support services, and they shouldn't have to be in every single community and every single town doing what we're already doing.

From what I've read in the older Americans act, AAA's are not supposed to be direct service providers. Technically, I think they actually have to get a waiver when they're direct service providers according to the older Americans act.

It feels like their communication is hampered by too many irons in the fire – they're doing a lot of different things. Maybe stop applying for so many things that you can't manage.

I think the root of the communications issues is that Senior Solutions doesn't know what it's there for and it leads to conflict when they're duplicating resources and competing for resources. It leads to, you know, easy incentives for unethical funding decisions. It leads to a lack of clarity over what to communicate when, to who.

**The turnaround time for the Help Line can be a deterrent to its use.**

I was helping someone who said they called the helpline and couldn't get through, couldn't get a return call and I know this has happened in the past so I went down to help them with what they needed. I sat on hold for like 28 minutes before hanging up and texting Abby and saying, hey, all I wanna do is speak to a SHIP coordinator or leave a message and I can't. So she ended up texting me Patty Kimball's contact information, who unfortunately, was leaving Senior Solutions.

Our coordinator will be out in the home with someone trying to help them, and they'll call the helpline and it says we will call you back within two business days. Unfortunately, we can't sit there for two business days. If we leave, that person is not going to know what to ask when they call back.

**Some participants felt the Help Line (or 211) was not offering regional or personal services.**

You know a lot of times you don't get a person and they say, well, we'll call you back before the end of the day... but there's not always a live person ... I'm not sure if they're regional or whether they're sitting up in Williston. I think they eventually get them there. I would like to see the state invest a little bit more in the 211 system.

A lot of those (HelpLine) questions actually are dealt with at the Senior Center.

They are hesitant to call because they feel like they're gonna call, and someone's gonna get back to them at some point. They don't feel like it's as personal as it could be.
They know of it, but it's not what they would choose to call first. A lot of times they'll call us and we'll say, well, you can call the senior help line and you can get connected with Senior Solutions. And then we hear kind of like “OK, How long is this going to take” or you know, it's not that they don't feel safe, but it's more like it feels more bureaucratic or less within the community, not as connected a little bit separate.

**Some participants were unaware of the Help Line or were concerned the number was difficult to remember.**
I don’t even know what the senior helpline number is but I know it’s an 800 number.

I didn’t know that they had a help line.

(I am only familiar with the HelpLine) because before we had this meeting I googled Senior Solutions and saw their resources.

**Some participants felt Senior Solutions’ website needed improvements.**
They don’t have a listing of resources.

Clarity on who does what would help a lot.

Pet food... we’re gonna start delivering it with our Meals on Wheels once a month, but people had no idea that there was this funding to support if you had pet care needs and you were older in the community. And so things like that, I think that their website could be much more accessible.

**Recommendations:**
**Build in more opportunities to collaborate with Senior Centers. Consider setting up standing meetings between Senior Center and Senior Solutions staff. Ensure they feel as though they are a partner.**
Don’t have so many one-way conversations... facilitate town halls with the people you're funding. Have opportunities where they can give feedback, hear your response, and then give a response back, not just collect our responses and act on what you feel like. Make opportunities to have tough, courageous conversations and move forward. It’s important and it’s a totally different aspect than “we hear you”. It’s “we hear you, here's our response and what are your feelings on that?” That’s the step they're not doing.

Make sure our voices are in the area plans.

**Promote transparency by sharing financial reports.**
Transparency, transparency, transparency, and in their grant applications include us and the people who are going to be benefiting from this.
Transparency, but what that means is like actual reports. Like release your financial statements; give us a report of how you’re distributing grant funds and how the method that you’re using now allocates those.

I want to see a commitment to ethics from the top down. I want Senior Solutions to acknowledge that there they have a history of unethical allocation of both federal and state funding that they are competing for fundraising without providing direct service and I wanna see them make a commitment to end it once and for all.

Improve their annual report and annual meeting to share financial information.

**Improve clarity on Senior Solutions scope of services**
A directory of what they can and can't provide, you know saying if you're looking for this, you can go here.

There I think there are other issues that may help with home supports that could be better defined so the community is aware of it and they could maybe help more of our seniors that are at the point where they can't really take care of their properties or you know, running errands.

I think if all agencies were better at communicating what they do and how they can help people, I think it would be a big thing.

**Advertise on the name change, insuring “Council on Aging” is incorporated.**
Go back to Council on Aging. Yes, I definitely would or do some advertising around the name. “Senior Solutions is now your Council on Aging” because they don't relate the two of them.

**Improve the Senior Solutions website**
There are different things like an accessibility widget you can have on your website to make people be able to make the font bigger or the contrast or different things to be helpful to the population you’re serving. Just don't have layers and lots of content. Have very clear big explanations of like “if you need these things”.

**Advertise in ways accessible to older adults.**
Public advertising, either through social media or the almost obsolete newspaper... even local television, some of that closed circuit TV or not closed circuit, whatever those local channels that they get on their cable networks, something like that to let those people that are isolated that rely on their TV. Not many people in rural Vermont are computer savvy.
Right now those that are in their 80s, late 70s, 90s, they don’t have that computer … But if they're listening to TV or something and listen to WCAX out of Burlington, they can say there's an Area on Aging near you. But I don’t want them to be advertising if they don’t have the staff.

We heard that they’re planning to have a blanket campaign sometime this summer where they're going to send people out and will sign people up for various services and I think that’s a wonderful idea. But we haven’t heard more about it as yet.

Serious Solutions ran a campaign here to get the people more familiar with the various options that are available for those in need. Everything from what the federal government provides, the state provides, the county provides, the town provides and other organizations outside of the towns. And I think were reasonably successful.

**Increase Senior Solutions staff presence in the community. Attend relevant meetings even if not formally invited.**

I’m involved in two housing coalitions. There’s one in each district. We don't have a Senior Solutions representative. I don’t know that we've invited one, but if they feel like they can represent the voices of seniors and their housing needs, yes. We want them there.

We've talked a lot about Senior Solutions staff being embedded in places where seniors already are. I know they’re already doing some of that, but more of that can happen.

We are all guilty of siloing – this stuff is for seniors and this is for this. As much as Senior Solutions can see themselves as being inclusive or representing the senior voice, the better off we’ll be so yeah, it may be a capacity issue or frankly they may not have been invited … Senior Solutions doesn't have to be the only organization that gives voice to seniors but they are pretty important one and I think having them inform some of those conversations and plans would be a great idea.

**Explore partnerships with non-traditional organizations**

Piggyback and collaborate on … non-traditional ones that we might not think of, who are the people who are helping seniors with anything… frankly and can they be resourced with information that's age appropriate or whatever. And then there’s a peer-to-peer aspect.

We have two churches that are very active with the aging population.

A sign-up system for 911 fell upon our Fire Chief who was a volunteer fire chief… He made a push when it came out a couple years ago but that’s been kinda it. I think Senior Solutions could be successful in doing that.
Staff additional regional office locations where seniors can meet with Senior Solutions staff in person.

I think that maybe we need to take the things to the seniors. Maybe we can’t go to their homes, but you could have a central place where people could be brought to in the town.

I’ve heard the Senior Solutions has an office in White River Junction now that’s our nearest real town. Suppose they had someone there twice a week to have in person meetings with.

Support increased access to Tai Chi classes.

We used to have a Tai chi class in town and the person who did it was wonderful. And that was actually funded by Senior Solutions who sent her to a workshop where the focus was how to teach Tai Chi to older people and in ways that’s helpful for them. And that was a big, big help. That was a great initiative we thought because there really is a demand for that.

Collaborate with home repair providers to expand access

A bunch of men who initially got together, who have skills as handymen or they know how to do things like carpentry and plumbing and so on. If there are things like this in someone’s home, they can call on these guys to do volunteer work to do small repairs … if we had a representative from these guys come and talk to our monthly meeting.

Overall maintenance, you know, even if there was some kind of service where again, there was when it was online or something that people can look at. And again, I don’t think the aging population is gonna be able to do that, but you know some sort of a listing of people who are available to do some of this, you know, painting and fixing, lawns and whatever needs to be done.

This is where we kind of overlap with the 32 appropriations that we’ve got. So we already fund a something home repair, however, again, each of these groups does a little bit something different, and the home repair that we give that appropriation to is for people who are financially stressed and they need a new roof, you know the side wall is no good or something like that. This group comes in. It’s kind of geared towards the financially stressed. It could be the aging population as well. But what we’re talking about really doesn’t fit into that category.

You know, the public doesn’t question really either one. So I guess my answer would be probably [town name omitted] would (pay for Senior Solutions to maintain a listing of contractors).

Identify best practices and efficiencies between VT AAAs.

The Central Vermont Council on Aging... some of those Senior Center directors forwarded me the kinds of communication and support they were getting. We are getting just nothing like that. We were on our own and they need to work together better with other AAA’s that are successful in that and follow some of those practices.
Work together and develop some best practices for how they work with senior centers and meal providers. How they communicate, how they train, how they share funding, it's different everywhere and we are all talking to each other finally and realizing all these inconsistencies.

Conclusion
There is no shortage of ideas and opportunities for Senior Solutions to engage with its partners and support its community. While these findings may not be generalizable to the full Senior Solutions catchment area, they are an important step toward improved collaboration. The voices shared in this report represent individuals who were willing to give their time without incentive. These are individuals passionate about improving the working relationship with Senior Solutions to better meet the needs of older adults in their communities. And to that end, many participants expressed gratitude for Senior Solutions conducting these focus groups: “I think it's admirable of them that they're doing this focus group.”

The community wants to engage more with Senior Solutions and sees value in strong partnership.

Next steps
It’s clear that additional conversations should occur with community partners, who seem hungry for ongoing dialog. This would not only provide more opportunities for collaboration but restore trust that appears to have suffered at least from certain organizations in recent years.

There was some discussion around building efficiencies across Vermont AAAs, with respect to their support for community partner organizations. Sharing this report with the other AAAs may be a first step toward identifying those opportunities and sharing best practices across the state.

The original intent of this qualitative data collection process was to inform the development of a quantitative survey given every 6 months to community partners. Given the desire for additional two-way communication, perhaps these surveys should coincide with town-hall style meetings.

Appendices
A. Discussion Guide
1. Please introduce yourself by telling us your name, what organization you represent, the mission of your organization, and what services and supports do you provide to older adults?

2. What do you think the most important needs are of older adults in your community?
   - Which of those needs do you feel like are being met?
   - Which of those needs do you perceive as NOT being met?
3. SS offers many supports and services, but isn’t sure how widely known these services are. So I’d like to start by asking you what you think SS does? And of course if you currently have a relationship with them, your response will be informed by that (and I’ll ask you some more specific questions about this next), but I’d like you to think broadly, and list all the services and supports you understand SS provides to older adults.

- What is your general perception of them? (helpful, not helpful, friendly, etc…)
- Has anyone used the Help Line and if so, what has your experience been?

4. For those of you that currently interact with Senior Solutions, can you highlight:

- The most important ways Senior Solutions is helping your organization? AND/OR
- Instances where support from SS has not been helpful.

5. What does your organization need to be able to better support older adults? Please share your needs even if you’re not sure they’re within SS scope of services.

6. Can you offer any suggestions on ways SS can be a stronger partner either for your organization, other local initiatives, or for the community as a whole?

- Is there a situation in which you would reach out to them for help?
- Feel free to think out of the box here!

7. Is there anything else that you want to share that you think will support the ultimate goal of providing strong supports and services to older adults in your community?

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**B. Consent form**

Senior Solutions’ Community Partner Collaboration - June, 2022

*Focus Group Consent Form*

**Introduction and Purpose:** Senior Solutions wishes to strengthen its relationships with Community Partners to help raise awareness of Senior Solutions’ supports and services, while encouraging systems change benefitting older Vermonters. You are invited to participate in a focus group sponsored by Senior Solutions, and conducted by Liz Winterbauer, of Vermont Analysis and Programming Services, LLC. The purpose of these focus groups is to hear successes, challenges, and needs related to collaboration from individuals representing key partnering organizations, community groups, medical and service providers, and municipalities.
Description of Study Procedures: If you agree to participate, you will be placed in a focus group with no more than 10 individuals. The moderator (Liz Winterbauer) will ask you several questions while facilitating the discussion. The focus group will be audio recorded and written notes will be taken. There are no right or wrong answers to the questions. Each focus group should last no more than one hour.

Risks and Benefits of Participation: There are no foreseeable risks associated with participating in this focus group. There will be no compensation for your participation. However, you will benefit by providing feedback to Senior Solutions that will support successful strategies for collaboration with your organization.

Voluntary Participation: Participation in this focus group is voluntary. You are free not to participate or to withdraw at any time, for whatever reason, without negative consequences. If you do withdraw, the information you have already provided will be kept in a confidential manner.

Confidentiality of Records: Your participation and responses will remain confidential. Transcripts will not be provided to Senior Solutions. No names will be included in the final report, and any identifying information will also be removed. No one other than Liz Winterbauer will be able to link your information with your name. You are also asked to respect the privacy of other focus group members by not disclosing any content discussed during the study.

Contact Person: For more information please contact Liz Winterbauer, liz.winterbauer@gmail.com, 802-860-5070.

Signature/Dates: I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I give my consent to participate in this focus group, although I have been told that I may withdraw at any time without negative consequences. I have received (or will receive) a copy of this form for my records and future reference.

Print name: _________________________________________________________

Signature: __________________________________________________________

Date: __________________________________________________________________
**Addendum B: Community partner stakeholders to survey**

| 2. Bellows Falls Area Senior Center  | 27. Putney Food Shelf             |
| 3. Black River Good Neighbor Services| 28. Reading-West Windsor Aging in Place |
| 4. Black River Valley Senior Center  | 29. Town of Rockingham           |
| 5. Town of Brattleboro               | 30. Saxon's River Cares           |
| 6. Brattleboro Memorial Hospital     | 31. Springfield                   |
| 7. Brattleboro SASH                  | 32. Springfield Adult Day Care    |
| 8. Brattleboro Senior Center         | 33. Springfield Family Center     |
| 9. Brattleboro Senior Meals          | 34. Springfield SASH              |
| 10. Bugbee Senior Center             | 35. Springfield Senior Center     |
| 11. Chester-Andover Family Center Food Shelf | 36. Springfield Supported Housing Program |
| 12. Deerfield Valley SASH            | 37. State of Vermont Agency of Human Services |
| 13. Grafton Cares                   | Field Directors (x2 in our service area) |
| 14. Groundworks (Brattleboro shelter)| 38. The Gathering Place           |
| 15. Town of Hartford                 | 39. The Scotland House (adult day center) |
| 16. Town of Hartland                | 40. The Upper Valley Haven        |
| 17. Health Care & Rehabilitation Services - mental health | 41. Thetford Elder Network (TEN) |
| 18. Long Term Care Clinical Coordinators (x3 in our service area) | 42. Thompson Senior Center         |
| 19. Meals & Wheels of Greater Springfield | 43. Upper Valley Community Nurse Project |
| 20. Mt. Ascutney Hospital            | 44. Vermont Dept of Health        |
| 22. North Star Health                | 46. Volunteers in Action          |
| 23. Ottauquechee Health Foundation  | 47. Westminster Cares             |
AGENCY PLAN FOR DATA MANAGEMENT AND/OR DEVELOPMENT

Senior Solutions’ plan for managing our internal database, implementation, utilization, and compliance with National Aging Programs Information System (NAPIS) reporting regulations is the following:

A. Data for the NAPIS report is obtained by on-going data entry into the Social Assistance Management System (SAMS) database (currently a product of WellSky) with oversight by Senior Solutions program directors. Staff who conduct intakes and assessments and provide client services gather required data, which is entered into SAMS by data entry staff. For some programs, such as our volunteer programs, data is maintained outside of SAMS and entered into SAMS for the purpose of NAPIS reporting. Senior Solutions provides the financial data in NAPIS format to the DAIL business office for review prior to entering it into NAPIS. The financial data as reported in NAPIS matches the data reported in Senior Solutions' financial audit.

B. Senior Solutions conducts reviews of NAPIS data over the course of the year to determine whether problem areas exist, including missing data. The Executive Director, Database Manager, Operations Director, Case Management Supervisor, HelpLine Manager, Finance Director, and Nutrition and Wellness Director meet to identify clients with missing data and continue to work at making improvements. Specific work groups are developed for areas of concern. At the end of the fiscal year, Senior Solutions conducts an internal review of the data which includes a comparison with data reported in the prior fiscal year. If discrepancies are identified, Senior Solutions investigates the cause of discrepancies and makes any necessary corrections.

C. The Executive Director reviews the NAPIS data before submission to DAIL, including a comparison of the data for the current year to the data for the previous year. The Executive Director also oversees the reporting of the major accomplishments every year. Also, for the last several years, Senior Solutions has used NAPIS data for key program areas in its annual report, which is disseminated broadly in electronic and hard copy formats.

D. The Senior Solutions Database Manager, Jen Gilbert has participated throughout the past several months in the training sessions for the conversion from NAPIS to OAAPS starting in October 2022. Jen has repeatedly expressed concern to Tiffany Smith at DAIL regarding the incomplete reporting the SAMS/WellSky has for the OAAPS reporting. As of July 15, 2022, only one of the three necessary reports had been activated. As of June, we are into our nineth month of this fiscal year of servicing clients and collecting our data, yet we still do not have what we need from SAMS/WellSky to test it successfully.

E. As we expand our funding sources and seek to tell our story more effectively to a variety of audiences and purposes, we need data that goes beyond the basic reporting capabilities of SAMS/WellSky and that does not have its functionality partially disabled, as SAMS/WellSky does. To that end, Senior Solutions has signed a contract with PeerPlace Networks LLC to purchase their data system to replace our reliance on SAMS/WellSky. We believe that the PeerPlace data system will provide us with the reporting capabilities we need. Having proprietary ownership of this system will enable Senior Solutions to streamline our data entry workflows to improve worker efficiencies and afford us the flexibility of reporting we need to successfully illustrate the important work we do serving older Vermonter.